

GAVI Alliance

Annual Progress Report 2014

submitted by

the Government of **Guinea**

Reporting year: **2014**

Support application for the year: **2016**

Date of presentation: **05/15/2015**

Deadline for submission: 05/27/2015

Please submit the Annual Progress Report 2014 via the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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

AMENDMENT TO THIS PROPOSAL

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

REIMBURSEMENT OF FUNDS

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

SUSPENSION/CANCELLATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

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

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

faced and how the country has tried to overcome them

meeting the accountability needs concerning the use of GAVI-disbursed funds and in-country arrangements with development partners for requesting more funds that had been approved in a previous application for ISS/NVS/HSS, but have not yet been released

how GAVI can make the APR more user-friendly while meeting GAVI's accountability and transparency principles.

1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
Preventive Campaign Support	Meningococcal type A, 10 dose(s) per vial, LYOPHILIZED	Not selected	2014
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
New Vaccines Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2015

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

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccines Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2020
New Vaccines Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2016	2020

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilization in 2014	Request for approval of	Eligible for 2014 ISS reward
COS	Yes	Not applicable	No
HSS	Yes	HSS grant next installment No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous IRC Report

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

2. Signatures

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

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

For the government of **Guinea**

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

Minister of Health (or delegated authority)	Minister of Finance (or delegated authority)
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Name	Dr. Colonel Rémy LAMAH	Name	Mr. Mohamed DIARE
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	E-mail
Dr. Camille Tafsir SOUMAH	National Coordinator of EPI	+224 664 38 18 33	camille_tafsir@yahoo.fr
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Dr. Boubacar SALL	HSS/GAVI/ Focal Point	+22462871583	bousall2@yahoo.fr

2.2. ICC Signatures Page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Colonel Rémy LAMAH, Minister of Health	Ministry of Health		
Dr. BALLO Younoussa, Minister of Health Secretary General	Ministry of Health		
Dr. YANSANE Mohamed Lamine, Advisor	Ministry of Health		
Dr. CAMARA Robert, DNPSC	Ministry of Health		

Dr. Sékou CONDE, DNEHS	Ministry of Health		
Dr. KOUROUMA Mamady, DNSFN	Ministry of Health		
Dr. SOUMAH Camille Tafsir, CN/EPI	Ministry of Health		
Dr. BALDE Hadiatou, CNA/EPI	Ministry of Health		
Dr. SOMPARE Djénou, Head of EPI Immunization Division	Ministry of Health		
Dr. HANN Mariama, EPI Communication	Ministry of Health		
Dr. YOMBOUNO Samah, Head of EPI logistics	Ministry of Health		
Dr. DIALLO Mamadou Rafi, Head Health Promotion Department	Ministry of Health		
Dr. SALL Boubacar, DA/BSD/ HSS focal point	Ministry of Health		
Mr. BANGOURA Aboubacar Yalani, DAF Department Head	Ministry of Health		
Mr. DIALLO Elhadj Mamadou Aliou	Ministry of Economic Affairs and Finance		
Mr. LENO Marcel	Minister responsible for Co-operation		
Mr. CAMARA Kanfory	Ministry of Agriculture		

Mr. CAMARA Fodé Louency	Ministry of Environment		
Dr. SYLLA Abdoulaye	Ministry of Fisheries		
Mr. LELANO Etienne Sewa	Ministry of Territorial Administration and Decentralization		
Mr. CAMARA Mamadi, Advisor	Ministry of Youth		
Mrs. NABE Binta	Ministry of Social Affairs and the Advancement of Women and Children		
Prof. Jean Marie DANGOU	WHO/GUINEA Representative		
Dr. Mohamed AYOYA	UNICEF Representative GUINEA		
Mrs. Marie Ly Kanieriemem	HKI/GUINEA Representative		
Dr. BALDE Marouf	USAID GUINEA		
Mr. DIAKITE Moussa Kémoko	Rotary Club International		
Mr. BAH Oury	Ministry of Higher Education		
Dr. CAMARA Momo	ADMIH (Association for the Development of Maternal and Infant Health)		
Dr. TAMBALOU Robert	Guinean Association for Family Welfare (GAFW)		

Mr. Boubacar SYLLA	World Friends Club		
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The ICC may wish to send informal comments to: apr@gavi.org . All comments will be treated confidentially. Partners' observations:

Observations of the Regional Working Group:

2.3. HSCC Signatures Page

We the undersigned, members of the National Health Sector Coordinating Committee (HSCC), endorse this report on the Health System Improvement Program. Signing this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

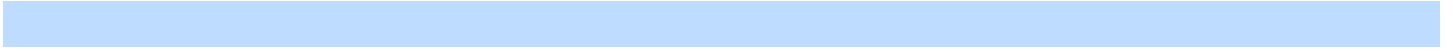
Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Dr Younoussa BALLO, HSCC President	Ministry of Health		
Dr. Fodé DONZO, Technical Secretariat of HSCC	Ministry of Health		
Dr. Mamadi CONDE, Technical Secretariat of HSCC	Ministry of Health		
Dr. Sékou CONDE, President of the Health care Thematic Group	Ministry of Health		
Dr. Robert CAMARA, National Director for Disease Prevention and Healthcare	Ministry of Health		
Dr. Mohamed Lamine YANSANE, President of the Finance Thematic group	Ministry of Health		
Ms. Hawa BEAVOGUI, President of the Governance Thematic group	Ministry of Health		

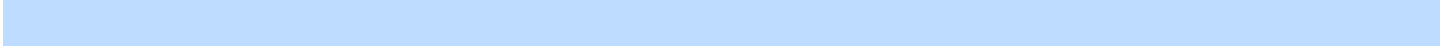
Dr. Yéro-Boye CAMARA, President of the Human Resources Thematic Group	Ministry of Health		
Mr. Aliou Taibata DIALLO, DAF/Health Minister	Ministry of Health		
Dr. Boubacar SALL, HSCC Reporter	Ministry of Health		
Mr. Ousmane DIAKITE, Technical Secretariat of HSCC	Ministry of Health		
Dr. Mamadi KOUROUMA, National Director for Family Health and Nutrition	Ministry of Health		
Dr. Souleymane CAMARA, President of the Health Information Thematic Group	Ministry of Health		
Dr. Nagnouma SANO, Member of the Health Products and Medical Technologies Thematic Group	Ministry of Health		
Mr. Thierno Sadio DIALLO, Health Union	Ministry of Health		
Mr. Moussa TRAORE	Ministry of Social Action and the Advancement of Women and Children		
Mr. Boubacar SYLLA	"World Friends" Club		
Dr. Karifa MARA, GAVI/HSS/WHO Focal point	WHO		
Dr. Moustapha DABO	UNICEF		
Dr. Ibrahima Sory BARRY	GIZ		

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

All comments will be treated confidentially. Partner Comments:



Observations of the Regional Working Group:



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

Guinea will not submit any report on the use of CSO funds (Type A and B) in 2015

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4. Baseline and annual targets

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

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

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
	2014		2015		2016		2017		2018	
	Original approved target according to the Decision Letter	Reported	Original approved target according to the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	487,203	487,203	502,306	434,512		444,072		453,841		463,825
Total number of infant deaths	44,335	44,335	45,709	29,112		29,753		30,407		31,076
Total number of surviving infants	442,868	442,868	456,597	405,400		414,319		423,434		432,749
Total number of pregnant women	548,103	548,103	565,094	488,828		499,581		510,571		521,804
Number of infants who received (should receive) BCG vaccine	462,843	429,711	477,191	391,060		421,868		444,764		454,549
BCG coverage[1]	95%	88%	95%	90%	0%	95%	0%	98%	0%	98%
Number of infants who received (should receive) OPV3 vaccine	398,581	353,132	410,937	332,428		360,457		389,559		411,112
OPV3 coverage[2]	90%	80%	90%	82%	0%	87%	0%	92%	0%	95%
Number of infants who received (should receive) DTP1 vaccine[3]	420,725	435,574	433,767	344,590		372,887		402,262		411,112
Number of infants who received (should receive) the DTP3 vaccine [3][4]	398,581	399,624	410,937	332,428		360,457		389,559		411,112
DTP3 coverage[2]	90%	90%	90%	82%	0%	87%	0%	92%	0%	95%
Wastage [5] rate during the reference year and anticipated thereafter (%) for the DTP vaccine	5	5	5	5		5		5		5
Wastage [5] factor during the reference year and anticipated thereafter for the DTP vaccine	1.05	1.05	1.05	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	420,725	435,574	433,767	344,590		372,887		402,262		411,112
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine	420,725	399,624	410,937	332,428		360,457		389,559		411,112
DTP-HepB-Hib coverage [2]	95%	90%	90%	82%	0%	87%	0%	92%	0%	95%
Wastage [5] rate in the base-year and planned thereafter (%) [6]	10	10	7	7		7		7		7

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)							
			2014		2015		2016		2017	
	Original approved target according to the Decision Letter	Reported	Original approved target according to the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage [5] factor in the base-year and planned thereafter (%)	1.11	1.11	1.08	1.08	1	1.08	1	1.08	1	1.08
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine	398,581	410,910	433,767	324,320		339,741		359,919		389,474
Yellow fever coverage[2]	90%	93%	95%	80%	0%	82%	0%	85%	0%	90%
Wastage [5] rate in the base-year and planned thereafter (%)	5	5	10	10		10		10		10
Wastage [5] factor in the base-year and planned thereafter (%)	1.05	1.05	1.11	1.11	1	1.11	1	1.11	1	1.11
Maximum wastage rate for Yellow fever vaccine, 10 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%	0%	40%	0%	40%	0%	40%
Number of infants who received (should receive) the 1 st dose of Measles Vaccine	398,581	412,220	433,767	324,320		339,741		359,919		389,474
Measles coverage [2]	90%	93%	95%	80%	0%	82%	0%	85%	0%	90%
Pregnant women immunized with TT+	493,293	383,672	508,585	366,620		399,664		433,986		469,624
TT+ coverage[7]	90%	70%	90%	75%	0%	80%	0%	85%	0%	90%
Vit A supplement to mothers within 6 weeks of the delivery	0	0	0	0		0		0		0
Vit A supplement to infants older than 6 months	387,442	594,878	426,186	385,130	N/A	393,603	N/A	402,262	N/A	411,112
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	5%	8%	5%	4%	0%	3%	0%	3%	0%	0%

Number	Targets (Preferred presentation format)			
	2019		2020	
	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births		474,029		484,458
Total number of infant deaths		31,760		32,459
Total number of surviving infants		442,269		451,999
Total number of pregnant women		533,284		545,016
Number of infants who received (should receive) BCG vaccine		464,549		474,769
BCG coverage[1]	0%	98%	0%	98%
Number of infants who received (should receive) OPV3 vaccine		420,156		429,400
OPV3 coverage[2]	0%	95%	0%	95%
Number of infants who received (should receive) DTP1 vaccine[3]		420,156		429,400
Number of infants who received (should receive) the DTP3 vaccine [3][4]		420,156		429,400
DTP3 coverage[2]	0%	95%	0%	95%
Wastage [5] rate during the reference year and anticipated thereafter (%) for the DTP vaccine		5		5
Wastage [5] factor during the reference year and anticipated thereafter for the DTP vaccine	1.00	1.05	1.00	1.05
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine		420,156		429,400
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine		420,156		429,400
DTP-HepB-Hib coverage [2]	0%	95%	0%	95%
Wastage [5] rate in the base-year and planned thereafter (%) [6]		7		7
Wastage [5] factor in the base-year and planned thereafter (%)	1	1.08	1	1.08
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine		420,156		429,400
Yellow fever coverage[2]	0%	95%	0%	95%
Wastage [5] rate in the base-year and planned thereafter (%)		10		10
Wastage [5] factor in the base-year and planned thereafter (%)	1	1.11	1	1.11

Maximum wastage rate for Yellow fever vaccine, 10 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%
Number of infants who received (should receive) the 1 st dose of Measles Vaccine		420,156		429,400
Measles coverage [2]	0%	95%	0%	95%
Pregnant women immunized with TT+		506,619		517,765
TT+ coverage [7]	0%	95%	0%	95%
Vit A supplement to mothers within 6 weeks of the delivery		0		0
Vit A supplement to infants older than 6 months	N/A	420,156	N/A	429,400
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	0%	0%	0%	0%

[1] Number of infants immunized against the number of births

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

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

[4] Please ensure that the DTP3 cells are correctly completed

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

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

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

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

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

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

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

Guinea had a General Population and Housing Census in 2014. The results of this census have been used to calculate the number of births with a year-on-year rate of increase of 2.22 (2014 Census)

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

No change, the infant mortality rate (67 per 1000 live births) has been used to estimate the number of surviving infants. (DHS 2012)

- Explanation of changes in targets, per vaccine. **Please note that for targets of more than 10%, the results from previous years must be justified. For the IPV, explanation should also be provided as attachment(s) to the APR for EACH change in target population.**

Not applicable

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

The drop in wastage rates from 10% to 7%, for certain antigens, can be accounted for by the improvement in training of the operators and the rigorous application of vaccination guidelines in the country

5.2. Monitoring the implementation of the GAVI gender policy

5.2.1. Has sex-disaggregated data on the coverage of DTP3 from administrative sources and/or surveys been available in your country over the past five years? **No, not available**

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

Data Source	Reference Year for Estimates	DTP3 coverage estimates	
		Boys	Girls
N/A	N/A	N/A	0

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

N/A

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

5.2.4. How the gender-related barriers at the access and at the implementation of immunization services (for example, mothers with no access to the services, the gender of the service provider, etc.) were resolved from the programs point of view? (For more

information on these gender-related barriers, refer to the GAVI “Gender and Immunization” sheet at <http://www.gavialliance.org/fr/librairie/>)

In Guinea, all children (boys and girls) have the same right of access to immunization. The program includes the development, updating and use, for all immunization services, of tools which take gender into account.

5.3. Overall Expenditure and Financing for Immunization

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

Exchange rate used	1 US\$ = 7100	Only enter the exchange rate; do not enter the name of the local currency
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Table 5.3a: Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$.

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	HKI	OOAS	Rotary International
Traditional vaccines*	1,491,972	291,972	0	1,200,000	0	0	0	0
New and Under-used Vaccines (NVS)**	27,500,000	0	27,500,000	0	0	0	0	0
Injection material (AD syringes and others)	1,105,521	253,521	500,000	352,000	0	0	0	0
Cold Chain equipment	660,400	0	260,000	400,400	0	0	0	0
Staff	2,439,600	2,439,600	0	0	0	0	0	0
Other routine recurrent costs	1 753 500	50,000	3,500	1,200,000	500,000	0	0	0
Other Capital Costs	301,000	0	130,000	156,000	0	0	0	15,000
Campaigns costs	6,093,000	5,600	0	5,957,400	30,000	0	100,000	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunization	41,344,993							
Total Government Health expenditures		3,040,693	28,393,500	9,265,800	530,000	0	100,000	15,000

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

5.4. Inter-Agency Coordination Committee (ICC)

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

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

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Reference data and annual targets carried out](#) to [5.3 Overall Immunization Expenditure and Funding](#)

The recommendation relates to the 10% increase in immunization coverage each year.

Lobby the government to increase the immunization budget.

Are any Civil Society Organizations members of the ICC? **Yes, If yes,** which ones?

List CSO members of the ICC:
AGBEEF
ADESAM
WFC, CSOPSHI

5.5. Priority actions in 2015 to 2016

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

1. To achieve and maintain an immunization coverage of at least 90% for all EPI antigens at the national level and at least 80% in the health districts.
2. Increase research and introduce new vaccines into the routine EPI.
3. Develop and implement strategies to eliminate inequities;
4. Integrate immunization services more efficiently into other priority public health initiatives;
5. Cultivate a sustainable and flexible institutional and financial environment to support the program;
- 6- Initiate and maintain a commitment to immunization at the national, regional and community (health district) levels;
- 7- Organize a vaccination campaign against meningitis A in the 17 districts at risk;
- 8- Run a clinical trial of the candidate vaccine against the Ebola virus and initiate its widespread introduction.

5.6. Progress of transition plan for injection safety

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

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

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

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

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

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

N/A

Please explain how sharps have been disposed of in 2014 and any problems that were encountered, etc.

The collection of waste syringe needles at public and private medical unit level (medical centers, health centers and hospitals). The collected waste is then transported to the incinerators, during inspections, for their systematic incineration.

In 2010, an evaluation of needle waste management was conducted with support from WHO. A plan was formulated to deal with the issue identified and this is being put into practice. The main issues encountered were the shortage of incinerators and the lack of training of healthcare workers in waste management.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Guinea did not produce a report on the use of Immunization Services Support (ISS) funds in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Guinea did not produce a report on the use of Immunization Services Support (ISS) funds in 2014

6.3. ISS Funding Application

Guinea did not apply for ISS support in 2014.

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

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

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

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

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

	[A]	[B]	[C]	
Vaccine Type	Total doses for 2014 given in the decision letter	The number of total doses received by December 31, 2014	Total doses postponed from previous years and received in 2014	Has the country experienced a stockout at any level in 2014?
DTP-HepB-Hib	1,498,000	1,526,500	635,040	No
Yellow fever	418,600	238,900	470,150	No

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

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

The low usage rate of the Penta vaccine was due to the low take-up of immunization services during the Ebola outbreak.

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

GAVI would also appreciate feedback from countries on the feasibility and interest of using and being provided with multiple Pentavalent vaccine presentations (1 dose and 10 dose vials), so as to reduce wastage and cost to a minimum and optimize coverage.

The forecast update is based on the actual inventory of vaccines and regular monitoring of supplies with Copenhagen, every year. The switch to multiple presentations of vaccines often leads to an increased wastage rate and reduces the daily immunization rate of children, resulting in low vaccination coverage (problem of missed opportunities).

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

No stock-outs.

7.2. Introduction of a New Vaccine in 2014

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

Yellow fever, 10 dose(s) per vial, LYOPHILIZED		
Nationwide introduction	No	
Phased introduction	No	

Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	N/A
---	----	-----

When will the Post Introduction Evaluation (PIE) be carried out? **January 0**

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

When will the Post Introduction Evaluation (PIE) be carried out? **January 0**

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

N/A

7.2.3. Adverse Events Following Immunization (AEFI)

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

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

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

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

Has your country implemented a risk communication strategy along with national preparedness plans to deal with possible immunization issues? **Yes**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for: a. Rotavirus diarrhea **Yes**

b. bacterial meningitis or pneumococcal or meningococcal disease in children? **Yes** Has your country carried out specific studies on:

a. Rotavirus diarrhea? **No**

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

If yes, does either the National Technical Advisory Group on Immunization (NITAG) or the Interagency Coordinating Committee (ICC), regularly examine the data from the national sentinel surveillance and from any specific surveys to make recommendations on the quality of data produced and on how to further improve the quality of these data? **No**

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

Please describe the results of any surveillance or specific studies and the contribution made by any NITAGs or ICCs:

NA

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

7.3.1. Financial Management Reporting

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

Detailed expenditure of new vaccine introduction grant funds during the 2014 calendar year

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

7.3.2. 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.

Not applicable

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

Not applicable

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

Not applicable

7.4. Report on country co-financing in 2014

Table 7.4 : 5 questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	84,000	79,800
Vaccine selected #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	300,000	146,500
	Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?	
Government	384,000	
Donor	00	
Others	00	

	Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US\$ and in supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Vaccine selected # 1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	0	0
Vaccine selected #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Vaccine selected # 1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	September	BND
Vaccine selected #2: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	September	BND
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	
	Technical Assistance requirements for developing financial sustainability strategies, mobilizing funding for immunization, including co-financing.	

*Note: cofinancing is not mandatory for the IPV

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

7.5. Vaccine Management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on the EVM tool can be found at

http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

It is mandatory for the countries to conduct an Effective Vaccine Management (EVM) assessment prior to an application for the introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines. The progress of the implementation of this plan is reported in the Annual Progress Report. The EVM is valid for a period of three years.

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

Please attach the following documents:

- the EVM report (**Document No 12**)
- the post-EVM improvement plan (**Document No. 13**)
- the progress report on the activities implemented during the year and the status of the implementation of the recommendations from the Improvement Plan (**Document No 14**)

A progress report on the EVM/VMA/EVSM/ improvement plan is a mandatory requirement

Have there been any changes in the Improvement plan, and why? **Non**

If yes, give details

N/A

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

7.6.1. Vaccine Delivery

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

[A]	[B]	[C]
Number of total doses approved in the Decision Letter	Campaign Start Date	Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)
3,964,500	25/06/2015	0

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

N/A

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

The Ebola epidemic

7.6.2. Program Results for type A Meningococcal preventive campaigns

Geographic regions covered	Duration of the campaign	Total number of target population	Achievement, i.e., immunized population	Administrative coverage (%)	Survey Coverage (%)	Vaccine wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
N/A	0	0	0	0	0	0	0	0

*If no survey is conducted, please provide estimated coverage as per the independent monitors

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

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

Emergence of the Ebola epidemic.

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceeded the target/met the target). If you did not meet or exceeded the target, what were the underlying reasons for this?

N/A

What lessons have you learned from the campaign?

N/A

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

Category	Expenditure in Local currency	Expenditure in US\$
N/A	0	0
Total	0	0

7.7. Change of vaccine presentation

Guinea does not require any changes in the vaccine presentation in the coming years.

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

If 2015 is the last year of approved multi-year support for a vaccine and the country wishes to extend the GAVI support, the country must apply for an extension of the co-funding agreement with GAVI for vaccine support commencing from 2016 and for the duration of a new comprehensive multi-year plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines:

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

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

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

The multi-year support extension is in line with the new cMYP for the years 2016 to 2020, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document No. 18)

* **Yellow fever, 10 dose(s) per vial, LYOPHILIZED**

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

7.9. Request for continued support for vaccines for the 2016 vaccination program

In order to request NVS support for 2016 vaccination please do as follows:

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

If this is not the case, please give reasons:

N/A

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED							
Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							

Vaccine Antigens	Vaccine Type	2014	2015	2016	2017	2018	2019	2020
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	7.50%	7.50%	7.40%	7.20%	6.80%	6.80%	6.30%
Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	Type A meningococcal vaccine, 10 dose(s) per vial, LYOPHILIZED	12.50%	12.50%	12.30%	13.30%	13.20%	12.80%	12.40%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40%	4.30%	3.60%	4.40%	4.40%	4.40%	4.40%

7.11. Calculation of requirements

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

ID	Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter #	442,868	456,597	414,319	423,434	432,749
	Number of children to be vaccinated with the first dose	Parameter #	420,725	433,767	372,887	402,262	411,112
	Number of children to be vaccinated with the third dose	Parameter #	420,725	410,937	360,457	389,559	411,112
	Immunization coverage with the third dose	Parameter %	95.00%	90.00%	87.00%	92.00%	95.00%
	Number of doses per child	Parameter #	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter #	1.11	1.08	1.08	1.08	1.08
	Stock in Central Store Dec 31, 2014	Parameter #	716,260				
	Stock across second level Dec 31, 2014 (if available)*	Parameter #	716,260				
	Stock across third level Dec 31, 2014 (if available)*	Parameter #	716,260				
	Number of doses per vial	Parameter #		10	10	10	10
	AD syringes required	Parameter #		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter #		No	No	No	No
	Safety boxes required	Parameter #		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter \$		0.20	0.20	0.20	0.20
ca	AD syringe price per unit	Parameter \$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter \$		0	0	0	0
cs	Safety box price per unit	Parameter \$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter %		4.30%	3.60%	4.40%	4.40%

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

For Pentavalent vaccines, GAVI applies an indicator of 4.5 months of buffer stock + operational stock. The countries must indicate their needs in terms of buffer stock + operational stock, if they are different from the indicator for up to a maximum of 6 months. If you need help to calculate the levels of buffer and operational stocks, please contact the WHO or UNICEF. By default, the pre-selection provides a buffer stock+ operational stock for 4.5 months. **Not defined**

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

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

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

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	1,351,500	1,076,000	644,900	1,537,200	1,595,100
Number of AD syringes	#	1,494,700	1,205,100	697,500	1,837,500	1,906,200
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	16,600	13,275	7,950	19,425	20,175
Total value to be co-financed by GAVI	\$	2,856,500	2,196,500	1,229,000	2,448,500	2,541,000

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

		2019	2020
Number of vaccine doses	#	1,629,900	1,664,900
Number of AD syringes	#	1,948,100	1,991,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	20,600	21,050
Total value to be co-financed by GAVI	\$	2,596,500	2,645,000

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	146,500	121,500	77,700	228,400	237,000
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value of country co-financing[1]	\$	300,000	239,500	148,000	364,000	377,500

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

		2019	2020
Number of vaccine doses	#	242,200	248,200
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value of country co-financing[1]	\$	386,000	394,500

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	420,725	433,767	
B1	Number of children to be vaccinated with the third dose	Table 4	420,725	433,767	
C	Number of doses per child	The immunization schedule	3	3	
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,262,175	1,269,111	
E	Estimated vaccine wastage factor	Table 4	1.11	1.08	
F	Number of doses required including wastage	$D \times E$		1,370,640	
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 			
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$			
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Stock on 1st January	Table 7.11.1	908,500	716,260	
H3	Dispatch schedule	Approved volume		1,197,500	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		1,197,500	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			

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

Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$				
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$				
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$				
T	Total funds required	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

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

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	V	10.74%		
B	Number of children to be vaccinated with the first dose	Table 4	372,887	40,059	332,828
B 1	Number of children to be vaccinated with the third dose	Table 4	360,457	38,724	321,733
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,101,135	118,294	982,841
E	Estimated vaccine wastage factor	Table 4	1.08		
F	Number of doses required including wastage	$D \times E$	1,189,226	127,758	1,061,468
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> • <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ • <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 	- 62,990	- 6,766	- 56,224
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$	404,078	43,410	360,668
H 1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$	815,809	87,642	728,167
H 2	Stock on 1st January	Table 7.11.1			
H 3	Dispatch schedule	Approved volume			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	722,500	77,618	644,882
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	697,474	0	697,474
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	7,948	0	7,948
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	1,298,333	139,479	1,158,854
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	31,247	0	31,247
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	44	0	44
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	46,740	5,022	41,718
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	1,376,364	147,862	1,228,502
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	144,500		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.74%		

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

		Formula	2017		
			Total	Government	GAVI
A	Country co-financing	V	12.94%		
B	Number of children to be vaccinated with the first dose	Table 4	402,262	52,034	350,228
B1	Number of children to be vaccinated with the third dose	Table 4	389,559	50,391	339,168
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,188,875	153,784	1,035,091
E	Estimated vaccine wastage factor	Table 4	1.08		
F	Number of doses required including wastage	$D \times E$	1,283,985	166,087	1,117,898
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 	481,495	62,283	419,212
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$			
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Stock on 1st January	Table 7.11.1			
H3	Dispatch schedule	Approved volume			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	1,765,500	228,372	1,537,128
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	1,837,408	0	1,837,408
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	19,421	0	19,421
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	2,614,706	338,219	2,276,487
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	82,316	0	82,316
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	106	0	106
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	115,048	14,882	100,166
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	2,812,176	363,762	2,448,414
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	353,100		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.94%		

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

	Formula	2018			
		Total	Government	GAVI	
A	Country co-financing	V	12.94%		
B	Number of children to be vaccinated with the first dose	Table 4	411,112	53,179	
B1	Number of children to be vaccinated with the third dose	Table 4	411,112	53,179	
C	Number of doses per child	The immunization schedule	3		
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,233,336	159,535	
E	Estimated vaccine wastage factor	Table 4	1.08		
F	Number of doses required including wastage	$D \times E$	1,332,003	172,298	
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 	499,502	64,612	434,890
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$			
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Stock on 1st January	Table 7.11.1			
H3	Dispatch schedule	Approved volume			
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	1,832,000	236,974	
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	1,906,122	0	
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0	
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	20,152	0	
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	2,713,192	350,958	
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	85,395	0	
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0	
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	110	0	
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	119,381	15,443	
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	
T	Total funds required	$(N+O+P+Q+R+S)$	2,918,078	377,461	
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	366,400		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.94%		

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

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

	Formula	2019		
		Total	Government	GAVI
A	Country co-financing	V	12.94%	
B	Number of children to be vaccinated with the first dose	Table 4	420,156	54,349
B1	Number of children to be vaccinated with the third dose	Table 4	420,156	54,349
C	Number of doses per child	The immunization schedule	3	
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,260,468	163,045
E	Estimated vaccine wastage factor	Table 4	1.08	
F	Number of doses required including wastage	$D \times E$	1,361,306	176,089
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 	510,490	66,034
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$		
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$		
H2	Stock on 1st January	Table 7.11.1		
H3	Dispatch schedule	Approved volume		
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	1,872,000	242,148
J	Number of doses per vial	Vaccine parameter	10	
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	1,948,054	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	20,592	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	2,772,432	358,621
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	87,273	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	113	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	121,988	15,780
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	2,981,806	385,704
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	374,400	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.94%	

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 6)

	Formula	2020		
		Total	Government	GAVI
A	Country co-financing	V	12.97%	
B	Number of children to be vaccinated with the first dose	Table 4	429,400	55,695
B1	Number of children to be vaccinated with the third dose	Table 4	429,400	55,695
C	Number of doses per child	The immunization schedule	3	
D	Number of doses required	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,288,200	167,083
E	Estimated vaccine wastage factor	Table 4	1.08	
F	Number of doses required including wastage	$D \times E$	1,391,256	180,450
G	Buffer stock of vaccines	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0,375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0,375 \geq 0$ 	521,721	67,669
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0,375)$		
H1	Initial stock calculated	$H2 (2015) + H3 (2015) - F (2015)$		
H2	Stock on 1st January	Table 7.11.1		
H3	Dispatch schedule	Approved volume		
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	1,913,000	248,122
J	Number of doses per vial	Vaccine parameter	10	
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	1,990,914	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	0	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	21,043	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	2,825,501	366,475
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	89,193	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	0	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	115	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	124,323	16,126
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	3,039,132	394,184
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	382,600	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	12.97%	

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

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	442,868	456,597	414,319	423,434	432,749
	Immunization coverage	Parameter	%	90.00%	95.00%	82.00%	85.00%	90.00%
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.05	1.11	1.11	1.11	1.11
	Stock in Central Store Dec 31, 2014		#	471,795				
	Stock across second level Dec 31, 2014 (if available)*		#	471,795				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	471,795				
	Number of doses per vial	Parameter	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter	\$		0.20	0.20	0.20	0.20
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		7.50%	7.40%	7.20%	6.80%
fd	Freight cost as % of material value	Parameter	%					

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

N/A

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

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

	2019	2020
Minimum co-financing	0.20	0.20
Recommended co-financing as per	0.20	0.20
Your co-financing	0.20	0.20

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-financing	V			
B	Number of children to be vaccinated with the first dose	Table 4	398,581	433,767	
C	Number of doses per child	The immunization schedule	1	1	
D	Number of doses required	$B \times C$	398,581	433,767	
E	Estimated vaccine wastage factor	Table 4	1.05	1.11	
F	Number of doses required including wastage	$D \times E$		481,482	
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$			
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$			
H ₂	Stock on 1st January	Table 7.11.1	548,400	471,795	
I	Total vaccine doses required	$\text{Rounding } ((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$		241,700	
J	Number of doses per vial	Vaccine parameter			
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$			
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$			
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$			
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$			
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$			
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$			
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$			
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$			
T	Total funds required	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	V	18.76%		
B	Number of children to be vaccinated with the first dose	Table 4	339,741	63,746	275,995
C	Number of doses per child	The immunization schedule	1		
D	Number of doses required	$B \times C$	339,741	63,746	275,995
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses required including wastage	$D \times E$	377,113	70,758	306,355
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	- 23,082	- 4,330	- 18,752
H	Stock to be deducted	$H_2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$	351,425	65,938	285,487
H ₂	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	2,700	507	2,193
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	- 38,242	0	- 38,242
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	297	0	297
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	30	0	30
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	2,679	503	2,176
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	- 1,713	0	- 1,713
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	11	0	11
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	1	0	1
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	199	38	161
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	1,177	221	956
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	540		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	18.76%		

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

	Formula	2017		
		Total	Government	GAVI
A	Country co-financing	V	18.29%	
B	Number of children to be vaccinated with the first dose	Table 4	359,919	65,833
C	Number of doses per child	The immunization schedule	1	
D	Number of doses required	$B \times C$	359,919	65,833
E	Estimated vaccine wastage factor	Table 4	1.11	
F	Number of doses required including wastage	$D \times E$	399,511	73,075
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	90,535	16,560
H	Stock to be deducted	$H_2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$		
H ₂	Stock on 1st January	Table 7.11.1		
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	490,100	89,644
J	Number of doses per vial	Vaccine parameter	10	
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	495,500	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	53,912	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	5,392	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	499,902	91,437
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	22,199	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	1,887	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	30	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	35,993	6,584
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	560,011	102,432
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	98,020	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	18.29%	

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

		Formula	2018		
			Total	Government	GAVI
A	Country co-financing	V	17.40%		
B	Number of children to be vaccinated with the first dose	Table 4	389,474	67,784	321,690
C	Number of doses per child	The immunization schedule	1		
D	Number of doses required	$B \times C$	389,474	67,784	321,690
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses required including wastage	$D \times E$	432,317	75,240	357,077
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	98,182	17,088	81,094
H	Stock to be deducted	$H2 \text{ of the previous year} - 0.25 \times F \text{ of the previous year}$			
H ₂	Stock on 1st January	Table 7.11.1			
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	530,500	92,328	438,172
J	Number of doses per vial	Vaccine parameter	10		
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	536,422	0	536,422
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	58,356	0	58,356
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	5,836	0	5,836
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	570,818	99,345	471,473
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	24,032	0	24,032
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	2,043	0	2,043
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	32	0	32
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	38,816	6,756	32,060
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	635,741	110,644	525,097
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	106,100		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	17.40%		

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

	Formula	2019		
		Total	Government	GAVI
A	Country co-financing	V	17.31%	
B	Number of children to be vaccinated with the first dose	Table 4	420,156	72,718
C	Number of doses per child	The immunization schedule	1	
D	Number of doses required	$B \times C$	420,156	72,718
E	Estimated vaccine wastage factor	Table 4	1.11	
F	Number of doses required including wastage	$D \times E$	466,374	80,718
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted <i>Buffer on doses needed = (D - D of previous year original approved) x 0,25</i> <i>Buffer on doses wasted = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25</i>	105,883	18,326
H	Stock to be deducted	<i>H2 of the previous year - 0.25 x F of the previous year</i>		
H 2	Stock on 1st January	Table 7.11.1		
I	Total vaccine doses required	<i>Rounding ((F + G - H) / vaccine pack size) x vaccine pack size</i>	572,300	99,051
J	Number of doses per vial	Vaccine parameter	10	
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	578,643	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	62,954	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	6,296	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	619,229	107,173
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	25,924	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	2,204	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	35	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	42,108	7,288
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	689,500	119,335
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	114,460	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	17.31%	

Table 7.11.4: Calculation of requirements for **Yellow fever, 10 dose (s) per vial, LYOPHILIZED** (part 6)

	Formula	2020		
		Total	Government	GAVI
A	Country co-financing	V	16.29%	
B	Number of children to be vaccinated with the first dose	Table 4	429,400	69,949
C	Number of doses per child	The immunization schedule	1	
D	Number of doses required	$B \times C$	429,400	69,949
E	Estimated vaccine wastage factor	Table 4	1.11	
F	Number of doses required including wastage	$D \times E$	476,635	77,643
G	Buffer stock of vaccines	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0,25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0,25$	107,605	17,529
H	Stock to be deducted	H2 of the previous year - 0.25 x F of the previous year		
H2	Stock on 1st January	Table 7.11.1		
I	Total vaccine doses required	Rounding $((F + G - H) / \text{vaccine pack size}) \times \text{vaccine pack size}$	584,300	95,181
J	Number of doses per vial	Vaccine parameter	10	
K	Number of Auto-disable syringes required (+10% wastage)	$(D + G - H) \times 1.10$	590,706	0
L	Number of Reconstitution syringes required (+10% wastage)	$(I / J) \times 1.10$	64,274	0
M	Total number of safety boxes required (10% extra)	$(I / 100) \times 1.10$	6,428	0
N	Cost of the required vaccines	$I \times \text{price of vaccine per dose (g)}$	674,867	109,935
O	Cost of AD syringes required	$K \times \text{AD syringe price per unit (ca)}$	26,464	0
P	Cost of required reconstitution syringes	$L \times \text{Reconstitution syringe price per unit (cr)}$	2,250	0
Q	Cost of the safety boxes required	$M \times \text{unit price of safety boxes (cs)}$	35	0
R	Freight cost of required vaccines	$N \times \text{Freight cost as \% of vaccine value (fv)}$	42,517	6,926
S	Freight cost of required material	$(O+P+Q) \times \text{Freight cost as \% of the value of supplies (fd)}$	0	0
T	Total funds required	$(N+O+P+Q+R+S)$	746,133	121,544
U	Total country co-financing	$I \times \text{Country co-financing per dose (cc)}$	116,860	
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	16.29%	

8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

For countries that received HSS funds within the last three months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

In order to better align HSS support reporting on national processes, for countries of whose 2014 fiscal year starts in January 2014 and ends in December 2014, the HSS reports should be received by the GAVI Alliance before **May 15, 2015**. For other countries, the HSS reports should be received by the GAVI Alliance approximately six months after the end of country's fiscal year, e.g., if the country's fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately. Please use additional space than that provided in this template, as necessary.
4. If you would like to modify the objectives, activities and pre-approved budgets (reprogramming), please ask the person responsible for your country at the GAVI Secretariat for reprogramming guidelines or send an email to gavihss@gavi.org.
5. If you are requesting additional funds, please make this clear in [section 8.1.2](#).
6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) as provided for on the signature page, in terms of its accuracy and validity of facts, figures and sources used.
7. Please attach all required [supporting documents](#). These include:
 - a. Minutes of the HSCC meetings held in 2014
 - b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
 - c. Latest Health Sector Review Report
 - d. Financial statement for the use of HSS funds in the 2014 calendar year
 - e. External audit report for HSS funds during the most recent fiscal year (if available).
8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further installments of HSS funding:
 - a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
 - b. Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
 - c. Outline of technical support that may be required to either support the implementation or monitor the GAVI HSS investment in the coming year.

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

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

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

8.1.1. Report on the use of HSS funds in 2014

Please complete [Table 8.1.3.a](#) and [8.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS program and both in US\$ and local currency

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

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

If yes, please indicate the amount of funding requested: **501,618** US\$

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

Table 8.1.3a \$(US)

	2009	2010	2011	2012	2013	2014
Original annual budget (as per the <i>initially approved HSS proposal</i>)				1,632,314	501,618	0
Revised annual budget (if revised during a review of the previous years' annual reports)				0	0	0
Total funds received from GAVI during the calendar year (A)				1,632,488	0	0
Remaining funds (carry over) from previous year (A)				0	1,632,488	706,062
Total funds available during the calendar year (C=A+B)				1,632,488	1,632,488	706,062
Total expenditure during the calendar year (D)				0	926,426	475,629
Balance carried forward to the next calendar year (E=C-D)				1,632,488	706,062	230,433
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	501,618

	2015	2016	2017	2018
Original annual budget (as per the <i>initially approved HSS proposal</i>)	0	0	0	
Revised annual budget (if revised during a review of the previous years' annual reports)	0	0	0	

Total funds received from GAVI during the calendar year (A)	0	0	0	
Remaining funds (carry over) from previous year (A)	0	0	0	
Total funds available during the calendar year (C=A+B)	0	0	0	
Total expenditure during the calendar year (D)	0	0	0	
Balance carried forward to the next calendar year (E=C-D)	0	0	0	
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budget (as per the <i>initially approved HSS proposal</i>)				1,118,135,090	3,436,083,300	0
Revised annual budget (if revised during a review of the previous years' annual reports)				0	0	0
Total funds received from GAVI during the calendar year (A)				1,118,254,280	0	0
Remaining funds (carry over) from previous year (A)				0	1,118,254,280	5,013,039,206
Total funds available during the calendar year (C=A+B)				0	6,346,019,059	3,376,964,338
Total expenditure during the calendar year (D)				1,118,254,280	4,836,523,741	1,636,074,868
Balance carried forward to the next calendar year (E=C-D)				0	0	3,561,447,800
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0	0	0

	2015	2016	2017	2018
Original annual budget (as per the <i>initially approved HSS proposal</i>)	0			
Revised annual budget (if revised during a review of the previous years' annual reports)	0			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (A)	0			
Total funds available during the calendar year (C=A+B)	0			
Total expenditure during the calendar year (D)	0			
Balance carried forward to the next calendar year (E=C-D)	0			
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]	0	0	0	0

Report of Exchange Rate Fluctuation

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

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1st January						7,100
Closing on 31st December						7,100

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*).

Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health. **(Document Number: 19)**

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

Has an external audit been conducted? No

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

8.2. Progress of HSS activities in the 2014 fiscal year

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

Please provide the following information for each planned activity:

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

Table 8.2: HSS activities in the reporting year 2014

Major Activities (insert as many rows as necessary)	Activities planned for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Objective 1: Increase the accessibility of basic healthcare services from 40% in 2006 to 60% before the end of 2011, in 5 health districts with low vaccination coverage	Grant performance bonuses to 150 workers in 50 HFs in rural areas	0	
Support the private bodies of civil society organizations to direct the programs.	Support the private structures of civil society organizations to conduct awareness-raising activities and basic health care services	0	
Ensure the functioning and maintenance of 50 motorcycles	Ensure the operation and maintenance of 50 motorcycles	50	Activity report
Support the maintenance of 50 solar refrigerators	Support the maintenance of 50 solar refrigerators	50	Activity report
Support the civil Society Organizations in the mutual development of health in the area	Support the civil Society Organizations in the mutual development of healthcare in the area	0	
Organize awareness sessions through micro-programs on 4 rural radio-stations	Organize awareness-raising sessions through micro-programs on 4 rural radio-stations	0	
Support HC management committees in active research and awareness-raising activities	Support HC management committees in active research and awareness-raising activities	0	
PHD 1.2: Reproductive Health	Organize 2 training workshops for 25 service providers per session for 10 days in the field of RH	0	

Provide an initial donation of pregnancy and childbirth monitoring equipment to 50 HCs in the area	Provide an initial donation of pregnancy and childbirth monitoring equipment to 50 HCs in the area	0	
Provide 2 ambulances to 2 Hps	Ensure the maintenance and operation of 2 ambulances for HPs	50	Activity report
Provide SOUB equipment to 20 HCs	Provide SOUB equipment to 20 HCs	100	Activity report and delivery notes
Provide SOUC Equipment to 2 HPs	Provide SOUC Equipment to 2 HPs	100	Activity reports and delivery notes

Provide Caesarian kits for obstetric emergencies to 5 HPs	Provide Caesarian kits for obstetric emergencies to 5 HPs	0	
PHD 1.3: Curative care	Revise and adopt the standardized process diagrams (flowcharts and therapeutic protocols) Prepare and distribute the standardized process diagrams to 50 HC, 5 PHD, 5 HP and 2 DRS		
Organize two 10-day training courses in IMCI, Effective Curative Care and Management of Essential Medicines, for 25 health workers per session	Organize two 10-day training courses in IMCI, Effective Curative Care and Management of Essential Medicines, for 25 health workers per session	0	
Provide an initial donation of medicine and medical supplies to 50 HCs	Provide an initial donation of medicine and medical supplies to 50 HCs		
Provide hospitals with ME and medical supplies	Provide hospitals with ME and medical supplies		
Objective 2: Improve the management capabilities of 5 health districts, 2 regions and the central level by 2011	Objective 2: Improve the management capabilities of 5 health districts, 2 regions and the central level by 2011		
PHD 2.1: Operational research	Carry out a study on the organizational framework of public health structures. Carry out a feasibility study on the provision of mutual healthcare insurance in the area Evaluate the implementation of cMYP 2007 - 2011 and reschedule the cMYP 2012 - 2016 Evaluate the implementation of the National Plan for Medical Development 2003 - 2012 and reschedule the NPMD for 2014 -2025		

PHD 2.2: Monitoring and evaluation	Organize quarterly inspections from the central level to the intermediate and peripheral levels	50	Activity report
Organize quarterly inspections from the regional level to HDs in the target areas	Organize quarterly inspections from the regional level to HDs in the target areas	50	Activity report
Organize bi-monthly inspections at the District level for hospitals and HCs in the area	Organize bi-monthly inspections at the District level for hospitals and HCs in the area	50	Activity report
Provide management and information system tools	Provide management and information system tools	0	
Produce quarterly statistical newsletters	Produce quarterly statistical newsletters	0	
Ensure that 5 inspection vehicles are kept maintained and operational for the 5 PHD	Ensure that 5 inspection vehicles are kept maintained and operational for the 5 PHD	50	Activity report

PHD 2.3: Coordination/Management	PHD 2.3: Coordination/Management		
Support organizing HSCC meetings	Support organizing HSCC meetings	0	
Support the organization of 2 CTRS per year in the target area	Support the organization of 2 CTRS per year in the target area	50	Activity report
Support the organization of 10 CTPS a year in the target area	Support the organization of 10 CTPS/year in target areas	50	Activity report
Prepare a manual for setting up mutual health insurance companies	Prepare a manual for setting up mutual health insurance companies		
Organize 2 multi-sectorial consultation meetings per year at the central level and in the area	Organize 2 multi-sectorial consultation meetings per year at the central level and in the area	0	
Support the preparation of Prefectural Health Development Plans (PHDP) in the target areas	Support the preparation of Prefectural Health Development Plans (PHDP) in the target areas	0	
Conduct an annual audit of proposal accounts	Conduct an annual audit of proposal accounts	10	Activity report
Organize a 4-day workshop for preparing texts for the creation of and	Organize a 4-day workshop for preparing texts for creation and		

<p>Organize a 4-day workshop for preparing texts for the creation and operation of a multi-sectorial consultation framework</p> <p>Organize a 4-day workshop for preparing texts for the creation and operation of a multi-sectorial consultation framework at the different levels</p>	<p>Organize a 4-day workshop for preparing texts for the creation and operation of a multi-sectorial consultation framework at the different levels</p>		
<p>Organize a ten day training session in District Health System Management for the regional and district managers</p>	<p>Organize a training session of regional and district heads in district health system management for 10 days</p>		

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

Major Activities (insert as many rows as necessary)	Explain progress achieved and constraints
<p>PHD 1.1: Vaccination</p>	<p>Grant performance bonuses to 150 workers in 50 HFs in rural areas</p> <p>Support the private structures of civil society organizations to conduct awareness-raising activities and basic health care services</p> <p>Ensure the operation and maintenance of 50 motorcycles</p> <p>Support the maintenance of 50 solar refrigerators</p> <p>Support the civil Society Organizations in the mutual development of healthcare in the area</p> <p>Organize awareness-raising sessions through micro-programs on 4 rural radio-stations</p> <p>Support HC management committees in active research and awareness-raising activities</p> <p>Organize 6 community awareness-raising sessions on SMI/PF activities per HC</p>
<p>Objective 1: Increase the accessibility of healthcare</p>	
<p>PHD 1.2: Reproductive Health</p>	<p>Organize 2 training workshops for 25 service providers per session for 10 days in the field of RH</p> <p>Provide an initial donation of pregnancy and childbirth monitoring equipment to 50 HCs in the area</p> <p>Ensure the maintenance and operation of 2 ambulances for HPs</p> <p>Provide SOUB equipment to 20 HCs</p> <p>Provide SOUC Equipment to 2 HPs</p> <p>Provide Caesarian kits for obstetric emergencies to 5 HPs</p>
<p>PHD 1.3: Curative care</p>	<p>Organize two 10-day training courses in IMCI, Effective Curative Care and Management of Essential Medicines, for 25 health workers per session</p>

PHD 2.2: Monitoring and evaluation	Organize quarterly inspections from the central level to the intermediate and peripheral levels Organize quarterly inspections from the regional level to HDs in the target areas Organize bi-monthly inspections at the District level for hospitals and HCs in the area Provide management and IT software tools. Publish quarterly bulletins of health statistics. Ensure that 5 inspection vehicles are kept maintained and operational for the 5 PHD PHD 2.3: Coordination/Management Support organizing HSCC meetings Support the organization of 2 CTRS in target areas Support the organization of 10 CTPS in target areas Organize 2 multi-sectorial consultation meetings per year at the central level and in the area Support the preparation of Prefectural Health Development Plans (PHDP) in the target areas Conduct an annual audit of proposal accounts
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8.2.2 Explain why certain activities have not been implemented, or have been modified, with references.

The Ebola epidemic has led to big changes in the plans put in place before the epidemic. Measures related to emergency health situations (awareness-raising, case reporting, contact monitoring) were paramount during 2014.

External aid related to the health crisis did not take into account the organization and resources available before the outbreak.

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

GAVI funds were not used to pay incentives to health workers during this exercise.

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline Value	Baseline source/date									
1. National Coverage for DTP3 (%)	88%	EPI	90%	85%							
2. Number /% of achieving > 80% of coverage for Penta 3	84%	EPI	90%	85%							
3. Mortality Rate for children less than five years of age (for 1,000)	163‰	Ministry of Planning(NSI)	140‰	123‰							
4. Coverage rate for the first prenatal consultation (PNC1)	70%	Ministry of Health (NHIS)	85%	85%							
5. Rate of assisted deliveries	20%	Ministry of Health (NHIS)	40%	35%							
6. Caesarean section Rate	1.50%	Ministry of Health (NHIS)	3%	2%							

8.4. Program implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programs, and how the HSS funds have proved useful to the immunization system.

Aid for the operation of refrigerators, inspection vehicles and motorbikes has made it possible for the healthcare system to improve accessibility and increase the availability of immunization services.

The provision of SOUC equipment improved the medical technology available for the provision of high-quality maternal and newborn care in the area covered.

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

The health crisis related to the Ebola epidemic has led to people being afraid of attending health service centers. Also, health center staff were committed to the epidemiological surveillance of EVD and supervision of community health workers. The difficulty of coordinating the use of resources and sticking to annual plans in face of the emergency situation was also an issue.

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

No special arrangements were made. The guidelines in the proposal remained valid.

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

The NHIS is still fragmented. More effort should be made to integrate it; it is to this end that the tools were integrated and the indicators selected.

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

The main operational partners are WHO, UNICEF, the Ministries, the ICC and the HSCC.

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

Outside the Health Sector Coordinating Committee (HSCC), there are no Civil Society Organizations. When designing the proposal, the Civil Society Organizations component was not incorporated into the HSS.

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

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

Yes.

The delay in confirmation of the program plans meant that the financial management specialists did not have allocated funds on which to base the budget. The funds available are the residual amounts from the costs of equipment and expenses for planned activities and are financed by other partners.

For the time being, no changes are envisaged in management procedures.

8.5. HSS Activities planned for 2015

Please use **Table 8.4** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015, please explain these changes in the table below and provide explanations for these changes.

Table 8.4: Activities planned for 2015

Main Activities (insert as many rows as required)	Activity planned for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if applicable)	Revised budget for 2015 (if applicable)
Vaccination	Implementation of the EPI Improvement Plan in the Districts	589,158	0	Implementation of the EPI Improvement Plan in the Districts	No change	589,158
Ensure the operation and maintenance of 50 motorcycles	Ensure the operation and maintenance of 50 motorcycles	14,000	0	Ensure the operation and maintenance of 50 motorcycles	No change	14,000
Reproductive Health	Organize 2 training workshops for 25 service providers per session for 10 days in the field of RH	31,500	0	Organize 2 training workshops for 25 service providers per session for 10 days in the field of RH	No change	31,500

Support the maintenance of 50 solar refrigerators	Support the maintenance of 50 solar refrigerators	10,000	0	Support the maintenance of 50 solar refrigerators	No change	10,000
Reproduction Health	Ensure the maintenance and operation of 2 ambulances for HPs	14,496		The operation of 2 HP ambulances	No change	14,496
Assessment	Carry out the SARA survey	60,000		Carry out the SARA survey	No change	60,000
	Develop the proposal to improve the healthcare system	50,000	0	Develop the proposal to improve the healthcare system	No change	50,000
Assessment	Organize quarterly inspections from the central level to the intermediate and peripheral levels	8,000	0	Organize quarterly inspections from the central level to the intermediate and peripheral levels	No change	8,000
Supervision	Organize quarterly inspections from the regional level to HDs in the target areas	19,200	0	Organize quarterly inspections from the regional level to HDs in the target areas	No change	19,200
Supervision	Organize bi-monthly supervisions from the District level to hospitals and HC of the target areas	36,000	0	Organize bi-monthly supervisions from the District level to hospitals and HC of the target areas	No change	36,000
Maintenance	Ensure that 5 inspection vehicles are kept maintained and operational for the 5 PHD	36,240	0	Ensure that 5 inspection vehicles are kept maintained and operational for the 5 PHD	No change	36,240
Organization/management	Support organizing HSCC meetings	2,406	0	Support organizing HSCC meetings	No change	2,406
Organization/management	Support the organization of 2 CTRS in target areas	8,000	0	Support the organization of 2 CTRS in target areas	No change	8,000
Organization/management	Support the organization of 10 CTPS in target areas	20,000	0	Support the organization of 10 CTPS in target areas	No change	20,000
Organization/management	Conduct an annual audit of proposal accounts	7000		Conduct an annual audit of proposal accounts	No change	7000
		906,000	0			906,000

8.6. HSS activities planned for 2016

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

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

Table 8.6: HSS Activities planned for 2016

Main Activities (insert as many rows as required)	Activity planned for 2016	Original budget for 2016 (as approved in the HSS proposal or as adjusted during previous reviews of the Annual Progress Reports)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if applicable)	Revised budget for 2016 (if applicable)
Carry out the SARA survey	Carry out the SARA survey	60,000	Carry out the SARA survey	No change	60,000
		60,000			

8.7. Revised indicators in case of reprogramming

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

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
WHO	250,000	2 years	Support to NHIS, planning, research and Human Resources
UNFPA	50,000	2 years	Support the formulation of policies and RH strategies
UNICEF	250,000	2 years	Healthcare IT System, Healthcare Services, Planning,
European Union	600,000	3 years	Healthcare policy dialogue (Preparation of the policy, NPMD, PSDRHS, funding strategy)
USAID		1 year	Strengthening the NHIS

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

8.9. Reporting on the HSS grant

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

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

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
Hospital management yearbook	Supervision of collection and recovery workshop	Shortage of resources for a large-scale distribution program
Statistical Yearbook	Supervision	Delays in data collection
Biennium WHO – Guinea 2012 -2013		
Budget of the Ministry of Health		
DHS - MICS 2012	Training surveyors, supervision of surveys, data checks	Non-adherence to the publishing schedule for the DHS - MICS
UNFPA Cooperation plan - Guinea		
UNICEF Cooperation plan - Guinea		
European Union Cooperation plan - Guinea		
USAID Cooperation plan - Guinea		
GAVI-HSS Proposal 2009		
Health Facility Monitoring reports	Supervision	Limited resources for copying booklets
Financial Management registers for GAVI grants		

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

No problems were encountered in the preparation of this report.

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

1. The minutes from all the HSCC meetings held in 2015, endorsing this report (**Document Number: 6**)
2. Latest health sector review report (**Document number: 22**)

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

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

Guinea has NOT received GAVI Type A support to CSOs

Guinea will not present a report on GAVI Type A support to CSOs for 2014

9.2. TYPE B : CSO support to help implement the GAVI HSS proposal or CMYP

Guinea **has NOT received GAVI Type B support to CSOs**

Guinea will not present a report on GAVI Type B support to CSOs for 2014

10. Comments from ICC/HSCC Chairs

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

The year 2014 was marked by the Ebola epidemic in the country (in 31 health districts out of 38) . The implementation of the response plans for this epidemic led to an improvement, among other things, of the transportation logistics in all healthcare districts and health centers. Immunization continued, but at a slower pace, in all districts . There has been no mass campaign or supplementation during 2014 . A campaign to scale up activities took place between November 28, and December 2, 2014, in 19 districts out of 38, through the implementation of the ACD and the provision of equipment for the cold chain and transportation. This has been strongly supported by partners such as UNICEF; GAVI; HKI and the WHO. The delay in the co-financing and purchase of traditional vaccines by the State was the main problem encountered during the year. The highest level of the Government was lobbied by key partners (GAVI/ AMP , UNICEF, WHO) to purchase vaccines. The 2011-2015 cMYP was also revised;

11. Appendices

11.1. Annex 1: ISS instructions

INSTRUCTIONS:

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

- I. All countries that have received ISS/ new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the countries' own national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. GAVI requires **at least** a simple statement of income and expenditure for activities conducted during the calendar year 2014, containing the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. Funds carried forward from the 2013calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014(interest, fees, etc.)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of December 31, 2014
 - f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis summarizes the total annual expenditure for the year by your Government's own economic classification system, and relevant cost categories (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of December 31, 2014(referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not be audited/certified prior to their submission to GAVI. However, it is understood that these financial statements should be subjected to scrutiny during each country's external audit for the financial year 2014. Audits for ISS funds are to be submitted to the GAVI Secretariat 6 months following the close of the financial year in their respective countries.

11.2. Annex 2 - Example of ISS income & expenditure

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

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-ISS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

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

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

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

FINANCIAL STATEMENTS FOR HEALTH SYSTEM STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit a financial statement for these programs as part of their Annual Progress Reports.
- II. Financial statements should be compiled based on the countries' own national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. The carry-forward of funds from calendar year 2013 (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each HSS objective and activity, as per your government's originally approved HSS proposal, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 2014(referred to as the "variance").

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

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

11.4. Annex 4 - HSS income & expenditure example

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS-SUPPORT:

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

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

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

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

- I. All countries that have received CSO - Type B grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Report.
- II. Financial statements should be compiled based on the countries' own national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activities carried out during the calendar year 2014, taking into account the points (a) through (f), below. A sample basic statement of income and expenditure is provided on the following page.
 - a. The carry-forward of funds from calendar year 2013 (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for each partner of the civil society, per your government's originally approved Type B support to CSOs, with further breakdown by cost category (for example: salaries and wages). The cost categories used shall be based on the economic classification from your Government. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of December 31, 2014(referred to as the "variance").

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

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

11.6. Annex 6 - CSO income & expenditure example

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

An example of income & expenditure statement

Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	Value in USD*
Closing balance for 2013 (as of 31 December 2013)	25,392,830	53,000
Summary of income received in 2014		
Income received from GAVI	57,493,200	120,000
Income from interests	7,665,760	16,000
Other incomes (charges)	179,666	375
Total Income	38,987,576	81,375
Total expenditure in 2014	30,592,132	63,852
Closing Balance on 31 December 2014 (Balance carried over to 2015)	60,139,325	125,523

* Enter the exchange rate at the opening on 01.01.2014, the exchange rate at close on 31.12.2014 of the financial year and also indicate the exchange rate used to convert the local currency into USD in these financial statements.

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

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	Signature Ministre de la Santé.jpg File desc: Date/Time: 05/12/2015 09: 54: 51 Size: 249 KB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	Demande de signature Ministre Finances.jpg File desc: Date/Time: 05/12/2015 09: 48: 06 Size: 164 KB

3	Signatures of the ICC members	2.2	✓	Signature membres CCIA APR 2014.doc File desc: Date/Time: 05/12/2015 10: 01: 31 Size: 1 MB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014.	5.4	✓	PV réunion du CCIA 08 mai 2015.doc File desc: Date/Time: 05/15/2015 11: 49: 31 Size: 1 MB
5	Signature of the HSCC members	2.3	✓	Non disponible.docx File desc: Date/Time: 05/15/2015 11: 50: 03 Size: 10 KB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	PV réunion du CCIA 08 mai 2015.doc File desc: Date/Time: 05/15/2015 11: 51: 10 Size: 1 MB
7	Financial statements for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	Sans objet.doc File desc: Date/Time: 05/15/2015 09: 59: 29 Size: 26 KB
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	Sans objet.doc File desc: Date/Time: 15/05/2015 10: 00: 13 Size: 26 KB
9	Post-introduction Evaluation Report	7.2.1	✗	Sans objet.doc File desc: Date/Time: 15/05/2015 10: 01: 02 Size: 26 KB
10	Financial statements of grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	Non disponible.docx File desc: Date/Time: 05/11/2015 09: 35: 26 Size: 10 KB
11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than USD 250,000	7.3.1	✓	Sans objet.doc File desc: Date/Time: 15/05/2015 10: 01: 51 Size: 26 KB
12	EVSM/EVM/VMA report	7.5	✓	GEV REVISE 2010.doc File desc: Date/Time: 05/15/2015 05: 25: 47 Size: 7 MB
13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	Rapport sur la mise en oeuvre du plan d'amélioration du GEV 2011.doc File desc: Date/Time: 05/12/2015 08: 50: 10 Size: 45 KB

14	Status of the implementation of EVSM/EVM/VMA improvement plan	7.5	✓	Rapport sur la mise en oeuvre du plan d'amélioration du GEV 2011.doc File desc: Date/Time: 15/05/2015 07: 37: 47 Size: 45 KB
16	The valid cMYP, if the country is requesting an extension of support	7.8	✓	PPAC GUINEE version finale révisé février 2014.doc File desc: Date/Time: 05/11/2015 09: 38: 16 Size: 1 MB
17	The costing tool for the valid cMYP, if the country is requesting an extension of support.	7.8	✓	cMYP Costing Tool Vs 2 5_Fr_GUINEE_vf.xls du 14 02 14.xls File desc: Date/Time: 15/05/2015 07: 46: 44 Size: 3 MB
18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✓	Sans objet.doc File desc: Date/Time: 15/05/2015 10: 05: 05 Size: 26 KB
19	Financial statements for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3	✓	Non disponible.docx File desc: Date/Time: 15/05/2015 10: 02: 57 Size: 10 KB
20	Financial statements for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health.	8.1.3	✓	Non disponible.docx File desc: Date/Time: 15/05/2015 10: 04: 10 Size: 10 KB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	Non disponible.docx File desc: Date/Time: 05/15/2015 09: 55: 30 Size: 10 KB
22	Review report of the health sector-HSS	8.9.3	✓	Non disponible.docx File desc: Date/Time: 15/05/2015 10: 05: 50 Size: 10 KB
23	Census report - Type A CSO support	9.1.1	✗	Non disponible.docx File desc: Date/Time: 05/11/2015 09: 39: 55 Size: 10 KB
24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	✗	Non disponible.docx File desc: Date/Time: 05/11/2015 09: 40: 54 Size: 10 KB

25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	X	Non disponible.docx File desc: Date/Time: 05/11/2015 09: 41: 34 Size: 10 KB
26	Bank statements for each program funded in cash or a cumulative bank statement for all programs funded in cash, if funds are kept in the same bank account, where the opening and closing balance for the year 2014 as of i) January 1, 2014 and ii) as of December 31, 2014 are given.	0	✓	Relevé de compte RSS 2014.doc File desc: Date/Time: 05/11/2015 09: 23: 13 Size: 1 MB
27	minutes_of_icc meeting_change_vaccin_presentation	7.7	X	Sans objet.doc File desc: Date/Time: 15/05/2015 10: 52: 49 Size: 26 KB
28	Explanation for changes in target population	5.1	X	Sans objet.doc File desc: Date/Time: 15/05/2015 10: 52: 01 Size: 26 KB
	Other documents		X	Présence CCIA du 08 05 15.doc File desc: Date/Time: 15/05/2015 07: 48: 18 Size: 1 MB PV réunion CCIA 30 avril 2014.doc File desc: Date/Time: 15/05/2015 10: 32: 55 Size: 357 KB PV réunion de Coordination campagne MenA.doc File desc: Date/Time: 15/05/2015 10: 20: 23 Size: 1 MB PV réunion du 09 mai 2014.docx File desc: Date/Time: 15/05/2015 10: 50: 27 Size: 1 MB PV réunion du 25 novembre 2014.jpg File desc: Date/Time: 15/05/2015 10: 09: 05 Size: 134 KB