



*The GAVI Alliance*

# Annual Progress Report **2013**

Submitted by  
the Government of  
***Guinea-Bissau***

Reporting on year: **2013**  
Requesting for support year: **2015**  
Date of submission: **5/15/2014**

**Deadline for submission: 5/22/2014**

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

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/TERMINATION**

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purposes other than for the programmes described in the Country's 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 programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

**ANTI-CORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

***By filling this APR the Country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

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

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

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

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

## 1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

### 1.1. NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active Until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2014
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	2014
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2014

**DTP-HepB-Hib (pentavalent)** vaccine: per your Country's current preferences, the vaccine is available as a liquid from UNICEF in 1- or 10-dose vials or as lyophilised/liquid vaccine in 2-dose vials, to be administered on a three-injection schedule. Other presentations have also been preselected by the WHO and the complete list can be consulted on the WHO web site, however, the availability of each product must be specifically confirmed.

### 1.2. Program extension

Type of Support	Vaccine	Start Year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015	2017
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015	2017
Routine New Vaccines Support	Rotavirus, 1 dose(s) per vial, ORAL	2015	2017
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015	2017

### 1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilization in 2013	Request for Approval of	Eligible For <b>2013</b> ISS reward
ISS	Yes	next tranche: N/A	Yes
HSS	Yes	next tranche of ISS grant: Yes	N/A
CSO Type A	No	N/A	N/A
CSO Type B	No	Extension of CSO Type B support by decision of the GAVI Alliance Board in July 2013: N/A	N/A
HSFP	No	Next tranche of HSFP Grant N/C	N/A
VIG	No	N/A	N/A
CSO	No	N/A	N/A

VIG: GAVI Vaccine Introduction Grant; COS: Operational support for campaign

### 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** is available [here](#). It is also available in French [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-Bissau** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Guinea-Bissau**

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

<b>Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual (or delegated authority)</b>		<b>Minister of Finance (or delegated authority)</b>	
<b>Name</b>	Agostinho Ca	<b>Name</b>	Gino Mendes
<b>Date</b>		<b>Date</b>	
<b>Signature</b>		<b>Signature</b>	

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

Full name	Position	Telephone	Email address
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Dr. La Salette A Gama	Point focal HSS	+245 -584-35-16	gamalassalette@hotmail.com

### 2.2. ICC Signatures Page

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

**In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload two copies of the attached documents section the signatures pages signed by committee members, one for HSCC signatures and one for ICC signatures.**

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

#### 2.2.1. ICC Report Endorsement

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

Name/Title	Agency/Organization	Signature	Date
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Carmem Pinto Pereira	World Bank		
Braima Camara	Chambre de Commerce Industrie Agriculture et Services		
Maria Inacia MENDES CO SANHA	Institut Femme et Enfant		
Maria João Aimé Handen/Executive Secretary	AGUIBEF		
Agostinho Sadjá Mane	Rotary club		
Allassane Drabo	PLAN Guinea-Bissau		
Abubacar Sultan	UNICEF		
Ayigan Kossi Akla	WHO		
Baptista TE	Ministry of Territorial Administration		
Alfredo Gomes	Ministry of National Education and Higher Instruction		
Gino Mendes	Ministry of Finance		
Agostinho Ca	Ministry of Public Health		

The ICC may send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:



Comments from the Regional Working Group:

### 2.3. HSCC Signatures Page

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

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

Name/Title	Agency/Organization	Signature	Date
Dr. Agostinho Ca/Minister	Ministry of Health		
Dr. Gino Mendes/Minister	Ministry of Finance		
Mr. Baptista Te/Minister	Ministry of Territorial Administration and Local Power		
Mr. Alfredo Gomes/Minister	Ministry of Education		
Mr. Soares Sambu/Minister	Ministry of Regional Economy and Integration		
Dr. Fernando Delfim da Silva/Minister	Ministry of Foreign Affairs for International Cooperation and Communities		
Dr. Nicolau dos Santos/Minister	Ministry of Agriculture		
Mr. Celestino de Carvalho/Minister	Ministry of Defense and Liberty Fighters for the Homeland		
Dr. Antonio Artur Sanha/President	Mairie de Bissau		

Dr. Armindo Handem/Secretary of State	Secretary of State for Social Communication		
Prof. Dr. Zacarias da Silva/President	National Health Institute (INASA)		
Dr. Agostinho Biague/Director General	General Drug Purchasing (CECOME)		
Dr. Ayigan Kossi Akla/Representative	WHO		
Dr. Abubacar Sultan/Representative	UNICEF		
Dr. Violet K. Kakyomya/Representative	UNFPA		
Dr. Gana Fofan/Representative	UNDP		
Mr. Ussama Osman/Representative	WFP		
M. Abubacar Balde/Minister	Ministry of Commerce and Valuation of Local Products		
Mr. Joaquin Gonzalez-Ducay/Representative	European Union		
Dr. Paulo Djata/Point Focal	West African Health Organization (OOAS)		
Dra. Carmen Pereira/Responsible Delegate	World Bank		
Dr. Certorio Biote/Minister	Ministry of Natural Resources		

Dr. Elis A.Gonzales Polanco/Ambassador	Embassy of Cuba		
Mr. Wane Hua/Ambassador	Embassy of China		
Mr. Fernando Apparicio da Silva/Ambassador	Embassy of Brazil		
Mr. Fernando Apparicio da Silva/Ambassador [sic]	Embassy of Portugal		
Mr. Pierre Voillery/Charge des Affaires	Embassy of France		
Mr Afonso López Perona/Ambassador	Embassy of Spain		
Mr. Antero X.P. Carlos/Representative	Timorese Cooperation Agency		
Patricia de Carvalho/Coordinator	VIDA NGO		
Asger P. Nyrup/ Representative	ADPP NGO		
Mr Dominique Cazalens/Representative	EMI NGO		
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Mr. Attílio Alleotti/Coordinator	AIFO NGO		
Allassane Drabo/Representative	PLAN Guinea-Bissau		



Dr. Nuno Almeida/Coordinator	AMI NGO		
Dr. Duarte Ioiá/President	National Red Cross		
Maria João Aimé Handen/Executive Secretary	AGUIBEF NGO		
Dr. Rui Ribeiro/President	ACÇÃO AJUDA NGO		
Padre Domingos Manuel Dinhague/Secretary General	CARITAS		
Agostinho Sadjá Mane/President	ROTARY CLUB		
Magda Lopes Queita/Representative	ENDA NGO		
Mr. Aladje Mamadu Cissé/President	National Islamic Council (CNI)		
Mr. Malam Djassi/President	Special ANP Commission for the Health Sector		

HSCC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Guinea-Bissau is not submitting a report on the use of type A and B CSO funds in 2014

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## 4. Baseline and Annual Targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative and maximum wastage values as shown in the **Wastage Rate Table** in the guidelines for support requests. Please describe the reference wastage rate for the pentavalent vaccine available in 10-dose vials.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2013		2014		2015		2016		2017	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation	Previous estimates in 2013	Current estimation
Total number of births	61,991	62,654	63,510	64,226		65,066		66,660		68,293
Total infants' deaths	6,385	10,160	6,542	4,046		4,099		4,200		4,302
Total surviving infants	55,606	52,494	56,968	60,180		60,967		62,460		63,991
Total pregnant women	61,991	76,201	63,510	78,113		80,027		83,628		87,391
Number of infants vaccinated (to be vaccinated) with BCG	59,640	59,521	61,497	62,299		63,114		64,660		66,927
BCG coverage	96%	95%	97%	97%		97%		97%		98%
Number of infants vaccinated (to be vaccinated) with OPV3	44,485	50,497	48,423	51,153		54,870		59,337		61,431
OPV3 coverage	80%	96%	85%	85%		90%		95%		96%
Number of infants vaccinated (to be vaccinated) with DTP1	54,494	59,521	56,398	56,268		59,260		62,304		64,502
Number of infants vaccinated (to be vaccinated) with DTP3	44,485	50,424	48,423	51,153		54,870		59,337		61,431
DTP3 coverage	80%	96%	85%	85%		90%		95%		96%
Wastage[1] in base-year and planned thereafter (%) for DTP	12	0	11	11		10		9		8
Wastage[1] factor in base-year and planned thereafter for DTP	1.14	1.00	1.12	1.12		1.11		1.10		1.09
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	54,494	59,521	56,398	56,780		59,260		62,304		64,502
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	54,494	50,424	56,398	51,153		54,870		59,337		59,337
DTP-HepB-Hib coverage	98%	96%	99%	85%		90%		95%		93%
Waste[1] in base-year and planned thereafter (%) [2]	12	0	11	11		10		9		8
Waste[1] in base-year and planned thereafter (%)	1.14	1	1.12	1.12		1.11		1.1		1.09
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25%	0%	25%	25%	0%	25%	0%	25%	0%	25%
Number of infants vaccinated (to be vaccinated) with Yellow Fever	45,278	38,442	50,278	51,153		54,870		57,463		60,791
Yellow Fever coverage	81%	73%	88%	85%		90%		92%		95%
Wastage[1] rate in base-year and planned thereafter (%)	12	0	11	11		10		9		8
Waste[1] in base-year and	1.14	1	1.12	1.12		1.11		1.1		1.09

planned thereafter (%)										
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	40%	40%	40%	40%	0%	40%	0%	40%	0%	40%
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	56,398	39,507		59,260		62,304		64,502
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	56,398	36,580		54,870		59,337		61,431
Pneumococcal (PCV13) coverage		0%	99%	61%		90%		95%		96%
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5		3		3		2
Waste[1] in base-year and planned thereafter (%)		1	1.05	1.05		1.03		1.03		1.02
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0%	5%	5%	5%	0%	5%	0%	5%	0%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	56,398	0		39,507		62,304		64,502
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	56,398	0		36,580		59,337		61,431
Rotavirus coverage		0%	99%	0%		60%		95%		96%
Wastage[1] rate in base-year and planned thereafter (%)		0	5	0		3		3		2
Waste[1] in base-year and planned thereafter (%)		1	1.05	1		1.03		1.03		1.02
Maximum wastage rate value for Rotavirus, 2 scheduled doses/vial, Liquid	0%	5%	5%	5%	0%	5%	0%	5%	0%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	48,732	46,670	50,278	51,153		54,870		57,463		60,791
Measles coverage	88%	89%	88%	85%		90%		92%		95%
Pregnant women vaccinated with TT+	37,486	29,204	46,453	57,022		66,422		71,084		74,283
TT+ coverage	60%	38%	73%	73%		83%		85%		85%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0		0
Vit A supplement to infants after 6 months	95	97	95	95	N/A	95	N/A	95	N/A	95
Annual DTP Dropout rate [ ( DTP1 - DTP3 ) / DTP1 ] x 100	18%	15%	14%	9%		7%		5%		5%

\* Number of infants vaccinated out of total births \*\* Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage):  $[(A - B) / A] \times 100$ , whereby A = the number of doses distributed for use according to procurement 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.

GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine ( single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.

## 5. General Program Management Component

### 5.1. Updated Baseline and Annual Targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2014 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous Annual Progress Reports or in 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 **number of births**

It should be noted that the projected targets for 2014 mentioned in this report are those noted in the 2013 - 2017 cMYP.

- Justification for any changes in the **number of surviving infants**

The number of surviving children is on the rise; the child mortality rate used (63 per 1,000 live births) for this calculation is data from the last MICS4 (2010) survey report.

- Justification for any changes in targets by vaccine **Please note that targets that surpass the previous years' results by more than 10% must be justified.**

Changes made are from the new cMYP, reviewed in January 2013, which has been extended to 2014-2017, to be in sync with the proposal for the introduction of new vaccines (PCV13 and Rotavirus)

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

There were several changes made in 2013 during the cMYP review. BCG went from 17% to 25%; Penta from 10% to 12%, keeping in mind the difficulties encountered when implementing outreach strategy activities, which are characterized by poor mobilization of the population for immunization activities. On the contrary, YF experienced a drop in the wastage rate from 20 to 12, and this is an issue of consistency since the YF vial has only 10 doses.

### 5.2. Immunization Achievements in 2013

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

The results of the coverage obtained in 2013 compared to the targets are shown as follows:

ANTIGENS<?xml:namespace prefix = o />

TARGETED OBJECTIVE

RESULTS OBTAINED

BCG

96%

95%

DTP-HepB-Hib3

80%

96%

Polio 3

80%



96%  
 MCV  
 75%  
 89%  
 YFV  
 75%  
 73%  
 TT2+  
 80%  
 38%

In 2013, the targets for Yellow fever and TT were not attained.

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

The targets were not attained for Yellow fever and TT, mainly for the following reasons:

- Shortage of the yellow fever vaccine for 120 days, preventing this vaccine from being offered.
- Weak ATFV2+ coverage for pregnant women likely due to:
  - 1) loss of women's immunization cards and problems entering vaccination data at health facilities.
  - 2) in addition, health technicians do not take into account previous tetanus vaccinations for pregnant women and, as a result, each pregnancy was recorded as being a first dose.

### 5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **No, not available**

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

Data Source	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls

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

N/A

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

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

Despite there being no sex-disaggregated immunization data available, we are of the opinion that there are no barriers related to gender since both genders are provided the same opportunity. In addition, immunization services are offered through three strategies, including: fixed, mobile and outreach. With support from community health agents and

community leaders, services are offered in communities within a family context, where women have the opportunity to have their children immunized without any distinction being made according to gender. It should be noted that in Guinea-Bissau, it is most often mothers who bring their children in for immunization. The only constraint is with information collection sheets--they are not gender-specific. This could be addressed by modifying the information collection sheet data, and such modification is currently underway.

## 5.4. Data assessments

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

No gap has been noted between the two available sources within the country, including: EPI and the National Health Institute (INASA). However, the 2013 WHO/UNICEF immunization coverage estimates are not yet available; however, in comparing 2012 administrative coverage with 2012 estimates, we can see the following differences

Antigen

Administrative Coverage

WHO/UNICEF Estimate

DTP3-HepB-Hib3

101

80

Yellow fever

80

61

Measles

81

69

Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and may entail retrospective changes to the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

N/A

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

From 2010 to the present, the following activities have been undertaken to improve data production systems:

- a baseline survey of health indicators for mothers, children and newborns is in progress.

- At the beginning of 2014, within the H4+ initiative, partners UNFPA, WHO, UNICEF and UN Women have supported INASA in a review of all data collection and reporting tools. Taking gender into account.

- In 2013, regional data managers were trained on the new versions of DVD-MT and SMT.

- A national meeting with all regional directors in attendance took place to standardize data;
- In 2011, INASA began auditing health facility data in all regions;
- Regional supportive supervision took place for data recording;
  - Interaction between INASA and the Institut National de la Statistique to adjust population targets for all programs.
  - With the financial support of UNICEF, six (6) health regions began a census of the target population using community health agents

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

A strategic plan for the national health system information is being developed; it will centralize all data systems at the INASA level.

## 5.5. Overall Expenditures and Financing for Immunization

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

<b>Exchange rate used</b>	1 US\$ = 503	Only enter the exchange rate; do not list the name of the local currency
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**Table 5.5a:** Overall Expenditure and Financing for Immunization from all sources (Government and donors) in US\$

Expenditures by Category	Expenditure Year 2013	Funding source						
		Country	GAVI	UNICEF	WHO	PLAN GUINEA-BISSAU	N/A	N/A
Traditional Vaccines*	99,961	0	0	99,961	0	0	0	0
New and underused Vaccines**	361,570	40,500	321,070	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	27,211	0	15,169	12,042	0	0	0	0
Cold chain equipment	38,961	0	0	38,961	0	0	0	0
Staff	8,718	8,718	0	0	0	0	0	0
Other routine recurrent costs	38,494	0	0	38,494	0	0	0	0
Other capital costs	9,494	0	0	9,494	0	0	0	0
Campaigns costs	450,536	0	0	79,026	302,714	68,796	0	0
Cost of outreach strategy activities during the African Vaccination Week		0	0	0	6,000	0	0	0
<b>Total Expenditures for Immunization</b>	<b>1,034,945</b>							
<b>Total Government Health</b>		<b>49,218</b>	<b>336,239</b>	<b>277,978</b>	<b>308,714</b>	<b>68,796</b>	<b>0</b>	<b>0</b>

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

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

The country's political and socio-economic environment is still affected by the April 2012 coup d'état and remains unstable despite the formation of a more inclusive transitional government in mid-2013 and general elections being

announced for March 2014. In 2013, there was no approved State Budget that addressed immunization funding. The transitional government's priority was to organize the general legislative and presidential elections. <?xml:namespace prefix = o />

For the funding of immunization activities in 2014 and 2015, the country will continue to count on the support of traditional partners. Plans are in place for strong advocacy vis-à-vis the new authorities that will take office as a result of the elections to be held in March 2014.

## 5.6. Financial management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, no action has been taken**

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

Action plan from Aide Mémoire	Implemented?
N/A	Not selected

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

N/A

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

N/A

## 5.7. Inter-Agency Coordinating Committee

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

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

List the key concerns or recommendations, if any, made by the ICC on sections [5.1. Updated Baseline and Annual Targets](#) through [5.5 Overall Expenditures and Financing for Immunization](#)

Some clarifications made during the discussion are: funds management procedures, capacity strengthening, Government co-financing to subsidize the procurement of vaccines.

The cold chain: security for solar panels in the future, considering the number of thefts recorded, budget availability for the Immunization Program for 3 years (2013-2015).<?xml:namespace prefix = o />

- ✓ Regarding co-financing, the government must honor its counterpart to guarantee the procurement of vaccines for the country during the required time period.
- ✓ The program must create a budget and submit it to the committee for approval and validation as well as for authorization for the use of funds, to ensure transparency and proper execution.
- ✓ A strong commitment by the community, especially among youth, is required to ensure protection of the materials so that children can benefit from them.

On February 7, 2013, the Minister of Health and Social Solidarity presided over 37 members of the Health Sector Coordination Committee (HSCC) for the first meeting of this coordinating entity. The entity has the following objectives:

1. Validation of the updated 2013 - 2017 Comprehensive Multi-Year Plan (cMYP) and
2. Reprogramming of 2013 - 2014 HSS/GAVI

During this meeting certain issues and clarifications were brought up by the participants, including:

- a) The fact that the meningitis vaccine was not included in the proposal

- b) The proposal only addresses personnel training,
- c) The proposal did not taken into account the most recent basic data (2012)
- d) Is the proposal in line with MDG 4 and 5?
- e) Are the targets set ambitious enough;
- f) Is the government able to guarantee its contribution?

Members of the technical group responded to all these issues as indicated in the meeting report attached in annex.

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

If **Yes**, which ones?

<b>List the CSO member organizations belonging to the ICC:</b>
Association pour le Bien-Être Familiale (AGUIBEF)
Chambre de Commerce Industrie Agriculture et Services (CCIAS)
Rotary club
Plan Guinea- Bissau

## 5.8. Priority actions in 2014 to 2015

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

Objective 1: Increase the national immunization coverage rate to 85% in 2014

- Provide the 14 health centers that do not offer immunization services with human resources, material resources, cold chain equipment and vehicles
- Strengthen outreach strategy activities in all regions
- Support the implementation of immunization activities for fixed, advanced and mobile strategies
- Retrain all levels of EPI staff on the RED approach
- Train 13 technicians in EPI program management
- Train technicians to introduce new vaccines
- Train technicians to introduce new vaccines
- Support supervised health care services and monitoring and evaluation at all levels
- Organize periodic coordination meetings at all levels
- Perform a program review and study on immunization coverage

Objective 2: Reducing the dropout rate for DTP from 8% to 3% in 2014

- Train and retrain CHWs
- Establish the contract with the NGOs and GROs to support and monitor the work of CHWs
- Organize monthly coordination meetings and monitor CHW activities
- At the health district level, implement a reporting system for immunization data disaggregated by village or neighborhood

Objective 3: Increase cold chain capacity for the introduction of new vaccines

- Acquire 20 motorbikes for health centers for the outreach strategy

- Acquire 83 solar refrigerators to build storage capacity in 11 regions and for the introduction of the pneumococcus vaccine
- Acquire a 20m<sup>3</sup> cold room and 36 solar refrigerators for the introduction of the rotavirus vaccine
- Develop and implement an equipment maintenance and repair plan
- Create waste management plan

Objective 4: Increase storage capacity for the immunization supply

- Build a dry room for storing and preserving EPI supplies
- Provide the Service with two 4x4 vehicles for the central level to supervise the regions and 1 truck for distributing immunizations and injection supplies
- Acquire 2-4x4 vehicles for the region of (Cacheu and Biombo) and 2 motorized canoes (1 for the Bijagós region and 1 for Bolama)
- Acquire 4 repair kits for the boat motors

Objective 5: Improve the quality of the data on EPI performance

- Organize bimonthly visits to health facilities to review recorded data
- Hold 4 annual supportive supervision sessions at the national level for the regions
- Provide 4 regions (Gabú, Biombo, Cacheu, SAB) the national EPI, Planning Division and HSS Point Focal with computers (8)
- Organize coordination and program activity monitoring meetings two times per year at the central level
- Retrain 11 data managers at the regional level

Objective 6: Increase rate of samples collected in the first 14 days from 61% to at least 80% nationally and rates of non-measles febrile rash cases from 0.4/100,000 to at least 2/100,000 inhabitants

- Train and retrain all health area community health workers and have at least 5 community health care workers at each hospital and [at least] 2 workers at private facilities
- Provide all health facilities with sampling kits

Ensure the transport of samples from the peripheral level to the central level and from the central level to the inter-country laboratory

Country

Objective 7: Increase completeness rates from 81% to 100% and timeliness rates from 64% to 85% between now and the end of December

2014 at national level

- Provide Regional Health Districts with the means to submit reports (recharge cards TM 2,000 times/month/100 health districts)
- Request that mobile telecommunications companies increase the number of free devices and lines available for health care services

Objective 8: Increase general mobilization and support for the Immunization Program

- Develop and implement an integrated communications plan for routine immunizations, SIAs, surveillance
- Production pretest for communication materials about immunization (posters, leaflets, t-shirts, caps, brochures, stickers, umbrellas, etc.)
- Organize community dialogs with community leaders (religious and traditional leaders) and administrators in 11 of the country's regions, with emphasis on the 8 regions that have low coverage rates
- Participate in African Immunization Week. scheduled the last week of every April. with a series of

activities that bring together the participants active in immunization

- Organize annual multi-discipline contests (singing, drawing, skits in primary schools, and other possible targets to be identified) on the importance of immunization
- Revision/adaptation of training modules addressing interpersonal communication related to immunization

## 5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	SAB 0.05ml	UNICEF
Measles	SAB 0.5ml	UNICEF
TT	SAB 0.5ml	UNICEF
DTP-containing vaccine	SAB 0.5ml	GAVI

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

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

**If No:** When will the country develop an injection safety policy/plan? (Please report in the box below)

The country has had a policy document addressing injection safety since 2002. The use of auto-disable syringes was introduced in 2002 and was made a standard practice in 2005. The main elements of this policy are: systematic use of auto-disable needles throughout the country and by all health service providers both in the public and private sectors, as well as systematic utilization of safety boxes for appropriate disposal of used syringes / needles and the installation of incinerators.

The insufficient number of incinerators at the health facility level can be seen as a barrier to eliminating the waste produced by health care services.

Recommended solutions target mobilizing funds to build incinerators in different health districts.

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

Despite the policy dictating that waste disposal will occur via incineration, the country lacks the funds to install incinerators in all health facilities. Out of a total of 114 health centers, only 24 of them have an incinerator. For this reason, some health facilities continue to dispose of waste in an open hole that may pose a threat to public health. The solution targeted by the national authorities is to mobilize funds from partners to build incinerators in the various regions.



## 6. Immunization Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2013

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

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

N/A

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

N/A

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

N/A

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

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

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

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

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

### 6.3. Request for ISS reward

Request for ISS reward achievement in 2013 is applicable for Guinea-Bissau



## 7. New and Underused Vaccines Support (NVS)

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

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

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

	[ A ]	[ B ]		
Vaccine Type	Total doses for 2013 in the Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the company record any stock shortages at any level during 2013?
DTP-HepB-Hib	183,500	166,000	17,500	No
Pneumococcal (PCV13)		0	0	No
Rotavirus vaccine		0	0	No
Yellow Fever	16,000	12,700	3,300	Yes

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

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

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

Delay in co-financing payment (paid only at the end of December 2013)

- What measures have you taken to improve vaccine management, for example, adjusting the plan for vaccine shipments? (in the country and with the UNICEF Procurement Division)

**GAVI would also appreciate receiving comments from the countries on the feasibility of and interest in selecting and expediting multiple presentations of pentavalent vaccine ( single-dose and ten-dose vials) so as to minimize wastage and cost while maximizing coverage.**

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

## 7.2. Introduction of a New Vaccine in 2013

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

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	N/A

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

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	N/A

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

7.2.2. For when is the Post Introduction Evaluation (PIE) planned? **July 2016**

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

N/A No new vaccines were introduced in 2013. PCV13 will be introduced in July 2014 and Rotavirus in 2015.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address potential vaccine crises? **No**

#### 7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

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

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

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

### 7.3. New Vaccine Introduction Grant Lump Sums 2013

#### 7.3.1. Financial Management Reporting

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

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document Nos. 10, 11). The instructions 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.

N/A Guinea-Bissau did not introduce any new vaccines in 2013.

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

N/A

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

N/A

### 7.4. Report on Country Co-financing in 2013

**Table 7.4:** Five questions on country co-financing

	<b>Q.1: What were the actual co-financed amounts and doses in 2013?</b>
--	---

Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	3,500	3,300
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	37,000	17,500
<b>Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?</b>		
Government	0	
Donor	Timorese Cooperation Agency	
Other	0	
<b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2,969	3,300
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	34,623	17,500
<b>Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding</b>		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Funding source
Selected vaccine #1: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	March	Government
Selected vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	March	Government
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	November	Government
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	March	Government
<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.</b>		
Yes. Guinea-Bissau needs technical assistance to create viable financing strategies, given that the country is coming out of a transitional period and the installation of a new government after the general elections (both presidential and legislative). This gives the opportunity to advocate and mobilize for funds from the government as well as other local and international partners.		

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

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

The country will increase its advocacy activities targeted at authorities and partners to ensure the availability of the national contribution to the funds for the purchase of under-used vaccines.

Is support from GAVI, in the form of new and under-used vaccines and injection supplies, reported on 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\\_delivery/systems\\_policy/logistics/en/index6.html](http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html)

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

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

Please attach:

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

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

Are there any changes to the Improvement Plan, with reasons provided? **No**

If yes, provide details.

Even though Guinea-Bissau has an EVM assessment, there was no Improvement Plan after the EVM nor was there a report on the activities implemented during the year or the status of recommendations for implementation from the Improvement Plan.

For when is the next Effective Vaccine Management (EVM) assessment scheduled? **June 2014**

### 7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Guinea-Bissau is not submitting a preventive campaign NVS report.

### 7.7. Change of vaccine presentation

Guinea-Bissau is not requesting any change of vaccine presentation for the next few years.

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

If **2014** is the last year of approved multi-year support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from **2015** and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter the final year for the current cMYP: **2017**

The country hereby request for an extension of GAVI support for

- \* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 1 dose(s) per vial, ORAL**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

immunizations: for the years 2015 to 2017. At the same time, the country commits to co-financing the procurement of

- \* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 1 dose(s) per vial, ORAL**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

the vaccine complies with the minimum level set by GAVI as co-financing levels, as noted in section [7.11 Calculation of requirements](#).

The multi-year extension of

- \* Yellow Fever, 10 dose(s) per vial, LYOPHILISED
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 1 dose(s) per vial, ORAL**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

support for the vaccine is in compliance with the new cMYP for 2015 to 2017 which is attached to the current APR (Document No. 16). The new financial analysis tool is also attached (Document No. 17).

The ICC has endorsed this request for extended support of

- \* Yellow Fever, 10 dose(s) per vial, LYOPHILISED
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
- \* **Rotavirus, 1 dose(s) per vial, ORAL**
- \* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**

immunization during the ICC meeting for which the meeting minutes are attached to the current APR (Document No.18).

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

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

Confirm below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#) **Yes**

If you do not confirm, please explain

## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1:** Commodities Cost

Estimated prices of supply are not disclosed

**Table 7.10.2:** Transportation costs

Vaccine Antigens	Vaccine Types	No Threshold	\$200,000		\$250,000	
			<=	>	<=	>
Yellow fever	YF	7.80%				
Meningococcal type A	HEPBHIB 23.80%	10.20%				
Pneumococcal (PCV10)	HPV	3.00%				
Pneumococcal (PCV13)	HPV	6.00%				
Rotavirus	MEASLES	5.00%				
2nd dose of measles vaccine	MEASLES	14.00%				
DTP-HepB	MR	2.00%				
HPV bivalent	HPV2	3.50%				
Rotavirus	HPV2	3.50%				
MR	YF	13.20%				

Vaccine Antigens	Vaccine Types	\$500,000		\$2,000,000	
		<=	>	<=	>
Yellow fever	YF				
Meningococcal type A	HEPBHIB 23.80%				
Pneumococcal (PCV10)	HPV				
Pneumococcal (PCV13)	HPV				
Rotavirus	MEASLES				
2nd dose of measles vaccine	MEASLES				
DTP-HepB	MR				
DTP-HepB-Hib	MR	25.50%	6.40%		
HPV bivalent	HPV2				
Rotavirus	HPV2				
MR	YF				

## 7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	2016	2017	TOTAL
	Table 4	#	55,606	56,968	60,967	62,460	63,991	299,992
	Table 4	#	54,494	56,398	59,260	62,304	64,502	296,958
	Table 4	#	54,494	56,398	54,870	59,337	59,337	284,436
	Table 4	%	98.00%	99.00%	90.00%	95.00%	92.73%	

	<b>Number of doses per child</b>	Parameter	#	3	3	3	3	3
	<b>Estimated vaccine wastage factor</b>	Table 4	#	1.14	1.12	1.11	1.10	1.09
	<b>Vaccine stock as of 31 December 2013</b> * (see note)		#	118,360				
	<b>Vaccine Stock as of 1 January 2014</b> * *(see note)		#	118,360				
	<b>Number of doses per vial</b>	Parameter	#		10	10	10	10
	<b>AD syringes required</b>	Parameter	#		Yes	Yes	Yes	Yes
	<b>Reconstitution syringes required</b>	Parameter	#		No	No	No	No
	<b>Safety boxes required</b>	Parameter	#		Yes	Yes	Yes	Yes
cc	<b>Country co-financing per dose</b>	Co-financing table	\$		0.20	0.20	0.20	0.20
ca	<b>AD syringe price per unit</b>	Table 7.10.1	\$		0.0450	0.0450	0.0450	0.0450
cr	<b>Reconstitution syringe price per unit</b>	Table 7.10.1	\$		0	0	0	0
cs	<b>Safety box price per unit</b>	Table 7.10.1	\$		0.0050	0.0050	0.0050	0.0050
fv	<b>Freight cost as% of vaccines' value</b>	Table 7.10.2	%		25.50%	25.50%	25.50%	25.50%
fd	<b>Freight cost as% of devices' value</b>	Parameter	%		0.00%	0.00%	0.00%	0.00%

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

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

Immunization stock as of 31 December of the year being addressed in the APR is indicated in the table above.

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

Not defined

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

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

	2013	2014	2015	2016	2017
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2014	2015	2016	2017
Number of vaccine doses	#	176,200	198,400	188,100	187,000
Number of AD syringes	#	188,500	216,300	205,600	206,300
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	2,075	2,400	2,275	2,275
Total value to be co-financed by GAVI	\$	434,000	495,000	453,500	444,500

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



		2014	2015	2016	2017
<b>Number of vaccine doses</b>	#	15,900	17,700	17,500	17,600
<b>Number of AD syringes</b>	#	0	0	0	0
<b>Number of reconstitution syringes</b>	#	0	0	0	0
<b>Number of safety boxes</b>	#	0	0	0	0
<b>Total value to be co-financed by country &lt;i&gt;[1]&lt;/i&gt;</b>	\$	38,500	43,500	41,500	41,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	8.28%		
B	Number of children to be vaccinated with the first dose	Table 4	54,494	56,398	4,669	51,729
B1	Number of children to be vaccinated with the third dose	Table 4	54,494	56,398	4,669	51,729
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	163,482	169,194	14,007	155,187
E	Estimated vaccine wastage factor	Table 4	1.14	1.12		
F	Number of doses needed including wastage	$D \times E$		189,498	15,688	173,810
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,375)$		2,142	178	1,964
M	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Stock on 1 January	Table 7.11.1	0	118,360		
H3	Shipment plan	UNICEF shipment report		107,600		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		192,000	15,895	176,105
J	Number of doses per vial	Vaccine parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		188,470	0	188,470
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		2,074	0	2,074
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		369,600	30,598	339,002
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		8,482	0	8,482
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		11	0	11
R	Freight cost for vaccines needed	$N \times \text{freight cost as of\% of vaccines value (fv)}$		94,248	7,803	86,445
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost\% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		472,341	38,400	433,941
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		38,400		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$		8.28%		

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

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-financing	V	8.18%			8.47%		
B	Number of children to be vaccinated with the first dose	Table 4	59,260	4,846	54,414	62,304	5,279	57,025
B1	Number of children to be vaccinated with the third dose	Table 4	54,870	4,487	50,383	59,337	5,028	54,309
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	171,591	14,031	157,560	182,729	15,482	167,247
E	Estimated vaccine wastage factor	Table 4	1.11			1.10		
F	Number of doses needed including wastage	$D \times E$	190,467	15,574	174,893	201,002	17,030	183,972
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,375)$	899	74	825	4,177	354	3,823
M	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	- 24,145	- 1,974	- 22,171			
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	44,065	3,604	40,461			
H2	Stock on 1 January	Table 7.11.1						
H3	Shipment plan	UNICEF shipment report						
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	216,000	17,662	198,338	205,500	17,411	188,089
J	Number of doses per vial	Vaccine parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	216,298	0	216,298	205,597	0	205,597
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	2,380	0	2,380	2,262	0	2,262
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	420,984	34,423	386,561	386,546	32,749	353,797
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	9,734	0	9,734	9,252	0	9,252
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	12	0	12	12	0	12
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	107,351	8,778	98,573	98,570	8,352	90,218
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	538,081	43,200	494,881	494,380	41,100	453,280
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	43,200			41,100		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$	8.18%			8.47%		

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

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

	Formula	2017			
		Total	Government	GAVI	
A	Country co-financing	V	8.60%		
B	Number of children to be vaccinated with the first dose	Table 4	64,502	5,545	58,957
B1	Number of children to be vaccinated with the third dose	Table 4	59,337	5,101	54,236
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	186,224	16,008	170,216
E	Estimated vaccine wastage factor	Table 4	1.09		
F	Number of doses needed including wastage	$D \times E$	202,985	17,448	185,537
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,375)$	1,311	113	1,198
M	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$			
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$			
H2	Stock on 1 January	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	204,500	17,578	186,922
J	Number of doses per vial	Vaccine parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	206,289	0	206,289
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	2,270	0	2,270
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	379,143	32,590	346,553
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	9,284	0	9,284
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	12	0	12
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of \% of vaccines value (fv)}$	96,682	8,311	88,371
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	485,121	40,900	444,221
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	40,900		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$	8.60%		

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The calculations are automatically generated by the tool.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The calculations are automatically generated by the tool.

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

ID	Source		2013	2014	2015	2016	2017	TOTAL	
	Number of surviving infants	Table 4	#	55,606	56,968	60,967	62,460	63,991	299,992
	Number of children to be vaccinated with the first dose	Table 4	#	0	56,398	59,260	62,304	64,502	242,464
	Number of children to be vaccinated with the third dose	Table 4	#		56,398	54,870	59,337	61,431	232,036
	Immunization coverage with the third dose	Table 4	%	0.00%	99.00%	90.00%	95.00%	96.00%	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.03	1.03	1.02	
	Vaccine stock as of 31 December 2013 * (see note)		#	0					
	Vaccine Stock as of 1 January 2014 * (see note)		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	0.0050	
fv	Freight cost as% of vaccines' value	Table 7.10.2	%		6.00%	6.00%	6.00%	6.00%	
fd	Freight cost as% of devices' value	Parameter	%		0.00%	0.00%	0.00%	0.00%	

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

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

N/A The country was not able to introduce PCV13 in 2013; this is planned for 2014.

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

Co-financing group		2013	2014	2015	2016	2017
Low						
Minimum co-financing		0.00	0.20	0.20	0.20	0.20
Your co-financing			0.20	0.20	0.20	0.20

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

		2014	2015	2016	2017
Number of vaccine doses	#	210,800	175,100	185,200	188,600
Number of AD syringes	#	235,000	198,000	208,200	214,700
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	2,600	2,200	2,300	2,375
Total value to be co-financed by GAVI	\$	768,500	634,500	669,500	680,000

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

		2014	2015	2016	2017
<b>Number of vaccine doses</b>	#	12,500	10,400	11,100	11,300
<b>Number of AD syringes</b>	#	0	0	0	0
<b>Number of reconstitution syringes</b>	#	0	0	0	0
<b>Number of safety boxes</b>	#	0	0	0	0
<b>Total value to be co-financed by country</b>	\$	45,000	37,500	39,500	40,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
<b>A</b>	<b>Country co-financing</b>	V	0.00%	5.56%		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 4	0	56,398	3,139	53,259
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	3	3		
<b>D</b>	<b>Number of doses needed</b>	B x C	0	169,194	9,415	159,779
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Table 4	1.00	1.05		
<b>F</b>	<b>Number of doses needed including wastage</b>	D x E		177,654	9,885	167,769
<b>G</b>	<b>Vaccines buffer stock</b>	$((D - D \text{ of previous year}) \times 0,25) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$		44,414	2,472	41,942
<b>M</b>	<b>Stock to be deducted</b>	H2 of previous year - 0.25 x F of previous year				
<b>H2</b>	<b>Stock on 1 January</b>	Table 7.11.1	0			
<b>I</b>	<b>Total vaccine doses needed</b>	Round up((F + G - H) / vaccine package size) x vaccine package size		223,200	12,420	210,780
<b>J</b>	<b>Number of doses per vial</b>	Vaccine parameter		1		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.10$		234,969	0	234,969
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$(I / J) \times 1.10$		0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.10$		2,585	0	2,585
<b>N</b>	<b>Cost of vaccines needed</b>	I x * vaccine price per dose (g)		756,872	42,114	714,758
<b>O</b>	<b>Cost of AD syringes needed</b>	K * AD syringe price per unit (ca)		10,574	0	10,574
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	L * reconstitution price per unit (cr)		0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	M * safety box price per unit (cs)		13	0	13
<b>R</b>	<b>Freight cost for vaccines needed</b>	N * freight cost as of% of vaccines value (fv)		45,413	2,527	42,886
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times * \text{freight cost\% of devices value (fd)}$		0	0	0
<b>T</b>	<b>Total funding needed</b>	$(N+O+P+Q+R+S)$		812,872	44,640	768,232
<b>U</b>	<b>Total country co-financing</b>	I * country co-financing per dose (cc)		44,640		
<b>V</b>	<b>Country co-financing% of GAVI supported proportion</b>	$U / (N + R)$		5.56%		

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-financing	V	5.60%		5.61%			
B	Number of children to be vaccinated with the first dose	Table 4	59,260	3,318	55,942	62,304	3,498	58,806
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	177,780	9,954	167,826	186,912	10,493	176,419
E	Estimated vaccine wastage factor	Table 4	1.03			1.03		
F	Number of doses needed including wastage	$D \times E$	183,114	10,253	172,861	192,520	10,808	181,712
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	2,147	121	2,026	2,352	133	2,219
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
H2	Stock on 1 January	Table 7.11.1						
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	185,400	10,381	175,019	196,200	11,015	185,185
J	Number of doses per vial	Vaccine parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	197,920	0	197,920	208,191	0	208,191
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	2,178	0	2,178	2,291	0	2,291
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	624,798	34,982	589,816	659,429	37,019	622,410
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,907	0	8,907	9,369	0	9,369
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11	0	11	12	0	12
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	37,488	2,099	35,389	39,566	2,222	37,344
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	671,204	37,080	634,124	708,376	39,240	669,136
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	37,080			39,240		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$	5.60%			5.61%		



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

	Formula	2017			
		Total	Government	GAVI	
A	Country co-financing	V	5.63%		
B	Number of children to be vaccinated with the first dose	Table 4	64,502	3,631	60,871
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	193,506	10,893	182,613
E	Estimated vaccine wastage factor	Table 4	1.02		
F	Number of doses needed including wastage	$D \times E$	197,377	11,111	186,266
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	1,649	93	1,556
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	199,800	11,247	188,553
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	214,671	0	214,671
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	2,362	0	2,362
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	669,730	37,699	632,031
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	9,661	0	9,661
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	12	0	12
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	40,184	2,262	37,922
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	719,587	39,961	679,626
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	39,960		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$	5.63%		

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

ID	Source		2013	2014	2015	2016	2017	TOTAL	
	Number of surviving infants	Table 4	#	55,606	56,968	60,967	62,460	63,991	299,992
	Number of children to be vaccinated with the first dose	Table 4	#	0	56,398	39,507	62,304	64,502	222,711
	Number of children to be vaccinated with the second dose	Table 4	#		56,398	36,580	59,337	61,431	213,746
	Immunization coverage with the second dose	Table 4	%	0.00%	99.00%	60.00%	95.00%	96.00%	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.03	1.03	1.02	
	Vaccine stock as of 31 December 2013 * (see note)		#	0					
	Vaccine Stock as of 1 January 2014 * (see note)		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	0.0050	
fv	Freight cost as% of vaccines' value	Table 7.10.2	%		5.00%	5.00%	5.00%	5.00%	
fd	Freight cost as% of devices' value	Parameter	%		0.00%	0.00%	0.00%	0.00%	

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

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

N/A The country was not able to introduce Rota in 2013; this is planned for 2014.

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

Co-financing group	Low
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	2013	2014	2015	2016	2017
Minimum co-financing	0.00	0.00	0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20	0.20

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

		2014	2015	2016	2017
Number of vaccine doses	#	137,500	68,100	130,700	123,700
Number of AD syringes	#	0	0	0	0
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by GAVI	\$	370,000	182,500	355,000	336,500

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

		2014	2015	2016	2017
Number of vaccine doses	#	11,100	5,500	10,400	9,900
Number of AD syringes	#	0	0	0	0
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by country	\$	30,000	15,000	28,500	27,000

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	7.44%		
B	Number of children to be vaccinated with the first dose	Table 4	0	56,398	4,195	52,203
C	Number of doses per child	Vaccine parameter (schedule)	2	2		
D	Number of doses needed	B x C	0	112,796	8,390	104,406
E	Estimated vaccine wastage factor	Table 4	1.00	1.05		
F	Number of doses needed including wastage	D x E		118,436	8,809	109,627
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$		29,609	2,203	27,406
M	Stock to be deducted	H2 of previous year - 0.25 x F of previous year				
H2	Stock on 1 January	Table 7.11.1	0			
I	Total vaccine doses needed	Round up((F + G - H) / vaccine package size) x vaccine package size		148,500	11,045	137,455
J	Number of doses per vial	Vaccine parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$		0	0	0
N	Cost of vaccines needed	I x * vaccine price per dose (g)		380,309	28,286	352,023
O	Cost of AD syringes needed	K * AD syringe price per unit (ca)		0	0	0
P	Cost of reconstitution syringes needed	L * reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M * safety box price per unit (cs)		0	0	0
R	Freight cost for vaccines needed	N * freight cost as of% of vaccines value (fv)		19,016	1,415	17,601
S	Freight cost for devices needed	$(O+P+Q) \times \text{* freight cost\% of devices value (fd)}$		0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$		399,325	29,700	369,625
U	Total country co-financing	I * country co-financing per dose (cc)		29,700		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$		7.44%		

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

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
<b>A</b>	<b>Country co-financing</b>	V	7.46%			7.36%		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 4	39,507	2,948	36,559	62,304	4,586	57,718
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	2			2		
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	79,014	5,896	73,118	124,608	9,172	115,436
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Table 4	1.03			1.03		
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	81,385	6,072	75,313	128,347	9,447	118,900
<b>G</b>	<b>Vaccines buffer stock</b>	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	- 8,445	- 630	- 7,815	11,741	865	10,876
<b>M</b>	<b>Stock to be deducted</b>	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
<b>H2</b>	<b>Stock on 1 January</b>	Table 7.11.1						
<b>I</b>	<b>Total vaccine doses needed</b>	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	73,500	5,484	68,016	141,000	10,378	130,622
<b>J</b>	<b>Number of doses per vial</b>	Vaccine parameter	1			1		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.10$	0	0	0	0	0	0
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$(I / J) \times 1.10$	0	0	0	0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(I / 100) \times 1.10$	0	0	0	0	0	0
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	187,646	14,000	173,646	364,908	26,858	338,050
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	0	0	0	0	0	0
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0	0
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as \% of vaccines value (fv)}$	9,383	701	8,682	18,246	1,343	16,903
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0	0	0	0
<b>T</b>	<b>Total funding needed</b>	$(N+O+P+Q+R+S)$	197,029	14,701	182,328	383,154	28,201	354,953
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	14,700			28,200		
<b>V</b>	<b>Country co-financing% of GAVI supported proportion</b>	$U / (N + R)$	7.46%			7.36%		

**Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 3)**

	Formula	2017			
		Total	Government	GAVI	
A	Country co-financing	V	7.36%		
B	Number of children to be vaccinated with the first dose	Table 4	64,502	4,748	59,754
C	Number of doses per child	Vaccine parameter (schedule)	2		
D	Number of doses needed	$B \times C$	129,004	9,495	119,509
E	Estimated vaccine wastage factor	Table 4	1.02		
F	Number of doses needed including wastage	$D \times E$	131,585	9,685	121,900
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	1,099	81	1,018
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	133,500	9,826	123,674
J	Number of doses per vial	Vaccine parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	345,498	25,429	320,069
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	17,275	1,272	16,003
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	0	0	0
T	Total funding needed	$(N+O+P+Q+R+S)$	362,773	26,700	336,073
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	26,700		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$	7.36%		

**Table 7.11.1: Specifications for Yellow Fever 10 dose(s) per vial, LYOPHILISED**

ID	Source		2013	2014	2015	2016	2017	TOTAL	
	Number of surviving infants	Table 4	#	55,606	56,968	60,967	62,460	63,991	299,992
	Number of children to be vaccinated with the first dose	Table 4	#	45,278	50,278	54,870	57,463	60,791	268,680
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.14	1.12	1.11	1.10	1.09	
	Vaccine stock as of 31 December 2013 * (see note)		#	0					
	Vaccine Stock as of 1 January 2014 * (see note)		#	0					
	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	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450	0.0450	0.0450	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050	0.0050	0.0050	
fv	Freight cost as% of vaccines' value	Table 7.10.2	%		7.80%	7.80%	7.80%	7.80%	
fd	Freight cost as% of devices' value	Parameter	%		10.00%	10.00%	10.00%	10.00%	

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

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

The country has been experiencing a vaccine stock shortage since September 2013.

**Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

Co-financing group	Low
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	2013	2014	2015	2016	2017
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2014	2015	2016	2017
Number of vaccine doses	#	47,900	50,900	52,700	56,100
Number of AD syringes	#	56,700	61,700	64,000	67,800
Number of reconstitution syringes	#	6,400	6,900	7,100	7,400
Number of safety boxes	#	700	775	800	850
Total value to be co-financed by GAVI	\$	59,500	59,500	63,500	72,000

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

2014	2015	2016	2017
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<b>Number of vaccine doses</b>	#	9,800	11,300	11,300	11,100
<b>Number of AD syringes</b>	#	0	0	0	0
<b>Number of reconstitution syringes</b>	#	0	0	0	0
<b>Number of safety boxes</b>	#	0	0	0	0
<b>Total value to be co-financed by country &lt;i&gt;[1]&lt;/i&gt;</b>	\$	12,000	12,500	13,000	13,500



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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-financing	V	0.00%	16.96%		
B	Number of children to be vaccinated with the first dose	Table 4	45,278	50,278	8,527	41,751
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	B x C	45,278	50,278	8,527	41,751
E	Estimated vaccine wastage factor	Table 4	1.14	1.12		
F	Number of doses needed including wastage	D x E		56,312	9,550	46,762
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$		1,250	212	1,038
M	Stock to be deducted	H2 of previous year - 0.25 x F of previous year				
H2	Stock on 1 January	Table 7.11.1	0			
I	Total vaccine doses needed	Round up((F + G - H) / vaccine package size) x vaccine package size		57,600	9,769	47,831
J	Number of doses per vial	Vaccine parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		56,681	0	56,681
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		6,337	0	6,337
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		694	0	694
N	Cost of vaccines needed	I x * vaccine price per dose (g)		63,015	10,687	52,328
O	Cost of AD syringes needed	K * AD syringe price per unit (ca)		2,551	0	2,551
P	Cost of reconstitution syringes needed	L * reconstitution price per unit (cr)		26	0	26
Q	Cost of safety boxes needed	M * safety box price per unit (cs)		4	0	4
R	Freight cost for vaccines needed	N * freight cost as of% of vaccines value (fv)		4,916	834	4,082
S	Freight cost for devices needed	$(O+P+Q) \times \text{* freight cost\% of devices value (fd)}$		259	0	259
T	Total funding needed	$(N+O+P+Q+R+S)$		70,771	11,520	59,251
U	Total country co-financing	I * country co-financing per dose (cc)		11,520		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$		16.96%		

**Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 2)**

	Formula	2015			2016			
		Total	Government	GAVI	Total	Government	GAVI	
<b>A</b>	<b>Country co-financing</b>	V	18.10%			17.57%		
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	Table 4	54,870	9,932	44,938	57,463	10,096	47,367
<b>C</b>	<b>Number of doses per child</b>	Vaccine parameter (schedule)	1			1		
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	54,870	9,932	44,938	57,463	10,096	47,367
<b>E</b>	<b>Estimated vaccine wastage factor</b>	Table 4	1.11			1.10		
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	60,906	11,025	49,881	63,210	11,106	52,104
<b>G</b>	<b>Vaccines buffer stock</b>	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	1,149	208	941	649	115	534
<b>M</b>	<b>Stock to be deducted</b>	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0	0	0	0
<b>H2</b>	<b>Stock on 1 January</b>	Table 7.11.1						
<b>I</b>	<b>Total vaccine doses needed</b>	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	62,100	11,241	50,859	63,900	11,227	52,673
<b>J</b>	<b>Number of doses per vial</b>	Vaccine parameter	10			10		
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.10$	61,621	0	61,621	63,924	0	63,924
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$(I / J) \times 1.10$	6,832	0	6,832	7,030	0	7,030
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.10$	753	0	753	781	0	781
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	63,653	11,522	52,131	67,479	11,856	55,623
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	2,773	0	2,773	2,877	0	2,877
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	28	0	28	29	0	29
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	4	0	4	4	0	4
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as \% of vaccines value (fv)}$	4,965	899	4,066	5,264	925	4,339
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	281	0	281	291	0	291
<b>T</b>	<b>Total funding needed</b>	$(N+O+P+Q+R+S)$	71,704	12,420	59,284	75,944	12,780	63,164
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	12,420			12,780		
<b>V</b>	<b>Country co-financing% of GAVI supported proportion</b>	$U / (N + R)$	18.10%			17.57%		

**Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 3)**

	Formula	2017			
		Total	Government	GAVI	
A	Country co-financing	V	16.45%		
B	Number of children to be vaccinated with the first dose	Table 4	60,791	9,999	50,792
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	60,791	9,999	50,792
E	Estimated vaccine wastage factor	Table 4	1.09		
F	Number of doses needed including wastage	$D \times E$	66,263	10,899	55,364
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0,25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0,25)$	832	137	695
M	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Stock on 1 January	Table 7.11.1			
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	67,100	11,037	56,063
J	Number of doses per vial	Vaccine parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	67,786	0	67,786
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	7,382	0	7,382
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	827	0	827
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	75,689	12,449	63,240
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,051	0	3,051
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	30	0	30
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	5	0	5
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	5,904	972	4,932
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost \% of devices value (fd)}$	309	0	309
T	Total funding needed	$(N+O+P+Q+R+S)$	84,988	13,420	71,568
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	13,420		
V	Country co-financing% of GAVI supported proportion	$U / (N + R)$	16.45%		

## 8. Injection Safety Support (INS)

This type of support is not available.

## 9. 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 2013**. All countries are expected to report on:

- a. Progress achieved in 2013
- b. HSS implementation during January - April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on startup activities.

2. In order to better align HSS support reporting to country processes, for countries for which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15 May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

3. Please use your approved proposal as reference 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 reporting template, as necessary.

4. If you would like to propose changes to approved activities and budget (reprogramming), please request guidelines about reprogramming from the manager in your country or the GAVI Alliance Secretariat or send an email to the following address: [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org).

5. If you are requesting a new tranche of funding, please so indicate in [Section 9.1.2](#).

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

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

- a. Minutes of all the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorsed the submission of this report
- c. The latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available).

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year.

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

## 9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries who have already received their final payment for all approved GAVI financing with regard to the HSS grant and who are not requesting another other financing: Has the implementation of the HSS grant been completed? YES/NO If NO, please indicate the anticipated date for completion of the HSS grant. **No**  
If NO, please indicate the anticipated date for completion of the HSS grant.

N/A

Please attach all studies and evaluations relevant to the GAVI HSS grant or those that have been financed by the grant.

Please attach, if available, data that has been disaggregated by sex, rural/urban zone, district/state—specifically for immunization coverage indicators. This is particularly important if the GAVI HSS grants are used to target specific populations and/or geographic zones within the country.

If CSOs are involved in implementing the HSS grant, please attach a list of those involved in implementing the grant, the financing received by the CSO from the GAVI HSS grant and the activities that were carried out with the grant. If the involvement of the CSO was planned for in the initial proposal approved by GAVI, but no financing was provided to the CSO, please explain why. Please see <http://www.gavialliance.org/support/cso/>, for GAVI's CSO Implementation Framework.

N/A

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

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

Please attach the last report from the national results/M&E framework for the health sector (with the real data reported for the country's last year available).

### 9.1.1. Report on the use of ISS funds in **2013**

Please complete [tables 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS program and both in US\$ and local currency

**Note: if you are requesting a new tranche of funding, please make sure you fill in the last row of [Table 9.1.3.a](#) and [9.1.3.b](#).**

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

If yes, please indicate the amount of funding requested: **1,081,864** US\$

These funds must be sufficient to ensure the implementation of the HSS grant through December 2015.

### 9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

**NB:** Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2008	2009	2010	2011	2012	2013
Original annual budgets ( <i>per the originally approved HSS proposal</i> )	338537	263205	260199	272374	293930	
Revised annual budgets ( <i>if revised by previous Annual Progress Reviews</i> )						

Total funds received from GAVI during the calendar year (A)	338537	0	0	0	0	
Remaining funds (carry over) from previous year (A)		125776	100	54	0	
Total Funds available during the calendar year (C=A+B)						
Total Expenditures during calendar year (D)		199615	121688	54	0	
Balance carried forward to next calendar year (E=C-D)						
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	338537	263205	260199	293374	293930	578789

	2014	2015	2016	2017
Original annual budgets <i>((per the originally approved HSS proposal))</i>				
Revised annual budgets <i>(if revised by previous Annual Progress Reviews)</i>				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (A)				
Total Funds available during the calendar year (C=A+B)				
Total Expenditures during calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	376868	126207	0	0



Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets ( <i>per the originally approved HSS proposal</i> )	148243000	117784238	125871268	118414597	144466595	
Revised annual budgets ( <i>if revised by previous Annual Progress Reviews</i> )						
Total funds received from GAVI during the calendar year (A)	148243000	0	0	0	0	
Remaining funds (carry over) from previous year (A)		56284760	48375	23477	0	
Total Funds available during the calendar year (C=A+B)						
Total Expenditures during calendar year (D)		89327713	58866570	23477	0	
Balance carried forward to next calendar year (E=C-D)						
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	148243000	117784238	125871268	118414597	144466595	277818669

	2014	2015	2016	2017
Original annual budgets (per the originally approved HSS proposal))				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (A)				
Total Funds available during the calendar year (C=A+B)				
Total Expenditures during calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	180896819	60579342	0	0

### Report of Exchange Rate Fluctuation

Please indicate in [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	437.89	447.5	483.75	434.75		480
Closing on 31 December	437.89	447.5	483.75	434.75	491.5	

### Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January to April 2014 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)**

### Financial management of HSS funds

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

Please indicate the type of bank account(s) used (business or government account); budget approval process; how funds are directed to sub-national levels; provisions for preparing national and sub-national level financial reports; and the global role of ICC in the process.

During 2013, the country reprogrammed HSS funds. No activities were carried out.

The reprogramming was approved by GAVI and, according to a memorandum between MINSAP and WHO, these funds will be managed by WHO. The management of these funds will be carried out according to WHO's financial procedures.

**Has an external audit been conducted?** **Not selected**

**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 your HSS program during your government's most recent fiscal year, this must also be attached (Document Number: 21)**

## 9.2. Progress on HSS activities in the 2013 fiscal year

Please report on major activities conducted to strengthen immunization using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and decision letter.

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Organize quarterly meetings of the HSCC/ICC (2013 x1, 2014 x4, 2015 x4)		0	
Organize an annual EPI technical coordination meeting at the national level (2013, 2014, 2015)		0	
Organize the annual EPI review (2013, 2014, 2015)		0	
Carry out quarterly integrated supportive supervision of RHD by the central level		0	
Support central EPI operations		0	
Support operations of the 11 RHD		0	
Conduct NHIS data quality study in conjunction with 2013 EPI review		0	
Conduct annual NHIS quality evaluation using the Data Quality Report Card		0	
Build EPI vehicle and computer equipment capacity at central level		0	
Build RHD vehicle and equipment capacity		0	
Support Ministry of Health GAVI/HSS management		0	

Organize a 5-day workshop on developing RED microplans and on retraining EPI workers in HA (traditional vaccines, introduction of new vaccines) in the 4 relevant health districts			0
Improve logistics at the health area level for immunization outreach strategy			0
Support implementation of outreach strategies in the 4 relevant districts			0
RHD to carry out integrated supportive supervision every two months for the 31 HA in the 4 relevant regions			0
Organize a two-day regional workshop on monitoring twice a year for IMCI/EPI for 31 HA			0
Build cold chain storage capacity at regional level and within health districts			0
Build cold chain storage capacity at regional level and within health districts			0
Provide central store with a vehicle to distribute vaccines and supplies to the regional level			0
Ensure quarterly supply by central level of 11 regional storage facilities for EPI immunizations and supplies and carry out quarterly supportive supervision of the cold chain and immunization management			0

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
---	--

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

No activities were carried out in 2013 due to lack of funds; all of 2013 was devoted to the reprogramming of funds.

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

N/A

### 9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

**Table 9.3:** Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Reference		Agreed target till end of support in original HSS application	2013 Target	2009	2010	2011	2012	2013	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Strengthen EPI capacity at the national level and for the 11 regional health directorates in the areas of management, coordination and M&E of the EPI.	76%	2011 WHO/UNICEF Estimate (%)	Strengthen EPI capacity at the national level and for the 11 regional health directorates in the areas of management, coordination and M&E of the EPI.	80% - Penta3 coverage rate for children under 1 yr					96%	DVD-MT	
Strengthen operational capacity for the 31 healthcare areas within the regions of Boloma, Quinara, Tombali and SAB to be able to offer quality immunization services and to increase demand for immunization	68% (2011)	2011 WHO/UNICEF Estimate (%)	Strengthen operational capacity for the 31 healthcare areas within the regions of Boloma, Quinara, Tombali and SAB to be able to offer quality immunization services and to increase demand for immunization	70% - Percentage of HA in the 4 regions with Penta 3 coverage higher than 85%							
For 2015, increase stock capacity for all vaccines to 100% at the national, regional and health area levels	29% (2011)	EVM 2011	For 2015, increase stock capacity for all vaccines to 100% at the national, regional and health area levels	29% - Rate of facilities with 100% of stock capacity for all vaccines							

#### 9.4. Program Implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially those with impacts on health service programs, and how the HSS funds benefited the immunization program.

No achievements were attained

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

N/A

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

N/A

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

N/A

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

N/A

9.4.6. Please describe the participation of Civil Society Organizations in the implementation of the HSS

proposal. Please provide names of organizations, type of activities and funding provided to these organizations from the HSS funding.

N/A

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

- Has the management of HSS funds has been effective?
- List constraints to internal fund disbursement, if any.
- List actions taken to address any issues and to improve management.
- Are any changes to management processes planned for the coming year?

N/A

## 9.5. Planned HSS activities for 2014

Please use **Table 9.4** to provide information on 2014 activity progress. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

**Table 9.4: Planned Activity for 2014**

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2014 actual expenditures (April 2014)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Carry out quarterly integrated supportive supervision of RHD by the central level		9578				
Organize EPI annual review		3239				
Organize an annual EPI technical coordination meeting at the central level		240				
Organize quarterly HSCC/ ICC meetings		480				
Support operations of the 11 RHD		900				
Support central EPI operations		7700				
Conduct annual NHIS quality evaluation using the Data Quality Report Card		64				
Retrain NHIS workers at the regional level		3704				
Support Ministry of Health GAVI/HSS management		15675				
Organize a 5-day workshop on developing RED microplans and on retraining		2870				

EPI workers in HA (traditional vaccines, introduction of new vaccines) in the 4 relevant health districts						
Improve logistics at the health area level for immunization outreach strategy		2600				
Build cold chain storage capacity at regional level and within health districts		215075				
Support implementation of outreach strategies in the 4 relevant districts		14508				
RHD to carry out integrated supportive supervision every two months for the 31 HA in the 4 relevant regions		5758				
Organize a two-day regional workshop on monitoring twice a year for IMCI/EPI for 31 HA		1540				
2.5 Produce supporting socio-educational immunization materials for community health workers in the 31 HA		4980				
Train 150 community health workers on actively seeking out drop outs, on administering the community package, interpersonal communication, EPI reporting activities, AEFI and registering births and deaths		2784				
Inform and raise awareness among local elected officials and opinion leaders to build community participation for EPI and the protection of		2205				

solar panels in the 4 affected regions						
Support for CHWs' educational talks, actively seeking out drop outs and EPI reporting activities, and registering births and deaths		1200				
Produce and disseminate key messages by local radio to encourage community participation in immunization and the promotion of health		480				
National, regional and health area cold chain maintenance		13600				
Central cold chain generator group and vehicle maintenance as well as a maintenance of central storage facilities		5300				
Support the operation of the central cold chain generator groups		22167				
Ensure quarterly supply by central level of 11 regional storage facilities for EPI immunizations and supplies and carry out quarterly supportive supervision of the cold chain and immunization management		5582				
Retrain 14 technicians on preventive maintenance for the cold chain and immunization management (MLM)		9984				
		352213	0			0

## 9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline activities planned for 2015. If you would like to propose changes to your activities and budget please explain the reasons for this in the table below and provide explanations for each change so that the IRC can recommend for approval of the revised budget and activities.



Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

**Table 9.6: Planned HSS Activities for 2015**

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if applicable)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Organize quarterly HSCC/ICC meetings		480			
Organize an annual EPI technical coordination meeting at the central level		240			
Organize EPI annual review		3239			
Carry out quarterly integrated supportive supervision of RHD by the central level		9578			
Support central EPI operations		900			
Support operations of the 11 RHD		7700			
Conduct annual NHIS quality evaluation using the Data Quality Report Card		64			
Support Ministry of Health GAVI/HSS management		15675			
Organize a 5-day workshop on developing RED microplans and on retraining EPI workers in HA (traditional vaccines, introduction of new vaccines) in the 4 relevant health districts		2870			
Improve logistics at the health area level for immunization outreach strategy		2600			
Support implementation of outreach strategies in the 4 relevant districts		14508			
RHD to carry out integrated supportive supervision		5758			

every two months for the 31 HA in the 4 relevant regions					
Organize a two-day regional workshop on monitoring twice a year for IMCI/EPI for 31 HA		1540			
Produce supporting socio-educational immunization materials for community health workers in the 31 HA		4480			
2 Train 150 community health workers on actively seeking out drop outs, on administering the community package, interpersonal communication, EPI reporting activities, AEFI and registering births and deaths		2784			
3 Inform and raise awareness among local elected officials and opinion leaders to build community participation for EPI and the protection of solar panels in the 4 affected regions		2205			
Support for educational talks for CHWs, actively seeking out drop outs and EPI reporting activities, and registering births and deaths		1200			
Produce and disseminate key messages by local radio to encourage community participation in immunization and the promotion of health		480			
National, regional and health area cold chain maintenance		8600			
Central cold chain generator		5300			

group and vehicle maintenance as well as a maintenance of central storage facilities					
Support the operation of the central cold chain generator groups		22167			
Ensure quarterly supply by central level of 11 regional storage facilities for EPI immunizations and supplies and carry out quarterly supportive supervision of the cold chain and immunization management		5582			
		117950			

### 9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so at any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing [gavihss@gavialliance.org](mailto:gavihss@gavialliance.org)

### 9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount US\$	Duration of support	Type of activities funded
AHEAD	2030336	2013 - 2018	Prevention of HIV/AIDS-tuberculosis co-infection
State	7750000	2013 - 2015	Ministry of Health operating budget (not including staff salaries)
Global Fund 7R	8073833	2013	HIV / AIDS prevention, support of ARV and PMTCT treatment, of community interventions for participation in ARV treatment, support for diagnostics and treatment of the co-infections AIDS and TB, and the treatment of opportunistic infections, and support for the principal beneficiary's operations and for NGOs, along with advice about voluntary and confidential text—with the goal of supporting the use of treatment registration forms
Global Fund 9R	2674307	2013	Tuberculosis prevention, support for supervision, data validation, training technicians in diagnostics, food support via NGOs, procurement of materials and drugs and means of transportation.
H4+	6000000	2013 - 2015	Child survival and the prevention of maternal and neonatal mortality, strengthening of community participation

			social mobilization, strengthening the cold chain as well as human resources and services offered, support for leadership and governance, and for the procurement of means of transportation
WHO	2080000	2013 - 2014	Political dialog, strengthening M&E of the NHDP, annual health reviews, epidemiological surveillance, immunization campaigns, support for the implementation of priority programs, reproductive health, and the availability of technical assistance for institutional strengthening.
PLAN GUINEA	13824000	2013 - 2018	Improving integrated health services (disease prevention and curative care), strengthening the cold chain, support for immunization campaigns, and strengthening community participation
EU:	5500000	2013 - 2015	Contribute to reduced rates of neonatal, child and maternal mortality in the health districts of Biombo, Cacheu, Oio and Farim
UNFPA	3200000	2013 - 2014	Reproductive health/FP and HIV prevention, NHIS strengthening, community participation, initial and ongoing training of health workers, support for equipment, materials and drugs, transportation and referral and counter referral communication, support for emergency obstetrical care
UNICEF	654160	2013	MIH, Review EPI program in 2013 (integrating a study of immunization coverage and cold chain inventory), EVM in 2014, financing and procurement of traditional vaccines. In the 6 POPEN regions, building cold chain capacity and immunization management, increasing community participation, support of integrated supervision and of advanced immunization strategies, immunization campaigns

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

## 9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
GAVI/HSS fund reprogramming document	HSCC during the validation and proposal in April 2013	

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

N/A

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013/14?

Please attach:

1. HSCC meeting minutes for 2014 showing endorsement of this report (**Document number: 6**)
2. The most recent review report for the health sector (**Document number: 22**)

## 10. Increasing civil society organization (CSO) participation: type A and type B

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

Guinea-Bissau **did NOT receive the support of GAVI type A CSOs**

Guinea-Bissau is not submitting a report on GAVI Type A CSO support for 2013.

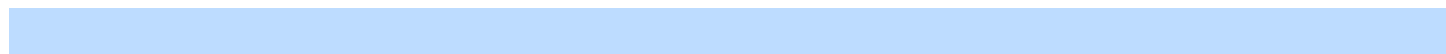
## 10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Guinea-Bissau **did NOT receive the support of GAVI type B CSOs**

Guinea-Bissau is not submitting a report on GAVI Type B CSO support for 2013.

## 11. Comments from ICC/HSCC Chairs

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





## 12. Appendices

### 12.1. Annex 1 - Terms of reference ISS

#### INSTRUCTIONS:

#### FINANCIAL STATEMENTS FOR NEW VACCINE INTRODUCTION GRANT FOR IMMUNIZATION SERVICES SUPPORT (ISS)

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

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

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

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc.)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarize total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

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

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

## 12.2. Annex 2 - Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT **FINANCIAL STATEMENTS 1**

*An example statement of income & expenditure*

Summary of income and expenditure - GAVI ISS		
	Local Currency (CFA)	Value in \$USD*
<b>2012 Report</b> (closing balance as of 31 December 2012)	25,392,830	53.000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
<b>Total revenues</b>	<b>38,987,576</b>	<b>81.375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63.852</b>
<b>Closing balance as of 31 December 2013</b> (2014 report)	<b>60,139,325</b>	<b>125.523</b>

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditure						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87.663</b>	<b>30,592,132</b>	<b>63.852</b>	<b>11,407,868</b>	<b>23.811</b>

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

### 12.3. Annex 3 - Terms of reference HSS

#### INSTRUCTIONS:

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

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

## 12.4. Annex 4 - Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR **HSS FINANCIAL STATEMENTS**::

*An example statement of income & expenditure*

Summary of income and expenditure - GAVI HSS		
	Local Currency (CFA)	Value in \$USD*
<b>2012 Report</b> (closing balance as of 31 December 2012)	25,392,830	53.000
Summary of income and expenditure - 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
<b>Total revenues</b>	<b>38,987,576</b>	<b>81.375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63.852</b>
<b>Closing balance as of 31 December 2013</b> (2014 report)	<b>60,139,325</b>	<b>125.523</b>

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditure						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87.663</b>	<b>30,592,132</b>	<b>63.852</b>	<b>11,407,868</b>	<b>23.811</b>

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

## 12.5. Annex 5 - Terms of reference CSO

### INSTRUCTIONS:

#### FINANCIAL STATEMENTS FOR **THE SUPPORT OF CIVIL SOCIETY ORGANIZATIONS (CSO)** TYPE B

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

## 12.6. Annex 6 - Example income & expenditure CSO

### MINIMUM REQUIREMENTS FOR **CSO 'TYPE B' FINANCIAL STATEMENTS**

*An example statement of income & expenditure*

Summary of income and expenditure - GAVI CSO		
	Local Currency (CFA)	Value in \$USD*
<b>2012 Report</b> (closing balance as of 31 December 2012)	25,392,830	53.000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
<b>Total revenues</b>	<b>38,987,576</b>	<b>81.375</b>
<b>Total expenditure in 2013</b>	<b>30,592,132</b>	<b>63.852</b>
<b>Closing balance as of 31 December 2013</b> (2014 report)	<b>60,139,325</b>	<b>125.523</b>

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in US\$	Actual spending in CFA	Actual spending in \$US	Variance in CFA	Variance in USD
Salary expenditure						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditure						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overheads	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenditure						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
<b>TOTALS FOR 2013</b>	<b>42,000,000</b>	<b>87.663</b>	<b>30,592,132</b>	<b>63.852</b>	<b>11,407,868</b>	<b>23.811</b>

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

## 13. Attachments

Document Number	Attachment	Section	Mandatory	File
1	Minister of Health Signature (or delegated authority)	2.1	<input checked="" type="checkbox"/>	<a href="#">Signature du Ministre de la Santé.pdf</a> File desc: ,,,, Date/time: 15/05/2014 04:08:28 Size: 733 KB
2	Minister of Health Signature (or delegated authority)	2.1	<input checked="" type="checkbox"/>	<a href="#">Signature du Ministre de la Santé.pdf</a> File desc: Date/time: 15/05/2014 4:12:18 AM Size: 733 KB
3	ICC member signatures	2.2	<input checked="" type="checkbox"/>	<a href="#">Signature des membres de CCIA.pdf</a> File desc: Date/time: 15/05/2014 4:14:29 AM Size: 896 KB
4	Minutes of the ICC meeting in 2014 that endorsed the 2013 APR	5.7	<input checked="" type="checkbox"/>	<a href="#">Signature des membres de CCSS.pdf</a> File desc: Date/time: 15/05/2014 4:21:08 AM Size: 3 MB
5	HSCC member signatures	2.3	<input checked="" type="checkbox"/>	<a href="#">Signature des membres de CCSS.pdf</a> File desc: Date/time: 15/05/2014 4:24:51 AM Size: 3 MB
6	Minutes of the HSCC meeting in 2014 that endorsed the 2013 APR	9.9.3	<input checked="" type="checkbox"/>	<a href="#">relatório Reuniao CCCSS, maio 2014.zip</a> File desc: Date/time: 15/05/2014 5:49:19 AM Size: 232 KB
7	Financial statement for ISS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1	<input checked="" type="checkbox"/>	<a href="#">Etat financiere pour l'allocation de SSV en 2013.pdf</a> File desc: ,,,,,,,,,,,,,,,,,,,,,, Date/time: 15/05/2014 4:46:33 AM Size: 3 KB
8	External report audit on ISS grant (fiscal year 2013)	6.2.3	<input checked="" type="checkbox"/>	<a href="#">Etat financiere pour l'allocation de SSV en 2013.pdf</a> File desc: ,,,,,, Date/time: 15/05/2014 4:50:45 AM Size: 3 KB
9	Post-introduction evaluation report	7.2.2	<input checked="" type="checkbox"/>	<a href="#">Evaluation post-introduction.pdf</a> File desc: ,,,,,, Date/time: 15/05/2014 4:56:42 AM

				Size: 3 KB
10	Financial statement for grant for introduction of new vaccine (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1	<input checked="" type="checkbox"/>	<a href="#">Etat financier d'allocation du nouveau vaccin.pdf</a> File desc: ,,,,, Date/time: 15/05/2014 5:03:30 AM Size: 80 KB
11	External audit report for grant for introduction of new vaccine (fiscal year 2013), if total expenditures for 2013 were greater than \$US 250,000	7.3.1	<input checked="" type="checkbox"/>	<a href="#">Etat financier d'allocation du nouveau vaccin.pdf</a> File desc: ,,,,, Date/time: 15/05/2014 5:06:12 AM Size: 80 KB
12	EVSM/EVM report	7.5	<input checked="" type="checkbox"/>	<a href="#">EVMBissauV3a.pdf</a> File desc: Date/time: 15/05/2014 5:10:02 AM Size: 3 MB
13	Latest EVSM/EVM improvement plan	7.5	<input checked="" type="checkbox"/>	<a href="#">EVMBissauV3a.zip</a> File desc: Date/time: 15/05/2014 5:15:48 AM Size: 2 MB
14	Progress report on EVSM/EVM improvement plan	7.5	<input checked="" type="checkbox"/>	<a href="#">Plan d'amélioration de la GEEV.pdf</a> File desc: , Date/time: 15/05/2014 5:19:05 AM Size: 2 KB
16	Valid cMYP if the country is requesting continued support	7.8	<input type="checkbox"/>	<a href="#">PPAC_GUB 08fev_2013 Vfinal.doc</a> File desc: Date/time: 07/05/2014 08:15:18 Size: 1 MB
17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	<input type="checkbox"/>	<a href="#">cMYP Costing Tool Fr-1 CANCHUNGO 22 27 01 2013 VERSÃO TRABALHADO.zip</a> File desc: Date/time: 15/05/2014 5:25:11 AM Size: 88 KB
18	Minutes from the ICC meeting approving the extension of support for immunizations, as needed	7.8	<input type="checkbox"/>	No file downloaded



19	Financial statement for HSS grant (fiscal year 2013) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3	<input checked="" type="checkbox"/>	<a href="#">Etat financier d'allocation de RSS.pdf</a> <b>File desc:</b> <b>Date/time:</b> 15/05/2014 5:28:28 AM <b>Size:</b> 3 KB
20	Financial statement for HSS grant for January-April 2014 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	9.1.3	<input checked="" type="checkbox"/>	<a href="#">Etat financier d'allocation de RSS en jan 2014.pdf</a> <b>File desc:</b> <b>Date/time:</b> 15/05/2014 5:35:35 AM <b>Size:</b> 55 KB
21	External audit report for HSS grant (fiscal year 2013)	9.1.3	<input checked="" type="checkbox"/>	<a href="#">Etat financier d'allocation de RSS.pdf</a> <b>File desc:</b> <b>Date/time:</b> 15/05/2014 5:38:14 AM <b>Size:</b> 3 KB
22	Health Sector Review Report - HSS	9.9.3	<input checked="" type="checkbox"/>	<a href="#">Etat financier d'allocation de RSS.pdf</a> <b>File desc:</b> ,,, <b>Date/time:</b> 15/05/2014 5:41:44 AM <b>Size:</b> 3 KB
23	Census report - CSO-type A support	10.1.1	<input type="checkbox"/>	No file downloaded
24	Financial statement for allocation for CSO-type B support (fiscal year 2013)	10.2.4	<input type="checkbox"/>	No file downloaded
25	External audit report for CSO-type B support (fiscal year 2013)	10.2.4	<input type="checkbox"/>	No file downloaded
26	Bank statements for each cash program, or consolidated bank statements for all existing cash programs if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) January 1st, 2013 and (ii) December 31st, 2013	0	<input checked="" type="checkbox"/>	<a href="#">Etat financier d'allocation de RSS.pdf</a> <b>File desc:</b> ,,, <b>Date/time:</b> 15/05/2014 5:45:10 AM <b>Size:</b> 3 KB
27	compte_rendu_reunion_ccia_changement_presentation_vaccin	7.7	<input type="checkbox"/>	No file downloaded
	Other document		<input type="checkbox"/>	No file downloaded

