[V1.15.4]

GAVI Alliance

Annual Progress Report 2014

submitted by

the Government of

Guinea-Bissau

Reporting year: **2014**
Support application for the year: **2016**
Date of presentation: **05/20/2015**

Deadline for submission: 05/27/2015

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMS

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

AMENDMENT TO THIS PROPOSAL

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

REIMBURSEMENT OF FUNDS

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

SUSPENSION/CANCELLATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION REGARDING COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

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

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

faced and how the country has tried to overcome them

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

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

1. Characteristics of the support

Reporting year: **2014**

Support application for the year: **2016**

1.1. NVS AND INS SUPPORT

Type of Support	Current vaccine	Preferred presentation	Active until
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2017
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2017
New Vaccine Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2017
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	2017

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

1.2. Extension of the Program

Type of Support	Vaccine	Start Year	End Year
New Vaccine Support (routine immunization)	Pneumococcal (PCV13), 1 dose per vial, LIQUID	2018	No extension
New Vaccine Support (routine immunization)	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2018	No extension
New Vaccine Support (routine immunization)	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	2018	No extension
New Vaccine Support (routine immunization)	Rotavirus, 2 dose schedule	2018	No extension

1.3. ISS, HSS, CSOs support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous IRC Report

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

2. Signatures

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

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 funds were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Guinea-Bissau

Please note that this APR will neither be reviewed nor approved by the High-level Review Committee without the signatures of both the Minister of Health & Minister of Finance or their authorized representatives.

Minister of Health (or delegated authority)		**Minister of Finance (or delegated authority)**	
Name	Dra Valentina Mendes	**Name**	Mr Geraldo Joao Martins
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	E-mail
Mario GOMES TAMY	National EPI Director	002456742168	mariogomes61@yahoo.com.,br

2.2. ICC Signatures Page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Valentina MENDES	Ministry of Health		
Geraldo MARTINS	Ministry of Economy and Finance		

Ayigan KOSSI AKLA	WHO		
Abubacar SULTAN	UNICEF		
Ana Emilia from BARROS SA	Institute of Woman and Child		
Sadna NA BITA	AGUIBEF		

The ICC may wish to send informal comments to: apr@gavi.org. All comments will be treated confidentially. Partners' observations:

Observations of the Regional Working Group:

2.3. HSCC Signatures Page

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

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

Name/Title	Agency/Organization	Signature	Date
Valentina MENDES	Ministry of Health		
Geraldo MARTINS	Ministry of Economy and Finance		
Aigan KOSSI AKLA	WHO		
Abubacar SULTAN	UNICEF		

Duarte IOIA	National Red Cross		
Sadna NA BITA	AGUIBEF		

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

All comments will be treated confidentially. Partner Comments:

Observations of the Regional Working Group:

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

Guinea-Bissau is not submitting a report on use of CSOs funds (Type A and B) in 2015

3. Table of Contents

This APR reports on programs in Guinea-Bissau between January and December 2014 and gives details of the requests made for the period January to December 2016

Sections

1. Support Details
   - 1.1. NVS AND INS support
   - 1.2. Extension of the Program
   - 1.3. ISS, HSS, CSOs support
   - 1.4. Previous IRC report
2. Signatures
   - 2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSOs)
   - 2.2. ICC Signatures Page
     - 2.2.1. ICC report endorsement
   - 2.3. HSCC Signatures Page
   - 2.4. Signatures Page for GAVI (Types A & B) support to CSOs
3. Table of Contents
4. Baseline and annual objectives
5. General Program Management Component
   - 5.1. Updated Baseline and Annual Targets
   - 5.2. Monitoring the Implementation of the GAVI Gender Policy
   - 5.3. Overall Expenditure and Financing for Immunization
   - 5.4. Inter-Agency Coordination Committee (ICC)
   - 5.5. Priority actions in 2015 up to 2016
   - 5.6. Progress of transition plan for injection safety
6. Immunization Services Support (ISS)
   - 6.1. Report on the use of ISS funds in 2014
   - 6.2. Details of expenditure of ISS funds during the calendar year
   - 6.3. Request for ISS reward
7. New and Under-used Vaccines Support (NVS)
   - 7.1. Receipt of new & under-used vaccines for 2014 immunization program
   - 7.2. Introduction of a New Vaccine in 2014
   - 7.3. Lump sum grant for the introduction of a new vaccine in 2014
     - 7.3.1. Financial Management Report
     - 7.3.2. Program Report
   - 7.4. Report on country co-financing in 2014
   - 7.5. Vaccine Management (EVSM/EVM/VMA)
   - 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014
   - 7.7. Change in vaccine presentation
   - 7.8. Renewal of multi-year vaccine support for those countries whose current support is ending in 2015
   - 7.9. Request for continued support for vaccines for 2016 vaccination program
   - 7.10. Weighted average prices of supply and related freight costs
   - 7.11. Calculation of requirements
8. Health System Strengthening Support (HSS)
   - 8.1. Report on the use of HSS funds in 2014 and request for additional funds

8.2. Progress of HSS activities in the 2014 fiscal year
8.3. General overview of objectives achieved
8.4. Program implementation in 2014
8.5. HSS activities planned for 2015
8.6. HSS activities planned for 2016
8.7. Revised indicators in case of rescheduling
8.8. Other sources of funding for HSS
8.9. Report on the HSS grant
9. Increase the involvement of Civil Society Organizations (CSOs): type A and type B
9.1. TYPE A: Support to improve the coordination and representation of the CSOs
9.2. TYPE B: CSOa support to help implement the GAVI HSS proposal or CMYP
10. Comments from ICC/HSCC Chairs
11. Annexes
11.1. Annex 1 - ISS instructions
11.2. Annex 2 - Example of income & expenditure of ISS
11.3. Annex 3 - Instructions for HSS support
11.4. Annex 4 - Example of income & expenditure of HSS
11.5. Annex 5 - Instructions for CSOa support
11.6. Annex 6 - Example of income & expenditure of CSOs
12. Attachments

4. Baseline data and annual objectives

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

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

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)					
	2014		2015		2016		2017	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Total number of births	64,226	64,226	65,066	65,066	66,660	66,660	68,293	68,293
Total number of infant deaths	4,046	4,046	4,099	4,099	4,200	4,200	4,302	4,302
Total number of surviving infants	60,180	60,180	60,967	60,967	62,460	62,460	63,991	63,991
Total number of pregnant women	78,113	78,113	80,027	80,027	83,628	83,628	87,391	87,391
Number of infants who received (should receive) BCG vaccine	62,299	58,059	63,114	63,114	64,660	64,660	66,927	66,927
BCG coverage*[1]*	97%	90%	97%	97%	97%	97%	98%	98%
Number of infants who received (should receive) OPV3 vaccine	51,153	48,144	54,870	54,870	59,337	59,337	61,431	61,431
OPV3 coverage*[2]*	85%	80%	90%	90%	95%	95%	96%	96%
Number of infants who received (should receive) DTP1 vaccine*[3]*	56,268	55,110	59,260	59,260	62,304	62,304	64,502	64,502
Number of infants who received (should receive) the DTP3 vaccine *[3][4]*	51,153	48,188	54,870	54,870	59,337	59,337	61,431	61,431
DTP3 coverage*[2]*	85%	80%	90%	90%	95%	95%	96%	96%
Wastage *[5]* rate during the reference year and anticipated thereafter (%) for the DTP vaccine	11	10	10	10	9	9	8	8
Wastage *[5]* factor during the reference year and anticipated thereafter for the DTP vaccine	1.12	1.11	1.11	1.11	1.10	1.10	1.09	1.09
Number of infants who received (should receive) the 1st dose of DTP-HepB-Hib vaccine	56,398	55,110	59,260	59,260	62,304	62,304	64,502	64,502
Number of infants who received (should receive) the 3rd dose of DTP-HepB-Hib vaccine	50,809	48,188	54,870	54,870	59,337	59,337	59,337	61,431

DTP-HepB-Hib coverage *[2]*	84%	80%	90%	90%	95%	95%	93%	96%
Wastage *[5]* rate in the base-year and planned thereafter (%) *[6]*	11	10	10	10	9	9	8	8

Number	Preparation of joint report from the WHO/UNICEF		Targets (Preferred presentation format)					
	2014		2015		2016		2017	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.12	1.11	1.11	1.11	1.1	1.1	1.09	1.09
Maximum wastage rate for DTP-HepB-Hib vaccine, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%	0%	25%
Number of infants who received (should receive) Yellow fever vaccine	50,278	35,459	54,870	54,870	57,463	57,464	60,791	60,791
Yellow fever coverage*[2]*	84%	59%	90%	90%	92%	92%	95%	95%
Wastage *[5]* rate in the base-year and planned thereafter (%)	11	11	10	10	9	9	8	8
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.12	1.12	1.11	1.11	1.1	1.1	1.09	1.09
Maximum wastage rate for Yellow fever vaccine, 10 dose(s) per vial, LYOPHILIZED	0%	40%	0%	40%	0%	40%	0%	40%
Number of infants who received (should receive) the 1st dose of Pneumococcal (PCV13) vaccine	56,398	0		59,260	62,304	62,304	64,502	64,502
Number of infants who received (should receive) the 3rd dose(s) of Pneumococcal (PCV13) vaccine	52,220	0		54,870	59,337	59,337	61,431	61,431
Pneumococcal (PCV13) coverage*[2]*	87%	0%	0%	90%	95%	95%	96%	96%
Wastage *[5]* rate in the base-year and planned thereafter (%)	5	0		3	3	3	2	2
Wastage *[5]* factor in the base-year and planned thereafter (%)	1.05	1	1	1.03	1.03	1.03	1.02	1.02
Maximum wastage rate for Pneumococcal (PCV13) vaccine, 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	0%	5%	0%	5%

Number of infants who received (should receive)1st dose(s) of Rotavirusvaccine	0	0	39,507	6,018	62,304	62,304	64,502	64,502
Number of infants who received (yet to receive) 2nd dose(s) of Rotavirus vaccine	0	0	36,580	4,514	59,337	59,337	61,431	61,431
Rotavirus coverage*[2]*	0%	0%	60%	7%	95%	95%	96%	96%
Wastage *[5]* rate in the base-year and planned thereafter (%)	0	0	5	5	3	3	2	2
Wastage *[5]* factor in the base-year and planned thereafter (%)	1	1	1.05	1.05	1.03	1.03	1.02	1.02
Number	**Preparation of joint report from the WHO/UNICEF**		**Targets (Preferred presentation format)**					
	2014		**2015**		**2016**		**2017**	
	Original approved target in accordance with the Decision Letter	Reported	Original approved target in accordance with the Decision Letter	Current estimates	Previous estimates in 2014	Current estimates	Previous estimates in 2014	Current estimates
Maximum wastage rate for Rotavirus vaccine, 2-dose schedule	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants who received (should receive) the 1st dose of Measles Vaccine	51,153	44,622	54,870	54,870	57,463	57,463	60,791	60,791
Measles coverage *[2]*	85%	74%	90%	90%	92%	92%	95%	95%
Pregnant women immunized with TT+	57,022	31,435	66,422	66,422	71,084	71,084	74,283	74,283
TT+ coverage*[7]*	73%	40%	83%	83%	85%	85%	85%	85%
Vit A supplement to mothers within 6 weeks of the delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants older than 6 months	95	100	95	95	95	95	95	95
Annual DTP Drop out rate [(DTP1–DTP3)/DTP1] x100	9%	13%	7%	7%	5%	5%	5%	5%

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

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

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

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

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

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

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

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

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

The numbers for 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for immunization activities for 2014.** The numbers for 2015 - 2017 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

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

  It should be noted that the 2015 projection objectives adopted in this report refer to those contained in the cMYP (2013-2017).

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

  There was no change in 2014.

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

  No objectives were changed.

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

  Nothing to report as the changes have not been implemented.

5.2. Monitoring the implementation of the GAVI gender policy

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

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

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

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

N/A

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

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

Despite the non-availability of gender-based vaccination data, we believe that there are no gender-related barriers as all the genders have the same opportunity. Further, the immunization services are offered according to three strategies, namely: fixed, mobile and advanced. With the support from community health workers and community leaders, the services are offered in the communities to families, where women have the opportunity to get their children vaccinated without gender discrimination. Note that, in Guinea-Bissau, more often the mothers bring their children for immunization. The only constraint is in terms of

information collection sheets which are not gender-specific. This can be surmounted with the revision of data collection sheets which is in progress.

5.3. Overall Expenditure and Financing for Immunization

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

Exchange rate used	1 US$ = 500	Only enter the exchange rate; do not enter the name of the local currency

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

Expenditure by Category	Expenditure Year 2014	Funding source						
		Country	GAVI	UNICEF	WHO	PLAN	N/A	N/A
Traditional vaccines*	84,224	0	0	84,224	0	0	0	0
New and Under-used Vaccines (NVS)**	323,500	55,500	268,000	0	0	0	0	0
Injection material (AD syringes and others)	84,224	0	84,224	0	0	0	0	0
Cold Chain equipment	76,000	0	0	76,000	0	0	0	0
Staff	18,863	18,863	0	0	0	0	0	0
Other routine recurrent costs	11,621	0	0	11,621	0	0	0	0
Other Capital Costs	7,469	0	0	7,469	0	0	0	0
Campaigns costs	486,962	0	0	135,454	283,521	67,987	0	0
UNICEF funded the EVM evaluation and the participation of the EPI manager in the EPI manager workshop at Ouaga and the partners for pair meetings.		0	0	27,895	0	0	0	0
Total Expenditures for Immunization	1,092,863							
Total Government Health expenditures		74,363	352,224	342,663	283,521	67,987	0	0

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

5.4. Inter-Agency Coordination Committee (ICC)

How many times did the ICC meet in 2014? **3**

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

List the principal concerns or recommendations, if any, made by the ICC on sections 5.1 Reference data and annual objectives carried outto5.3 Overall Immunization Expenditure and Funding

Few clarifications during the discussion related to: the fund management procedure; strengthening of capabilities, co-funding from the Government to subsidize the purchase of vaccines.

<?xml: namespace prefix = "o" ns = "urn: schemas-microsoftcom: office: office" />

Cold chain: safety of future solar panels given the thefts recorded, availability of the budget for the Immunization program for 3 years (2013-2015). With respect to co-financing, the government should honor its counterpart to guarantee the purchase of vaccines for the country for the required period.

The program should prepare a budget and submit it to the committee for approval and validation and an authorization for the use of funds to ensure the transparency and proper execution.

A strong commitment from the community, especially youngsters, is required to ensure the protection of materials for the benefit of children.

On February 7th, 2013, under the presidency of the Minister of Health and Social Solidarity, with the presence of 37 members of the Health Sector Coordination Committee (HSCC), the first meeting of this coordination body was organized with the following objectives:

1. Validation of the updated comprehensive multi-year plan (cMYP) 2013 - 2017 and
2. Replanning of GAVI/HSS 2013 - 2014

During this meeting certain concerns and clarifications were raised by the participants, namely:

a) The non-inclusion of the anti-meningitis vaccine in the proposal

b) The proposal only raises the question of human resource training,

c) The proposal did not include the most recent basic data (2012)

d) Is the proposal aligned to MDGs 4 and 5?

e) Are the objectives fixed not ambitious;

f) Is the government able to guarantee its counterpart?

All these questions or concerns were responded by the members of the technical group as given in the meeting report attached herewith.

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

List CSOs members of the ICC:
Burundian Association for Family Welfare (BAFW)
Chamber of Commerce for Industry, Agriculture and Services (CCIAS)
Rotary club
Guinea-Bissau Plan

5.5. Priority actions in 2015 to 2016

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

Objective 1. Increase the national immunization coverage from 85% in 2015

<?xml: namespace prefix = "o" ns = "urn: schemas-microsoft-com: office: office" />

- Strengthen the advanced strategy activities in all the regions
- Support the implementation of fixed, mobile and advanced immunization strategies
- Support health services involving supervision, monitoring and evaluation at all levels

Objective 2. Reduce the dropout rate of DTP from 13% to 8% in 2014

- Train and retrain the CHWs on active search for the ignorant

- Organize monthly meetings for coordinating and monitoring the activities of CHWs
- Implementation of the communication plan for immunization

Objective 3. Increase the cold chain capabilities for the introduction of new vaccines

- Acquire 20 motor bikes for use in health centers for the advanced strategy.
- Acquire 83 solar refrigerators for strengthening the cold storage capacity in the 11 regions for the introduction of pneumococcal vaccine.
- Acquire a cold room of 30m3 capacity and 36 solar refrigerators for the introduction of rotavirus vaccine
- Develop and implement a plan for the repair and maintenance of equipment
- Prepare a waste management plan
- Acquire 500 fridge tags for refrigerators in all health areas
- Installation of multilogs in the cold room

Objective 4. Increase the storage capacity of immunization equipment

- Construct a dry room for storing and conserving EPI consumables
- Provide EPI with transport service (2 4x4 vehicles) for supervision from the central level to the regions and 1 pick-up truck for the distribution of vaccines and injection equipment.
- Acquire 2 4x4 vehicles for the region (Cacheu and Biombo) and 2 Pirogue Engine vehicle for the region of Bijagos and 1 for Bolama.
- Purchase 4 engine repair kits

Objective 5. Improve the quality of data for EPI performance

- Organize bi-monthly visits to health facilities to review recorded data
- Conduct 4 annual training supervisions from the central level to the regional levels.
- Equip 4 regions (Biombo, Cacheu, Gabu and SAB) of EPI central, Directorate of Planning and the HSS focal point with computers (8)
- Retrain 11 data managers at the regional levels

Objective 6. Improve program management:

- Revise cMYP
- Implement the improvement plan for Efficient Vaccine Management
- Joint evaluation of the Program
- Organize immunization activities as part of the African Week of Immunization planned in April 2015
- Revision/Adaptation of training modules on interpersonal communication for immunization
- Training of health technicians on EVM
- Training of regional data managers
- Retrain the EPI personnel at all levels on RED approach
- Train 13 technicians in EPI program management
- Train the technicians on new vaccines (PCV13, IPV and Rotavirus)
- Organize periodic coordination meetings at all levels
- Organize monthly meetings for coordinating and monitoring the activities of CHWs
- Execute a program review and a vaccination coverage survey

5.6. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringes used in the 2014 routine EPI	Funding sources in 2014
FR BCG	AD 0.05ml	UNICEF
FR Measles	0.5ml self blocking syringe	UNICEF
FR TT	0.5ml self blocking syringe	UNICEF

FR DTP-containing vaccine	0.5ml self blocking syringe	GAVI
IPV		
Safety box		UNICEF/GAVI

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

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

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

The country is provided with a document on injection safety policy since 2002. The use of Auto-Disable syringes (AD syringes) was initiated in 2002 and the generalization was effective from 2005. The key elements of this policy are: systematic use of AD syringes throughout the entire territory and by all the health service providers in both the public and private sector and in the systematic use of safety boxes for a proper disposal of used syringes/needles and the installation of incinerators.
The inadequate number of incinerators at the health facilities may become an obstacle to the elimination of wastes which are produced by the health services

<?xml: namespace prefix = "o" ns = "urn: schemas-microsoft-com: office: office" />

The recommended solutions are designed to mobilize resources for the construction of incinerators in different health regions.

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

Despite the fact that the policy provides for the elimination of wastes through incineration, the country is confronted with the lack of funding for the installation of incinerators in all health facilities Of a total of 114 health centers only 24 have an incinerator. For this purpose, certain health facilities continue to dispose wastes in an open hole that can cause a health problem. The solutions recommended by the national authorities are designed to mobilize funds through partners for the construction of incinerators in different health regions.

6. Immunization Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Guinea-Bissau is not submitting a report on the use of Immunization Services Support (ISS) funds in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Guinea-Bissau is not submitting a report on the use of Immunization Services Support (ISS) funds in 2014

6.3. ISS Funding Application

The request for the expected ISS reward is not applicable for 2014 in Guinea-Bissau.

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

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

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

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

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

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**The number of total doses received by December 31, 2014**	**Total doses postponed from previous years and received in 2014**	**Has the country experienced a stock-out at any level in 2014?**
Pneumococcal (PCV13)	111,600	104,400	0	No
DTP-HepB-Hib	107,600	115,000	0	No
Yellow fever	57,600	49,900	0	Yes
Rotavirus	0	0	0	No

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

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

Delay in co-financing led to the shortage of yellow fever vaccines

<?xml: namespace prefix = "o" ns = "urn: schemas-microsoftcom: office: office" />

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

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

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

the shortage is produced at the central level and certain health areas only for yellow fever

7.2. Introduction of a New Vaccine in 2014

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

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

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

When will the post-introduction evaluation (PIE) be carried out? **September 2016**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	
Phased introduction	No	
Was the time and scale of the introduction as planned in the proposal? If No, Why ?	No	Due to inadequate cold chain, the introduction of PCV13 is postponed to June 2015 <?xml: namespace prefix = "o" ns = "urn: schemas-microsoft-com: office: office" />

When will the post-introduction evaluation (PIE) be carried out? **September 2016**

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

When will the post-introduction evaluation (PIE) be carried out? **September 2016**

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

When will the post-introduction evaluation (PIE) be carried out? **September 2016**

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

N/A

7.2.3. Adverse Events Following Immunization (AEFI)

Is there a national system dedicated to vaccinal pharmacovigilence? **Yes**

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

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

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

Has your country implemented a risk communication strategy, along with national preparedness plans, to deal with possible immunization issues? **Not selected**

7.2.4. Supervision

Has your country set up a sentinel monitoring system for:

a. Rotavirus diarrhea? **Not selected**

b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **Not selected**

Has your country conducted special studies on:

a. Rotavirus diarrhea? **Not selected**

b. Bacterial meningitis or pneumococcal or meningococcal disease in children? **Not selected**

If yes, does the National Technical Advisory Group on Immunization (ITAG) or the Interagency Coordinating Committee (ICC) regularly examine the data from national sentinel surveillance systems and from special studies to make recommendations on the quality of data produced and on how to further improve the quality of the data? **Not selected**

Are you planning to use the data from national sentinel surveillance and special studies to monitor and assess the impact of the introduction and use of vaccines? **Not selected**

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

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

7.3.1. Financial Management Report

	Amount in US$	Amount in local currency
Funds received in 2014 (A)	100,000	50,000,000
Balance of funds carried forward from 2013	0	0
Total Available Funds in 2014 (C=A+B)	100,000	50,000,000
Total expenditure in 2014 (D)	0	0
Balance carried over to 2015 (E=C-D)	100,000	50,000,000

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

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

7.3.2. Program Report

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

N/A

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

N/A

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

N/A

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	11,500	11,000
Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID		
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	21,500	10,100
	Q.2: What were the shares of country co-financing during the reporting year 2014 from the following sources?	
Government	$50,862.39	
Donor	0	
Others	0	
	Q.3: Did you procure related injection supplies for the co-financing vaccines? What were the amounts in US$ and in supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	0	0
Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID		
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding?	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Funding source
Selected vaccine #1: Yellow fever, 10 dose(s) per vial, LYOPHILIZED	february	

Selected vaccine #2: Pneumococcal (PCV13), 1 dose per vial, LIQUID	february	
Selected vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	february	
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	february	
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing.	

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

Is GAVI's support, in relation to new or under-used vaccines and supply of injections, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/EVM/VMA)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment (VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on the EVM tool can be found at
http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

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

When was latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2014**

Please attach the following documents:

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

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

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

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

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

If yes, provide more details

The evaluation of the Effective Vaccine Management (EVM) conducted in October 2014, showed certain weaknesses, namely: a) ignorance of best practices in terms of immunization in some basic facilities (storage temperature, freeze-sensitive vaccines, etc.): b) a vaccine storage capacity at the national level has become insufficient with the introduction of new vaccines; c) a poor storage capacity of the CC in regional warehouses; d) absence of systematic review practices of temperatures and loss of vaccines for correct decision-making; e) Non mastery of EPI officers in driving the shake test; f) Absence of maintenance plans on buildings, EPI cold chain and transport at all levels.

<?xml: namespace prefix = "o" ns = "urn: schemas-microsoftcom: office: office" />

The improvement plan provides for:

1. Optimizing the logistical chain with vaccines by redefining the supply chain until the last kilometer
2. Strengthening effective vaccine management through development of human resources at all levels

3. Rehabilitate, strengthen and maintain the buildings, cold chain and transportation facilities.
4. Modernize the information systems for a traceability of vaccines, consumables and end-to-end and real-time equipment

When is the next Effective Vaccine Management (EVM) planned? **October 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Guinea-Bissau is not submitting a report on NVS as part of the prevention campaign

7.7. Change in vaccine presentation

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

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

The renewal of multi-year support for Guinea-Bissau is not available in 2015

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

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

Confirm here below that your request for2016 vaccines support is as per table 7.11 Calculation of requirements **Yes**

If you do not confirm, please explain:

7.10. Weighted average prices of supplies and related freight costs

Table 7.10.1: Commodities Cost

The estimated cost of supplies is not disclosed

Table 7.10.2: Freight cost

Vaccine Antigens	Vaccine Type	2010	2011	2012	2013	2014	2015	2016
Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED					7.50%	7.50%	7.40%
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID					4.40%	4.50%	3.00%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule					3.90%	4.20%	4.40%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID					3.40%	4.30%	3.60%
Vaccine Antigens	**Vaccine Type**	**2017**						

Yellow fever, 10 dose(s) per vial, LYOPHILIZED	Yellow fever, 10 dose(s) per vial, LYOPHILIZED	7.20%
Pneumococcal (PCV13), 1 dose per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.50%
Rotavirus, 2 dose schedule	Rotavirus, 2 dose schedule	4.40%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4.40%

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	60,180	60,967	62,460	63,991	247,598
	Number of children to be vaccinated with the first dose	Parameter	#	56,398	59,260	62,304	64,502	242,464
	Number of children to be vaccinated with the third dose	Parameter	#	50,809	54,870	59,337	61,431	226,447
	Immunization coverage with the third dose	Parameter	%	84.43%	90.00%	95.00%	96.00%	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.12	1.11	1.10	1.09	
	Stock in Central Store Dec 31, 2014		#	82,340				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		No	No	No	
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.30%	3.60%	4.40%	

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

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

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

Co-financing group	Low

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

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

		2014	2015	2016	2017
Number of vaccine doses	#	97,500	196,000	149,100	182,000
Number of AD syringes	#	95,900	218,900	163,400	210,800
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	1,075	2,425	1,850	2,300
Total value to be co-financed by GAVI	$	215,500	409,000	284,500	290,000

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

		2014	2015	2016	2017
Number of vaccine doses	#	10,100	22,000	18,000	27,100
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 of country co-financing*[1]*	$	21,500	44,000	34,500	43,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	56,398	59,260		
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	50,809	59,260		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	161,314	171,591		
E	**Estimated vaccine wastage factor**	*Table 4*	1.12	1.11		
F	**Number of doses required taking wastage into account**	*D x E*		190,466		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*				
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*				
H 2	**Stock on 1st January**	*Table 7.11.1*	121,060	82,340		
H 3	**Dispatch schedule**	*Approved volume*		218,000		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		218,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				

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

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

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	10.74%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	62,304	6,694	55,610
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	59,337	6,375	52,962
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	182,729	19,631	163,098
E	**Estimated vaccine wastage factor**	*Table 4*	1.10		
F	**Number of doses required taking wastage into account**	*D X E*	201,002	21,594	179,408
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	4,178	449	3,729
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*	38,451	4,131	34,320
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*	109,875	11,804	98,071
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	167,000	17,941	149,059
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	163,302	0	163,302
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	1,838	0	1,838
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	300,099	32,240	267,859
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	7,316	0	7,316
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	10	0	10
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	10,804	1,161	9,643
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	318,229	34,188	284,041

U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	33,400		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.74%		

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

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	12.94%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	64,502	8,344	56,158
B 1	**Number of children to be vaccinated with the third dose**	*Table 4*	61,431	7,947	53,484
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	189,176	24,471	164,705
E	**Estimated vaccine wastage factor**	*Table 4*	1.09		
F	**Number of doses required taking wastage into account**	*D X E*	206,202	26,673	179,529
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0,375* • *else: (F - D - ((F - D) of previous year original approved)) x 0,375 >= 0*	2,418	313	2,105
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0,375)*			
H 1	**Initial stock calculated**	*H2 (2015) + H3 (2015) - F (2015)*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
H 3	**Dispatch schedule**	*Approved volume*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	209,000	27,035	181,965
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	210,754	0	210,754
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	2,299	0	2,299
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	309,529	40,039	269,490
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	9,442	0	9,442
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	13	0	13
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	13,620	1,762	11,858
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	332,604	43,024	289,580
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	41,800		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94%		

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

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

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	60,180	60,967	62,460	63,991	247,598
	Number of children to be vaccinated with the first dose	Parameter	#	56,398	0	62,304	64,502	183,204
	Number of children to be vaccinated with the third dose	Parameter	#	52,220		59,337	61,431	172,988
	Immunization coverage with the third dose	Parameter	%	86.77%	0.00%	95.00%	96.00%	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.00	1.03	1.02	
	Stock in Central Store Dec 31, 2014		#	104,400				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		No	No	No	
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.00	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%			3.00%	4.50%	

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

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

Co-financing group	Low

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

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	56,398	0		
C	**Number of doses per child**	*The immunization schedule*	3	3		
D	**Number of doses required**	*B x C*	169,194	0		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.00		
F	**Number of doses required taking wastage into account**	*D x E*		0		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	104,400		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		0		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.75%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	62,304	3,582	58,722
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	186,912	10,745	176,167
E	**Estimated vaccine wastage factor**	*Table 4*	1.03		
F	**Number of doses required taking wastage into account**	*D x E*	192,520	11,067	181,453
G	**Buffer stock of vaccines**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	46,797	2,690	44,107
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	104,400	6,002	98,398
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	135,000	7,761	127,239
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	142,240	0	142,240
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	1,486	0	1,486
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	456,030	26,214	429,816
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	6,373	0	6,373
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	9	0	9
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	13,681	787	12,894
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	476,093	27,367	448,726
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	27,000		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.75%		

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	5.76%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	64,502	3,714	60,788
C	**Number of doses per child**	*The immunization schedule*	3		
D	**Number of doses required**	*B x C*	193,506	11,142	182,364
E	**Estimated vaccine wastage factor**	*Table 4*	1.02		
F	**Number of doses required taking wastage into account**	*D x E*	197,377	11,365	186,012
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	1,215	70	1,145
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	199,800	11,504	188,296
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	214,194	0	214,194
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	2,198	0	2,198
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	664,136	38,240	625,896
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	9,596	0	9,596
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	12	0	12
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	29,887	1,721	28,166
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	703,631	40,514	663,117
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	39,960		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76%		

Table 7.11.1: Characteristics for Rotavirus, 2 dose schedule

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	60,180	60,967	62,460	63,991	247,598
	Number of children to be vaccinated with the first dose	Parameter	#	0	39,507	62,304	64,502	166,313
	Number of children to be vaccinated with the second dose	Parameter	#	0	36,580	59,337	61,431	157,348
	Immunization coverage with the second dose	Parameter	%	0.00%	60.00%	95.00%	96.00%	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.00	1.05	1.03	1.02	
	Stock in Central Store Dec 31, 2014		#	0				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	Number of AD syringes required	Parameter	#		No	No	No	
	Number of reconstitution syringes required	Parameter	#		No	No	No	
	Number of safety boxes required	Parameter	#		No	No	No	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20%	4.40%	4.40%	

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

Co-financing table for Rotavirus, 2 dose schedule

Co-financing group	Low

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

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	39,507		
C	**Number of doses per child**	*The immunization schedule*	2	2		
D	**Number of doses required**	*B x C*	0	79,014		
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses required taking wastage into account**	*D x E*		82,965		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	0	0		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		105,000		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	62,304	5,291	57,013
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	124,608	10,582	114,026
E	**Estimated vaccine wastage factor**	*Table 4*	1.03		
F	**Number of doses required taking wastage into account**	*D x E*	128,347	10,899	117,448
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	12,183	1,035	11,148
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	0	0	0
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	141,000	11,974	129,026
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	318,096	27,012	291,084
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	13,997	1,189	12,808
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	332,093	28,200	303,893
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	28,200		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	8.49%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	64,502	5,478	59,024
C	**Number of doses per child**	*The immunization schedule*	2		
D	**Number of doses required**	*B x C*	129,004	10,955	118,049
E	**Estimated vaccine wastage factor**	*Table 4*	1.02		
F	**Number of doses required taking wastage into account**	*D x E*	131,585	11,174	120,411
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	810	69	741
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	133,500	11,337	122,163
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	0	0	0
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	0	0	0
M	**Total number of safety boxes required (10% extra)**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	301,176	25,575	275,601
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	0	0	0
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	0	0	0
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	13,252	1,126	12,126
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	314,428	26,700	287,728
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	26,700		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49%		

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

ID		Source		2014	2015	2016	2017	TOTAL
	Number of surviving infants	Parameter	#	60,180	60,967	62,460	63,991	247,598
	Number of children to be vaccinated with the first dose	Parameter	#	50,278	54,870	57,464	60,791	223,403
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.12	1.11	1.10	1.09	
	Stock in Central Store Dec 31, 2014		#	200				
	Stock across second level Dec 31, 2014 (if available)*		#					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		10	10	10	
	Number of AD syringes required	Parameter	#		Yes	Yes	Yes	
	Number of reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Number of safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		7.50%	7.40%	7.20%	
fd	**Freight cost as % of material value**	Parameter	%					

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

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

Co-financing group	Low

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

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	50,278	54,870		
C	**Number of doses per child**	*The immunization schedule*	1	1		
D	**Number of doses required**	*B x C*	50,278	54,870		
E	**Estimated vaccine wastage factor**	*Table 4*	1.12	1.11		
F	**Number of doses required taking wastage into account**	*D x E*		60,906		
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*				
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*				
H 2	**Stock on 1st January**	*Table 7.11.1*	9,720	200		
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*		62,100		
J	**Number of doses per vial**	*Vaccine parameter*				
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*				
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*				
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*				
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*				
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*				
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*				
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*				
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*				
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*				
T	**Total funds required**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	18.77%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	57,464	10,788	46,676
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	57,464	10,788	46,676
E	**Estimated vaccine wastage factor**	*Table 4*	1.10		
F	**Number of doses required taking wastage into account**	*D x E*	63,211	11,866	51,345
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	577	109	468
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*	0	0	0
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	63,800	11,977	51,823
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	63,846	0	63,846
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	7,019	0	7,019
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	702	0	702
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	63,290	11,881	51,409
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	2,861	0	2,861
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	246	0	246
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	4	0	4
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	4,684	880	3,804
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	71,085	13,344	57,741
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	12,760		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.77%		

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

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	18.29%		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	60,791	11,120	49,671
C	**Number of doses per child**	*The immunization schedule*	1		
D	**Number of doses required**	*B x C*	60,791	11,120	49,671
E	**Estimated vaccine wastage factor**	*Table 4*	1.09		
F	**Number of doses required taking wastage into account**	*D x E*	66,263	12,121	54,142
G	**Buffer stock of vaccines**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0,25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0,25*	764	140	624
H	**Stock to be deducted**	*H2 of the previous year - 0.25 x F of the previous year*			
H 2	**Stock on 1st January**	*Table 7.11.1*			
I	**Total vaccine doses required**	*Rounding ((F + G - H) / vaccine pack size) x vaccine pack size*	67,100	12,274	54,826
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of Auto-disable syringes required (+10% wastage)**	*(D + G – H) x 1.10*	67,711	0	67,711
L	**Number of Reconstitution syringes required (+10% wastage)**	*(I / J) x 1.10*	7,382	0	7,382
M	**Total number of safety boxes required (10% extra)**	*(I / 100) x 1.10*	739	0	739
N	**Cost of the required vaccines**	*I x price of vaccine per dose (g)*	68,442	12,519	55,923
O	**Cost of the required AD syringes**	*K x AD syringe price per unit (ca)*	3,034	0	3,034
P	**Cost of the required reconstitution syringes**	*L X Reconstitution syringe price per unit (cr)*	259	0	259
Q	**Cost of the safety boxes required**	*M X unit price of safety boxes (cs)*	5	0	5
R	**Freight cost of the required vaccines**	*N x Freight cost as % of vaccine value (fv)*	4,928	902	4,026
S	**Freight cost of the required material**	*(O+P+Q) x Freight cost as % of the value of supplies (fd)*	0	0	0
T	**Total funds required**	*(N+O+P+Q+R+S)*	76,668	14,024	62,644
U	**Total country co-financing**	*I x Country co-financing per dose (cc)*	13,420		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.29%		

8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

   c. plans for 2016

   d. Proposed changes to approved activities and budget (see No. 4 below)

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

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

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

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

5. If you are requesting additional funds, please make this clear in section 8.1.2.

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

7. Please attach all required supporting documents. These include:

   a. Minutes of the HSCC meetings held in 2014

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

   c. Latest Health Sector Review Report

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

   e. External audit report for HSS funds during the most recent fiscal year (if available).

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

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

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

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

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

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

Please provide data sources for all data used in this report

8.1.1. Report on the use of HSS funds in **2014**

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

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

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

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

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

Table 8.1.3a $(US)

	2009	2010	2011	2012	2013	2014
Original annual budget (as in the *initially approved HSS proposal*)	263,205	260,199	272,374	293,930	510,468	352,165
Revised annual budget (*if revised during a review of the previous years' annual reports*)						862,633
Total funds received from GAVI during the calendar year *(A)*	0	0	0	0	0	0
Balance funds (carry over) from previous year (*A*)						766,848
Total Funds available during the calendar year *(C=A+B)*						862,633
Total expenditure during the calendar year (*D*)						95,785
Balance carried forward to the next calendar year *(E=C-D)*						766,848
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]						117,950

	2015	2016	2017	2018
Original annual budget (as in the *initially approved HSS proposal*)	117,950			
Revised annual budget (*if revised during a review of the previous years' annual reports*)	821,011			
Total funds received from GAVI during the calendar year *(A)*				
Balance funds (carry over) from previous year (*A*)				
Total Funds available during the calendar year *(C=A+B)*				
Total expenditure during the calendar year (*D*)				
Balance carried forward to the next calendar year *(E=C-D)*				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budget (as in the *initially approved HSS proposal*)	117,784,238	125,871,268	118,414,597	144,466,595	255,233,000	176,082,500
Revised annual budget (*if revised during a review of the previous years' annual reports*)						431,316,500
Total funds received from GAVI during the calendar year *(A)*	0	0	0	0	0	0
Balance funds (carry over) from previous year (*A*)						383,424,000
Total Funds available during the calendar year *(C=A+B)*						431,316,500

Total expenditure during the calendar year (*D*)						48,892,500
Balance carried forward to the next calendar year *(E=C-D)*						383,424,000
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]						383,424,000

	2015	**2016**	**2017**	**2018**
Original annual budget (as in the *initially approved HSS proposal*)	58,975,000			
Revised annual budget (*if revised during a review of the previous years' annual reports*)	410,505,560			
Total funds received from GAVI during the calendar year *(A)*				
Balance funds (carry over) from previous year (*A*)				
Total Funds available during the calendar year *(C=A+B)*				
Total expenditure during the calendar year (*D*)				
Balance carried forward to the next calendar year *(E=C-D)*				
Amount of funding requested for future calendar year(s) [please ensure that you complete this row if you are requesting additional funds]				

Report of Exchange Rate Fluctuation

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

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1st January	447.5	483.75	434.75		450	495
Closing on 31st December	447.5	483.75	434.75	491.5		500

Detailed expenditure of HSS funds during the 2014 calendar year

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

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

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

Has an external audit been carried out? No

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

8.2. Progress of the HSS activities in the 2014 fiscal year

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

Please provide the following information for each planned activity:

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

Table 8.2: HSS activities in the reporting year 2014

Main Activities (insert as many rows as necessary)	**Activities planned for 2014**	**Percentage of activity completed (annual rate)** (where applicable)	**Source of information/data** (if relevant)
Coordination of health interventions in general and vaccination in particular	Organize quarterly HSCC / ICC meetings	0	
	Organize annual EPI review	0	
EPI Supervision, monitoring/evaluation	Conduct of an integrated quarterly supportive supervision of RHD by the central level	0	
	Support the central EPI operations	0	
	Support the functioning of 11 RHD	0	

	Conduct an annual quality assessment of NHIS through Data Quality Report Card	0	
Strengthening the logistical capacity of the facilities	Strengthen the transportation and IT equipment capabilities of Central level EPI staff	100	
	Organize an annual technical coordination meeting of EPI at the central level	0	
	Strengthen the transportation and equipment capabilities of RHD	100	
Management, monitoring / evaluation of GAVI/HSS proposal	Support GAVI/HSS management by MR	0	
	Organize a 5-day workshop for the preparation of micro plans for the RED approach and retraining of EPI workers of HA (traditional vaccines, introduction of new vaccines) in 4 concerned health regions	0	
	Strengthen the logistics in the health areas for advanced immunization strategies	100	
	Support the implementation of advanced strategies in the 4 concerned regions	0	
	Conduct a bi-monthly integrated supportive supervision of 31 HA by RHD in the 4 concerned regions	0	
	Organize a 2-day regional workshop for half-yearly monitoring of IMCI/EPI of 31 HA	0	
Strengthening the request for immunization	Prepare socio-educative tools in immunization for the community health workers of 31 HA	0	
	Train the 150 Community Health workers on active research of the ignorants, administration of the community package, interpersonal communication, reporting of EPI and AEFI activities and registration of births and deaths	0	

	Inform and educate the local leaders to strengthen the community participation in EPI and protection of solar panels in 4 concerned regions	0	
	Support the conduct of educative causes, active search of ignorants and EPI reporting and registration of births and deaths through CHW	0	
	Produce and broadcast key messages through local radios in favor of community participation in immunization and promotion of health	0	
	Strengthen the storage capacities of the cold chain at the regional level and health areas	100	
	Maintenance of the cold chain at the central, regional and HA levels	0	
	Support in the functioning of central cold chain generators	0	
Efficient Management of EPI Vaccines	Provide the central warehouse with a vehicle for the distribution of vaccines and consumables to the regional level	100	
	Ensure the quarterly supply of 11 regional warehouses with vaccines and EPI consumables by the central level and conduct a quarterly supportive supervision of the cold chain & vaccine management	0	
	Retrain 14 technicians on preventive maintenance of the cold chain equipment and vaccine management (MLM)	0	

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

Main Activities (insert as many rows as necessary)	**Explain progress achieved and constraints**
Coordination of health interventions in general	
Organize quarterly HSCC / ICC meetings	The organization of this activity did not pose any problem, as against the payment of funds
Organize an annual technical coordination meeting	The organization of this activity did not pose any problem, as against the payment of funds

Organize the annual EPI review	For this activity, apart from the reasons mentioned above, there were constraints of the agenda
EPI Supervision, monitoring/evaluation	The obstacles in the fund payment procedures on the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry. On the other hand, all the others whose implementation did not depend on the Ministry were favored by the direct implementation procedures (order of cold chain and other equipment).
Conduct a quarterly integrated supportive supervision	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Support the central EPI operations	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Support the functioning of 11 RHD	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Conduct an annual quality assessment of	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Strengthening the logistical capacity of the facilities	
Strengthen the transportation and equipment capabilities of RHD	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Strengthen the transportation and equipment capabilities of RHD	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Management, monitoring / evaluation of GAVI/HSS proposal	
Support GAVI/HSS management by MR	50%: Order for the purchase of vehicles and motorcycles
Strengthening the offer of immunization services	
Organize a 5-day workshop for preparing	Postponed for 2015, due to non-availability of funds for the reasons mentioned above
Strengthen the logistics in the health areas	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Support the implementation of advanced strategies	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Conduct a by-monthly integrated supportive supervision	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Organize a 2-day regional workshop for	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Strengthening the request for immunization	
Produce socio-educative tools for immunization	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Train 150 community health workers on	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry

Inform and educate the local leaders	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Support the conduct of educative causes through CHW	On the accounts of the Ministry of Health was the reason for the non-completion of the financial support to all activities whose implementation depended on the Ministry
Produce and broadcast key messages through	Due to non-disbursement of funds, the activity could not be conducted
Strengthen the storage capacities of the cold chain	Due to non-disbursement of funds, the activity could not be conducted
Maintenance of the cold chain at the central, regional levels	Due to non-disbursement of funds, the activity could not be conducted
Support in the functioning of central cold chain generators	Due to non-disbursement of funds, the activity could not be conducted
Efficient Management of EPI Vaccines	
Provide the central warehouse with a vehicle for the distribution	Due to non-disbursement of funds, the activity could not be conducted
Ensure quarterly supply by	Due to non-disbursement of funds, the activity could not be conducted
Retrain 14 technicians on preventive maintenance	Due to non-disbursement of funds, the activity could not be conducted

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

Certain activities could not be carried out due to the non disbursement of funds

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

N/A

8.3. General overview of objectives achieved

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

Table 8.3: Progress on objectives achieved

Name of objective or indicator (Insert as many rows as required)	Baseline		Agreed target till end of support in original HSS application	2014 Target	Data Source	Explanation if any objectives were not achieved
	Baseline value	Baseline source/date				

8.4. Program implementation in 2014

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

The following were the main achievements of the health services programs in 2014:<?
xml: namespace prefix = "o" ns = "urn: schemas-microsoft-com: office: office" />

- Distribution of impregnated mosquito nets at the national level
- Conduct of polio NIDs
- Vit A supplementation campaign integrated with deworming with Mebendazole
- Distribution of Azitromax
- Prevention and preparation for response to any Ebola epidemic.

The HSS funds allocated contributed in the strengthening of the EPI cold chain and logistics

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

The main problem encountered is related to the procedures of payment of funds, nevertheless the authorization from the Ministry for the payment of funds to the health region accounts was obtained.

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

The supervision activities will be organised from the central level to the regions and from regional level to health areas.

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

The reports on GAVI HSS funds can be harmonized with the existing information systems, as one of the activities planned is to conduct an annual quality assessment of NHIS through Data Quality Report Card

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

N/A

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

The civil society organizations are not directly involved in the implementation of activities funded by GAVI HSS funds

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

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

The management of GAVI HSS funds was efficient. The internal disbursement did not have any hindrances, on the other hand, the payment of funds to the Ministry’s accounts posed problems, due to issues in the submission of technical and financial report, which led to the suspension of fund disbursement procedures. To improve this management, an H4+ Project accountant is responsible for the management of GAVI/HSS funds. The change in management procedures is not planned for the current year.

8.5. HSS Activities planned for 2015

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

Table 8.4: Activities planned for 2015

Major Activities (insert as many rows as necessary)	**Activity planned for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if applicable)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2015** (if applicable)
1. Coordination of health interventions in general and vaccination in particular	Organize quarterly HSCC / ICC meetings	480				
	Organize quarterly technical coordination meeting of EPI at the central level	240				
	Organize annual EPI review	9,716				
2. EPI Supervision, monitoring/evaluation	Conduct of an integrated quarterly supportive supervision of RHD by the central level	9,578				
	Support the central EPI operations	2,000				
	Support the functioning of 11 RHD	7,700				
	Conduct an annual quality assessment of NHIS through Data Quality Report Card	2,288				
	Retrain NHIS workers at the regional level	3,704				
3. Strengthening the logistical capacity of the facilities	Strengthen the transportation and IT equipment capabilities of Central level EPI staff					

	Strengthen the transportation and equipment capabilities of RHD	40,000				
4. Management, monitoring / evaluation of GAVI/HSS proposal	Support GAVI/HSS management by MR	15,675				
	LOGIVAC training for EPI logistician (to be recruited)	28,000				
5. Strengthening the offer of immunization services	Organize a 5-day workshop for the preparation of micro plans for the RED approach and retraining of EPI workers of HA (traditional vaccines, introduction of new vaccines) in 4 concerned health regions	2,870				
	Strengthen the logistics in the health areas for advanced immunization strategies	23,230				
	Rehabilitation of the office and warehouse of the EPI program	80,000				
	Support the implementation of advanced strategies in the 4 concerned regions	14,508				
	Support the implementation of advanced strategies in all health regions	14,500				

	Conduct a bi-monthly integrated supportive supervision of 31 HA by RHD in the 4 concerned regions	5,758				
	Conduct a supportive supervision in the health areas of different regions	5,758				
	Organize a 2-day regional workshop for half-yearly monitoring of IMCI/EPI of 31 HA	3,080				
6. Strengthening the request for immunization	Prepare socio-educative tools in immunization for the community health workers of 31 HA	4,980				
	Train the 150 Community Health workers on active research of the ignorants, administration of the community package, interpersonal communication, reporting of EPI and AEFI activities and registration of births and deaths	5,568				
	Inform and educate the local leaders to strengthen the community participation in EPI and protection of solar panels in 4 concerned regions	2,205				

	Support the conduct of educative causes, active search of ignorants and EPI reporting and registration of births and deaths through CHW	1,200				
	Produce and broadcast key messages through local radios in favor of community participation in immunization and promotion of health	960				
	Maintenance of the cold chain at the central, regional and HA levels	0				
Storage capacity of vaccines and consumables of EPI	Strengthen the storage capacities of the cold chain at the central level	83,000				
	Strengthen the storage capacities of the cold chain at the regional level and health areas	63,252				
	Maintenance of the cold chain at the central, regional and HA levels	12,000				
	Support in the functioning of central cold chain generators	22,167				
	Dometic TCW 40 SDD refrigerators + spare parts (6180@)	172,255				
	Water distiller	2,000				

7. Efficient Management of EPI Vaccines	Provide the central warehouse with a vehicle for the distribution of vaccines and consumables to the regional level	28,000				
	Ensure the quarterly supply of 11 regional warehouses with vaccines and EPI consumables by the central level and conduct a quarterly supportive supervision of the cold chain & vaccine management	6,370				
	Freeze indicators (200@50$)	1,100				
	Retrain 14 technicians on preventive maintenance of the cold chain equipment and vaccine management (MLM)	9,936				
	5 Incinerators (14000$@11) + installation + equipment operator salaries	94,860				
	Maintenance system for equipment, vehicles, building (2 people, tools) for 1 year	35,000				
		813,938	0			0

8.6. HSS activities planned for 2016

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

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

Table 8.6: HSS Activities planned for 2016

Major Activities (insert as many rows as necessary)	**Activity planned for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during past Annual Progress Reports)	**Revised activity** (if applicable)	**Explanation for proposed changes to activities or budget** (if applicable)	**Revised budget for 2016** (if applicant)
		0			

8.7. Revised indicators in case of rescheduling

Countries planning to request rescheduling can do it at any time of the year. Please ask the your country's program managers at the GAVI Secretariat for guidelines on rescheduling or send an email to gavihss@gavi.org

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of funds for HSS in your country

Donor	Amount in US$	Duration of support	Type of activities funded
Global funds - Malaria			
Global funds AIDS			
Global funds TB			
IHP + international partnership for health	100,000	2014 - 2015	Support the implementation of Compart for political dialogue
H4+ initiative	942,089	2015 - 2016	Equipment, Technical Assistance and training
UNICEF			

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

8.9. Reporting on the HSS grant

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

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

Table 8.9.1: Data Sources

Data sources used in this report	How the information was validated?	Problems experienced, if any
NHI - ROUTINE DATA		
JRF		
MICS 2014		

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

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

Please attach:

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

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

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

Guinea-Bissau **has NOT received GAVI Type A support to CSOs**

Guinea-Bissau is not submitting a report on GAVI Type A support to CSOs for 2014

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

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

Guinea-Bissau is not submitting a report on GAVI Type B support to CSOs for 2014

10. Comments from ICC/HSCC Chairs

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

11. Appendices

11.1. Annex 1 - ISS instructions

INSTRUCTIONS:

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

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

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

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

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

b. Income received from GAVI in 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

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

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

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

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

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

An example of income & expenditure statement

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

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

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

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

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

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

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

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

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

b. Income received from GAVI in 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

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

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

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

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

MINIMUM REQUIREMENTS FOR FINANCIAL STATEMENTS FOR HSS-SUPPORT:

An example of income & expenditure statement

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

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

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

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

11.5. Annex 5 - Instructions for CSO support

INSTRUCTIONS:

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

I. All countries that have received CSOs - Type B grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO-Type B grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress Report.

II. The financial statements are prepared in accordance with the national standards for accounting; as a consequence, GAVI will not provide countries with one single template with pre-determined cost categories.

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

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

b. Income received from GAVI in 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of December 31, 2014

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

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

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

11.6. Annex 6 - CSOs income & expenditure example

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

An example of income & expenditure statement

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

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

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

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of the Health Minister (or delegated authority)	2.1	✓	Signature Ministre de la Sante.pdf **File desc:** **Date/Time:** 05/15/2015 05: 37: 56 **Size:** 239 KB
2	Signature of the Finance Minister (or delegated authority)	2.1	✓	Signature Ministre de la Sante.pdf **File desc:** **Date/Time:** 05/15/2015 05: 59: 43 **Size:** 239 KB
3	Signatures of the ICC members	2.2	✓	Signatures membres CCIA_mai2015.pdf **File desc:** **Date/Time:** 15/05/2015 10: 40: 08 **Size:** 312 KB
4	Minutes of the ICC meeting in 2015 endorsing the Annual Progress Report 2014	5.4	✓	Rapport CCIA_maio 2015.pdf **File desc:** **Date/Time:** 05/15/2015 05: 58: 35 **Size:** 492 KB
5	Signature of the HSCC members	2.3	✓	Signatures CCIA_CCSS.pdf **File desc:** **Date/Time:** 05/15/2015 05: 34: 44 **Size:** 609 KB
6	Minutes of the HSCC meeting in 2015 endorsing the Annual Progress Report 2014	8.9.3	✓	Rapport CCIA_maio 2015.pdf **File desc:** **Date/Time:** 05/15/2015 05: 58: 11 **Size:** 492 KB
7	Financial statement for the ISS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	6.2.1	✗	No file downloaded
8	External audit report on the allocation of ISS funds (fiscal year 2014)	6.2.3	✗	No file downloaded
9	Post-introduction Evaluation Report	7.2.1	✗	No file downloaded
10	Financial statement for grants for introducing a new vaccine (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	7.3.1	✓	Etatt financier pour l`introduction N Vaccin.pdf **File desc:** **Date/Time:** 20/05/2015 12: 46: 35 **Size:** 3 KB

11	External audit report for the allocation of funds for the introduction of a new vaccine (fiscal year 2014), if the total expenses in 2014 are greater than US$ 250,000	7.3.1	✓	Rapport d`audit esterne pour allocation introdcution N V.pdf **File desc:** **Date/Time:** 20/05/2015 12: 47: 03 **Size:** 3 KB
12	EVSM/EVM/VMA report	7.5	✓	BIS GEV-2014-V11242014.doc **File desc:** **Date/Time:** 05/15/2015 09: 49: 29 **Size:** 1 MB
13	Latest EVSM/EVM/VMA improvement plan	7.5	✓	Improvement Plan_Copy of 2014-12-13 BIS cEVM-IP.xlsx **File desc:** **Date/Time:** 05/15/2015 09: 49: 57 **Size:** 67 KB
14	Status of the implementation of EVSM/EVM/VMA improvement plan	7.5	✓	BIS GEV-2014-V11242014.doc **File desc:** Refer to EVM report conducted in October 2014 **Date/Time:** 19/05/2015 02: 31: 08 **Size:** 1 MB
16	The cMYP is valid if the country requests for extension of support	7.8	✗	No file downloaded
17	The costing tool for the valid cMYP, if the country is requesting an extension of support	7.8	✗	No file downloaded
18	Minutes of the ICC meeting approving the extension of vaccine support, if applicable	7.8	✗	No file downloaded
19	Financial statement for the HSS funds (fiscal year 2014) signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Etat financier pour l`alloacation RSS.pdf **File desc:** **Date/Time:** 20/05/2015 12: 49: 46 **Size:** 3 KB
20	Financial statement for the HSS funds for the period January-April 2015 signed by the Chief Accountant or by the Permanent Secretary of the Ministry of Health	8.1.3	✓	Etant financier pour l`allocation d`tntroductionRSS Jan_avril 2015.pdf **File desc:** **Date/Time:** 20/05/2015 12: 50: 08 **Size:** 3 KB
21	External audit report on the allocation of HSS funds (fiscal year 2014)	8.1.3	✓	Rapport d`audit esterne sur RSS.pdf **File desc:** **Date/Time:** 20/05/2015 12: 50: 44 **Size:** 3 KB

22	Review report of the health sector - HSS	8.9.3	✓	Rapport d`examen du secteur de la santé.pdf **File desc:** **Date/Time:** 20/05/2015 12: 51: 02 **Size:** 3 KB
23	Census report - Type A CSOs support	9.1.1	✗	No file downloaded
24	Financial statement for the allocation of Type B support to CSOs (fiscal year 2014)	9.2.4	✗	No file downloaded
25	External audit report on the Type B support to CSOs (fiscal year 2014)	9.2.4	✗	No file downloaded
26	Bank statements for each program funded in cash or a cumulative bank statement for all programs funded in cash, if funds are kept in the same bank account, where the opening and closing balance for the year 2014 as of i) January 1, 2014 and ii) as of December 31, 2014 are given	0	✓	Relevés bancaires pour les programmes.pdf **File desc:** **Date/Time:** 20/05/2015 12: 51: 25 **Size:** 3 KB
27	minutes_ of_ icc meeting_vaccin_change_presentation	7.7	✗	No file downloaded
28	Explanation for changes in target population	5.1	✗	No file downloaded
	Other documents		✗	No file downloaded