GAVI Alliance

Annual Progress Report 2014

Submitted by

The Government of

Liberia

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **16/06/2015**

Deadline for submission: 27/05/2015

Please submit the APR 2014 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2016

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

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2020
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2020
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2016	2020
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2017	2020

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSFP	Yes	Next tranch of HSFP Grant No	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 is available here.

2. Signatures

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

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

For the Government of Liberia

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	DAHN, Bernice T. (MD) Minister Designate	**Name**	KONNEH, Hon. Amara
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
MOMOLU, Mary	EPI Manager	(+231) 886-552-491	mmomolu@yahoo.com
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WESSEH, Chea Sanford	HSS Focal Person	(+231) 886 538 603	cswesseh@yahoo.com
CLARKE, Adolphus T.	EPI Deputy Manager	(+231) 777-024-582	adolphusclarke@gmail.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
DAHN, Bernice T., Minister of Health Designate	Ministry of Health		

KONNEH, Amara, Minister of Finance	Ministry of Finance, Development Planning		
DUKULY, Morris, Minister of Internal Affairs	Ministry of Internal Affairs		
GASASIRA, Alexander N., WHO Representative	World Health Organization		
YETT, Mr. Sheldon, UNICEF Representative	UNICEF		
MILANI, Tara, Health Team Leader	United States Agency for International Development (USAID)		
SOGUNRO, Remi, Country Representative	UNFPA		
INTELMANN, Tilina EU Representative	European Union		
FLOMO, Suena, Secretary General-LIP	Liberia Immunization Platform		
VINTON, David, National Chairman, Polio Plus, Rotary International	Rotary International		

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

All comments will be treated confidentially

Comments from Partners:

Nil

Comments from the Regional Working Group:

Nil

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), on May 12, 2015 , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

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

Name/Title	Agency/Organization	Signature	Date
Dahn, Dr. Bernice T., Minister of Health Designate	Ministry of Health		
Konneh, Hon. Amara , Minister of Finance	Ministry of Finance, Development Planning		
Dukuly, Hon. Morris, Minister of Internal Affairs	Ministry of Internal Affairs		
Dr. Gasasira Alexander N., WHO Representative	World Health Organization		
Yett, Mr. Sheldon, UNICEF Representative	UNICEF		
Milani, Tara, Health Team Leader	United States Agency for International Development (USAID)		
Sogunro, Dr.Remi, Country Representative	UNFPA		
Intelmann, Tilina, EU Representative	European Union		
Suena Flomo, Secretary General-LIP	Liberia Immunization Platform		

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

All comments will be treated confidentially

Comments from Partners:

Nil

Comments from the Regional Working Group:

Nil

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

Liberia is not reporting on CSO (Type A & B) fund utilisation in 2015

3. Table of Contents

This APR reports on Liberia's activities between January – December 2014 and specifies the requests for the period of January – December 2016

Sections

1. Application Specification
    1.1. NVS & INS support
    1.2. Programme extension
    1.3. ISS, HSS, CSO support
    1.4. Previous Monitoring IRC Report
2. Signatures
    2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
    2.2. ICC signatures page
        2.2.1. ICC report endorsement
    2.3. HSCC signatures page
    2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)
3. Table of Contents
4. Baseline & annual targets
5. General Programme Management Component
    5.1. Updated baseline and annual targets
    5.2. Monitoring the Implementation of GAVI Gender Policy
    5.3. Overall Expenditures and Financing for Immunisation
    5.4. Interagency Coordinating Committee (ICC)
    5.5. Priority actions in 2015 to 2016
    5.6. Progress of transition plan for injection safety
6. Immunisation Services Support (ISS)
    6.1. Report on the use of ISS funds in 2014
    6.2. Detailed expenditure of ISS funds during the 2014 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 vaccine programme
    7.2. Introduction of a New Vaccine in 2014
    7.3. New Vaccine Introduction Grant lump sums 2014
        7.3.1. Financial Management Reporting
        7.3.2. Programmatic Reporting
    7.4. Report on country co-financing in 2014
    7.5. Vaccine Management (EVSM/VMA/EVM)
    7.6. Monitoring GAVI Support for Preventive Campaigns in 2014
    7.7. Change of vaccine presentation
    7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015
    7.9. Request for continued support for vaccines for 2016 vaccination programme
    7.10. Weighted average prices of supply and related freight cost
    7.11. Calculation of requirements
8. Health Systems Strengthening Support (HSS)
9. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

9.1. TYPE A: Support to strengthen coordination and representation of CSOs
9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP
10. Comments from ICC/HSCC Chairs
11. Annexes
11.1. Annex 1 – Terms of reference ISS
11.2. Annex 2 – Example income & expenditure ISS
11.3. Annex 3 – Terms of reference HSS
11.4. Annex 4 – Example income & expenditure HSS
11.5. Annex 5 – Terms of reference CSO
11.6. Annex 6 – Example income & expenditure CSO
12. Attachments

4. Baseline & annual targets

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

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	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	169,955	169,347	173,524	172,904		176,535		180,242		184,027
Total infants' deaths	11,008	11,814	11,066	11,066		11,298		9,733		9,937
Total surviving infants	158947	157,533	162,458	161,838		165,237		170,509		174,090
Total pregnant women	184,589	181,162	188,465	184,967		188,851		192,817		196,866
Number of infants vaccinated (to be vaccinated) with BCG	159,757	123,154	164,847	155,613		167,708		153,206		161,944
BCG coverage*[1]*	94 %	73 %	95 %	90 %	0 %	95 %	0 %	85 %	0 %	88 %
Number of infants vaccinated (to be vaccinated) with OPV3	139,339	98,353	145,654	128,673		148,713		136,407		147,976
OPV3 coverage*[2]*	88 %	62 %	90 %	80 %	0 %	90 %	0 %	80 %	0 %	85 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*	139,339	116,408	145,654	136,715		156,975		144,933		153,199
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*	139,339	98,726	145,654	128,673		148,713		136,407		147,976
DTP3 coverage*[2]*	88 %	63 %	90 %	80 %	0 %	90 %	0 %	80 %	0 %	85 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP	5	5	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	152,552	116,408	145,654	136,715		156,975		144,933		153,199
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	152,552	98,726	145,654	128,673		148,713		136,407		147,976
DTP-HepB-Hib coverage*[2]*	96 %	63 %	90 %	80 %	0 %	90 %	0 %	80 %	0 %	85 %
Wastage*[5]* rate in base-year and planned thereafter (%)	5	5	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	143,017	84,474	145,654	120,631		132,190		127,882		139,272

Yellow Fever coverage*[2]*	90 %	54 %	90 %	75 %	0 %	80 %	0 %	75 %	0 %	80 %
Wastage*[5]* rate in base-year and planned thereafter (%)	40	25	25	25		25		25		25
Wastage*[5]* factor in base-year and planned thereafter (%)	1.67	1.33	1.33	1.33	1	1.33	1	1.33	1	1.33
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0 %	40 %	0 %	40 %	0 %	40 %	0 %	40 %	0 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	152,552	142,294	145,654	136,715		156,975		144,933		153,199
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	152,552	71,144	145,654	128,673		148,713		136,407		147,976
Pneumococcal (PCV13) coverage*[2]*	96 %	45 %	90 %	80 %	0 %	90 %	0 %	80 %	0 %	85 %
Wastage*[5]* rate in base-year and planned thereafter (%)	5	5	5	5		5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	145,654	0		156,975		144,933		153,199
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0	145,654	0		148,713		136,407		147,976
Rotavirus coverage*[2]*	0 %	0 %	90 %	0 %	0 %	90 %	0 %	80 %	0 %	85 %
Wastage*[5]* rate in base-year and planned thereafter (%)		0	5	0		5		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1	1.05	1	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	139,339	90,717	145,654	120,631		132,190		127,882		139,272
Measles coverage*[2]*	88 %	58 %	90 %	75 %	0 %	80 %	0 %	75 %	0 %	80 %
Pregnant women vaccinated with TT+	139,339	104,342	145,654	138,725		141,638		144,613		153,556
TT+ coverage*[7]*	75 %	58 %	77 %	75 %	0 %	75 %	0 %	75 %	0 %	78 %
Vit A supplement to mothers within 6 weeks from delivery	181,162	46,446	184,967	92,483		141,638		96,408		108,276
Vit A supplement to infants after 6 months	78,766	39,108	80,420	40,210	N/A	132,190	N/A	85,254	N/A	95,749
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	15 %	0 %	6 %	0 %	5 %	0 %	6 %	0 %	3 %

Number	Targets (preferred presentation)			
	2019		2020	
	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation

Total births		187,892		191,837
Total infants' deaths		10,146		10,359
Total surviving infants		177,746		181,478
Total pregnant women		201,000		205,221
Number of infants vaccinated (to be vaccinated) with BCG		169,104		172,654
BCG coverage*[1]*	0 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with OPV3		156,416		163,330
OPV3 coverage*[2]*	0 %	88 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*		159,971		163,330
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*		156,416		163,330
DTP3 coverage*[2]*	0 %	88 %	0 %	90 %
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP		5		5
Wastage*[5]* factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		159,971		163,330
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		156,416		163,330
DTP-HepB-Hib coverage*[2]*	0 %	88 %	0 %	90 %
Wastage*[5]* rate in base-year and planned thereafter (%)		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever		151,084		154,256
Yellow Fever coverage*[2]*	0 %	85 %	0 %	85 %
Wastage*[5]* rate in base-year and planned thereafter (%)		25		25
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1.33	1	1.33
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0 %	40 %	0 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		159,971		163,330
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		156,416		163,330
Pneumococcal (PCV13) coverage*[2]*	0 %	88 %	0 %	90 %

Wastage*[5]* rate in base-year and planned thereafter (%)		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		159,971		163,330
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		156,416		163,330
Rotavirus coverage*[2]*	0 %	88 %	0 %	90 %
Wastage*[5]* rate in base-year and planned thereafter (%)		5		5
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1.05	1	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		151,084		154,256
Measles coverage*[2]*	0 %	85 %	0 %	85 %
Pregnant women vaccinated with TT+		160,800		164,177
TT+ coverage*[7]*	0 %	80 %	0 %	80 %
Vit A supplement to mothers within 6 weeks from delivery		120,600		123,133
Vit A supplement to infants after 6 months	N/A	106,647	N/A	108,887
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	2 %	0 %	0 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

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

[4] Please make sure that the DTP3 cells are correctly populated

[5] The formula to calculate a vaccine wastage rate (in 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

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

  Consistent
- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.** For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.

  No change
- Justification for any changes in **wastage by vaccine**

  No change

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Liberia Demography Health Survey	2013	69	74

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

Currently the EPI routine data is not disaggregated by sex and there are no gender-related barriers to immunization services. However, Liberia Demographic and Health Survey of 2013 revealed that higher proportion of girls were vaccinated with DTP3/Penta-3 then boys. Therefore, in an effort to address this variance awareness creation through vigorous community engagement will be carried out to ensure that every child has access to basic life-saving vaccines through immunization service delivery.

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

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

The Liberia National EPI policy calls for equitable access to comprehensive immunization services for those in the target age group irrespective of their gender. The National Health Policy and Plans (2011-2021) call for "an equitable, effective,

efficient, responsive, and sustainable health care delivery system". The full implementation of these policies will ensure equal access to immunization services for boys and girls.

National immunization mass campaigns target every child under five years regardless of gender and location and utilizes the house to house approach thus creating equal access for boys and girls.

Last, both immunization and the Essential Package of Health Services (EPHS) are free in public health facilities across the country thus reducing financial barriers and preferential treatment (boys versus girls) by parents and care takers.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 1	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	World Bank	USAID	EU
Traditional Vaccines*	256,252	0	0	256,252	0	0	0	0
New and underused Vaccines**	3,705,200	232,500	3,472,700	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	394,515	0	367,800	26,715	0	0	0	0
Cold Chain equipment	3,896,118	0	367,962	3,528,156	0	0	0	0
Personnel	152,317	56,287	63,030	33,000	0	0	0	0
Other routine recurrent costs	79,891	33,091	0	46,800	0	0	0	0
Other Capital Costs	620,500	0	620,500	0	0	0	0	0
Campaigns costs	181,477	0	30,120	111,030	40,327	0	0	0
N/A		0	0	0	0	0	148,000	0
Total Expenditures for Immunisation	9,286,270							
Total Government Health		321,878	4,922,112	4,001,953	40,327	0	148,000	0

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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **1**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.3 Overall Expenditures and Financing for Immunisation

Nil

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

If Yes, which ones?

List CSO member organisations:
Liberian Immunization Platform (LIP)

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

- The Essential Package of Health Services (EPHS) is the leading driver of health service delivery and as such, immunization objectives and priority actions are culled from it. Also with the emerge of Ebola Virus Disease in the Country, preventive measures and strategies have been instituted to reduced infection rates among health workers (vaccinators) and children that appear for EPI services. Below are the main objectives and priority actions for the EPI programme for the period:

General Objectives:

To strengthen immunization services at all levels and re-establish regular outreach services by the end of December 2015

To build the capacity of at least 1,100 health workers on immunization services between 2015-2016

To increase immunization coverage rates to at least 80% by December 2015.

To ensure 100% distribution of bundle vaccines to all counties in 2015

To continue to introduce new vaccines, technologies and policies in a realistic, sustainable, and timely manner into the immunization programme

To reduce immunization drop-out from 15% to 10% by December 2015

To increase demand for immunization uptake through robust community engagement (i.e. advocacy, awareness creation, sensitization, etc)

To conduct integrated nationwide Measles follow-up campaigns

To improve immunization data quality at all levels

Priority Actions:

1). Support development of micro-plan for routine immunization at county and health facility level, with detailed focus on hard-to-reach and under-served communities.

2). Maintain and sustain MNTE validation status through the roll-out of TT vaccination services in school and campaigns in high risk districts

3). Conduct eight quarterly data harmonization/ PBF data validation exercise at county and health facility levels from 2015 - 2016, in collaboration with the USAID FARA Project

4). Conduct sensitization meetings for 60 general physicians, 1,450 general community health volunteers (gCHVs) and other communities focus points on vaccine preventable diseases and surveillance.

5). Strengthen coordination and supportive supervision, monitoring and evaluation at all levels.

6). Strengthened the sentinel site for rotavirus surveillance

7). Conduct capacity building training for gCHVs on Routine Immunization Communication

8). Roll out media campaign for routine immunization.

9). Celebrate African Vaccination Week and Global Immunization Week

10). Prepare and introduce HPV & IPV vaccines into the EPI program in October 2015.

11). Introduce Rotavirus in January 2016

12). Implement urban Immunization Strategy in Monrovia District, Montserrado County

To

•

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 funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD syringes	UNICEF
Measles	AD syringes	UNICEF
TT	AD syringes	UNICEF
DTP-containing vaccine	AD syringes	GAVI/GoL
IPV	NA	NA
PCV 13	AD syringes	GAVI/GoL

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

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

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

Liberia has an integrated waste management and injection safety plan that takes into consideration proper handling and waste disposal system.There is a monitoring and evaluation component which is consistent with the Essential Package of Health services (EPHS). To date, one of the major challenges associated with implementation of thepolicy/plan is:

- Delay in repairing of broken incinerators at service delivery level
- Insufficient and poor quality incinerators

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

There are two ways of managing sharps waste:

1. Incineration

2. Burning and burying

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Liberia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Liberia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Liberia is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	**Total doses for 2014 in Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience any stockouts at any level in 2014?**
Pneumococcal (PCV13)	600,800	480,000	0	No
DTP-HepB-Hib	348,700	124,164	0	No
Yellow Fever	209,600	204,600	0	No
Rotavirus	0	0	0	No

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

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

  Liberia has been experiencing outbreak of Ebola since March 2014, which has affected the routine immunization negatively.The average number of children reached that received all routine vaccines dropped drastically in 2014. In addition, this necessitated the postponement of introduction of other new vaccines (i.e. Rota, IPV, etc).

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

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

  To date, Liberia is using the single dose pentavalent formulation. It is however hope that with time, appropriate decision will be reached to switch from 1 to 10 doses.

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

Not applicable.

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 achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	09/01/2014
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not applicable.

When is the Post Introduction Evaluation (PIE) planned? **January 2005**

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	09/01/2014
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not applicable.

When is the Post Introduction Evaluation (PIE) planned? **July 2015**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	04/01/2016
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Introduction Delayed because of EVD outbreak.

When is the Post Introduction Evaluation (PIE) planned? **June 2016**

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not applicable.

When is the Post Introduction Evaluation (PIE) planned? **March 2004**

7.2.2. If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

No

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

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

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

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

Data collection for rotavirus was ongoing at Redemption Hospital but had to come to hold due to the Ebola Virus Disease (EVD) outbreak.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	323,500	323,500
Remaining funds (carry over) from 2013 (B)	155,000	155,000
Total funds available in 2014 (C=A+B)	478,500	478,500
Total Expenditures in 2014 (D)	155,000	155,000
Balance carried over to 2015 (E=C-D)	323,500	323,500

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

During the introduction of Pneumococcal Conjugate Vaccine (PCV-13) in 2014, the below activities were conducted:

- Produced IEC/BCC Materials on the new vaccines,
- Developed training materials on PCV -13
- Trained vaccinators and other health workers,
- Deployed vaccine, devices and training materials to all counties
- Nationwide official launching program by the President of Liberia.

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

In January 2014, Liberia introduced Pneumococcal Conjugate Vaccine (PCV-13) into its immunization programme. However, due to the Ebola Virus disease (EVD) outbreak, many planned activities (i.e. Post Introduction Evaluation, monitoring and supportive supervision, cold chain assessment, e.t.c) were not be implemented.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

In 2015, Liberia will introduce the below new vaccines for which VIG was given:

- Inactivated Polio Vaccine (IPV),
- Human Papillomavirus Vaccine (HPV) and
- Rotavirus Vaccine (Rotarix)

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$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	70,000	34,100
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	120,500	33,500
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	42,000	40,000
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	233682 (including cost of freight , hurdling and buffer)	
Donor	Nil	
Other	Nil	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED		

	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	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	GoL
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	GoL
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		NA
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	June	GoL
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	NA	

*__Note:__ co-financing is not mandatory for IPV

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

(b) Improvement plan after EVM **(Document No 13)**

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

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

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

If yes, provide details

Nil

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Liberia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

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

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**
* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

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

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**
* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

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

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**
* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**
* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

NA

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID							
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule							
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED							

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017	2018	2019	2020
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	3.40 %	3.50 %	3.60 %	4.40 %	4.40 %	4.40 %	4.40 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40 %	4.50 %	3.00 %	4.50 %	4.60 %	3.10 %	3.10 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	3.90 %	4.20 %	4.40 %	4.40 %	4.40 %	4.40 %	4.40 %
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	7.50 %	7.50 %	7.40 %	7.20 %	6.80 %	6.80 %	6.30 %

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	158,947	162,458	165,237	170,509	174,090
	Number of children to be vaccinated with the first dose	Parameter	#	152,552	145,654	156,975	144,933	153,199
	Number of children to be vaccinated with the third dose	Parameter	#	152,552	145,654	148,713	136,407	147,976
	Immunisation coverage with the third dose	Parameter	%	95.98 %	89.66 %	90.00 %	80.00 %	85.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	240,756				
	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	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		3.50 %	3.60 %	4.40 %	4.40 %

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

There is no difference.

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

Not defined

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Low

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

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

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	314,600	247,300	491,700	531,500	568,500
Number of AD syringes	#	358,300	278,600	580,700	648,200	693,400
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	4,000	3,075	6,075	6,725	7,200
Total value to be co-financed by GAVI	$	665,500	505,000	939,000	847,500	906,500

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

2019	2020

Number of vaccine doses	#	597,000	615,700
Number of AD syringes	#	728,100	751,300
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	7,550	7,800
Total value to be co-financed by GAVI	$	951,500	979,000

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	34,100	27,900	59,200	79,000	84,500
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value to be co-financed by the Country *[1]*	$	70,000	55,500	113,000	126,000	135,000

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

		2019	2020
Number of vaccine doses	#	88,700	91,800
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country *[1]*	$	141,500	146,000

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	152,552	145,654		
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	152,552	145,654		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	457,656	436,962		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		458,811		
G	**Vaccines buffer stock**	***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)*				
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	435,600	240,756		

H3	**Shipment plan**	*Approved volume*		275,200		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		275,200		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(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)*				

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

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

		Formula	2014		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*			
B	**Number of children to be vaccinated with the first dose**	*Table 4*	156,975	16,864	140,111
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	148,713	15,977	132,736
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	459,276	49,340	409,936
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	482,240	51,807	430,433
G	**Vaccines buffer stock**	***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*	8,787	944	7,843
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*	- 59,819	- 6,426	- 53,393
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*	97,210	10,444	86,766
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	550,850	59,178	491,672
J	**Number of doses per vial**	*Vaccine Parameter*	1		

K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	580,671	0	580,671
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,060	0	6,060
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	989,878	106,342	883,536
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	26,015	0	26,015
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	33	0	33
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	35,636	3,829	31,807
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,051,562	112,969	938,593
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	110,170		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.74 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	144,933	18,748	126,185
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	136,407	17,645	118,762
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	422,778	54,688	368,090
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	443,917	57,422	386,495
G	**Vaccines buffer stock**	***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*	166,469	21,534	144,935
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	610,400	78,957	531,443
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	648,172	0	648,172
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,715	0	6,715

N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	904,003	116,935	787,068
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	29,039	0	29,039
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	37	0	37
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	39,777	5,146	34,631
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	972,856	125,842	847,014
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	122,080		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	153,199	19,817	133,382
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	147,976	19,142	128,834
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	452,233	58,498	393,735
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	474,845	61,423	413,422
G	**Vaccines buffer stock**	***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*	178,067	23,034	155,033
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	652,950	84,461	568,489
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	693,330	0	693,330
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	7,183	0	7,183
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	967,019	125,087	841,932
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	31,062	0	31,062
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	40	0	40

R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	42,549	5,504	37,045
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,040,670	134,614	906,056
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	130,590		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	12.94 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	159,971	20,693	139,278
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	156,416	20,233	136,183
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	474,901	61,430	413,471
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	498,646	64,502	434,144
G	**Vaccines buffer stock**	***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*	186,993	24,188	162,805
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	685,650	88,691	596,959
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	728,084	0	728,084
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	7,543	0	7,543
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,015,448	131,351	884,097
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	32,619	0	32,619
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	42	0	42
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	44,680	5,780	38,900
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,092,789	141,355	951,434
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	137,130		

V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.94 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	12.97 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	163,330	21,185	142,145
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	163,330	21,185	142,145
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	489,990	63,553	426,437
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	514,490	66,731	447,759
G	**Vaccines buffer stock**	***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*	192,934	25,025	167,909
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	707,450	91,759	615,691
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	751,217	0	751,217
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	7,782	0	7,782
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,044,904	135,527	909,377
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	33,655	0	33,655
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	43	0	43
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	45,976	5,964	40,012
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,124,578	145,861	978,717
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	141,490		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	12.97 %		

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

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	158,947	162,458	165,237	170,509	174,090
	Number of children to be vaccinated with the first dose	Parameter	#	152,552	145,654	156,975	144,933	153,199
	Number of children to be vaccinated with the third dose	Parameter	#	152,552	145,654	148,713	136,407	147,976
	Immunisation coverage with the third dose	Parameter	%	95.98 %	89.66 %	90.00 %	80.00 %	85.00 %
	Number of doses per child	Parameter	#	3	3	3	3	3
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	173,200				
	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	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50 %	3.00 %	4.50 %	4.60 %

* 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.

There is no difference.

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

Co-financing group	Low

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

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

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	152,552	145,654		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	457,656	436,962		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		458,811		
G	**Vaccines buffer stock**	***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 previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	173,200		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		329,400		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(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-finance**	*V*	8.49 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	156,975	13,330	143,645
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	313,950	26,660	287,290
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	329,648	27,993	301,655
G	**Vaccines buffer stock**	***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*	9,585	814	8,771
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	340,500	28,914	311,586
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	768,168	65,230	702,938
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	33,800	2,871	30,929
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	801,968	68,100	733,868
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	68,100		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49 %		

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-finance**	*V*	5.76 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	144,933	8,345	136,588
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	434,799	25,035	409,764
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	456,539	26,287	430,252
G	**Vaccines buffer stock**	***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*	108,249	6,233	102,016
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	565,200	32,543	532,657
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	597,353	0	597,353
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,218	0	6,218
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,878,725	108,173	1,770,552
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	26,762	0	26,762
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	34	0	34
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	84,543	4,868	79,675
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,990,064	114,583	1,875,481
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	113,040		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.85 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	153,199	8,958	144,241
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	459,597	26,874	432,723
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	482,577	28,218	454,359
G	**Vaccines buffer stock**	***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*	115,210	6,737	108,473
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	599,400	35,049	564,351
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	632,288	0	632,288
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,594	0	6,594
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,960,038	114,609	1,845,429
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	28,327	0	28,327
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	36	0	36
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	90,162	5,272	84,890
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,078,563	121,539	1,957,024
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	119,880		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.85 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.99 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	159,971	9,578	150,393
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	479,913	28,734	451,179
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	503,909	30,171	473,738
G	**Vaccines buffer stock**	***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*	120,233	7,199	113,034
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	624,600	37,397	587,203
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	660,161	0	660,161
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,871	0	6,871
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,023,705	121,164	1,902,541
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	29,576	0	29,576
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	38	0	38
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	62,735	3,757	58,978
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,116,054	126,694	1,989,360
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	124,920		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.99 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-finance**	*V*	6.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	163,330	9,795	153,535
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	489,990	29,383	460,607
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	514,490	30,852	483,638
G	**Vaccines buffer stock**	***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*	122,624	7,354	115,270
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	637,200	38,210	598,990
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	673,876	0	673,876
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	7,010	0	7,010
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,061,342	123,609	1,937,733
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	30,190	0	30,190
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	39	0	39
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	63,902	3,832	60,070
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,155,473	129,253	2,026,220
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	127,440		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	6.00 %		

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	158,947	162,458	165,237	170,509	174,090
	Number of children to be vaccinated with the first dose	Parameter	#	0	145,654	156,975	144,933	153,199
	Number of children to be vaccinated with the second dose	Parameter	#		145,654	148,713	136,407	147,976
	Immunisation coverage with the second dose	Parameter	%	0.00 %	89.66 %	90.00 %	80.00 %	85.00 %
	Number of doses per child	Parameter	#	2	2	2	2	2
	Estimated vaccine wastage factor	Parameter	#	1.00	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	0				
	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	1
	AD syringes required	Parameter	#		No	No	No	No
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		No	No	No	No
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20 %	4.40 %	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.

Not applicable.

Co-financing tables for Rotavirus, 2-dose schedule

Co-financing group	Low

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

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

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	152,552	145,654		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	457,656	436,962		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		458,811		
G	**Vaccines buffer stock**	***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 previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	173,200		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		329,400		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(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-finance**	*V*	8.49 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	156,975	13,330	143,645
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	313,950	26,660	287,290
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	329,648	27,993	301,655
G	**Vaccines buffer stock**	***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*	9,585	814	8,771
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	340,500	28,914	311,586
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	768,168	65,230	702,938
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	33,800	2,871	30,929
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	801,968	68,100	733,868
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	68,100		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49 %		

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-finance	*V*	5.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	144,933	8,345	136,588
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	434,799	25,035	409,764
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D x E*	456,539	26,287	430,252
G	Vaccines buffer stock	***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*	108,249	6,233	102,016
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	565,200	32,543	532,657
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	597,353	0	597,353
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	6,218	0	6,218
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,878,725	108,173	1,770,552
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	26,762	0	26,762
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	34	0	34
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	84,543	4,868	79,675
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,990,064	114,583	1,875,481
U	Total country co-financing	*I x country co-financing per dose (cc)*	113,040		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.76 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.85 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	153,199	8,958	144,241
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	459,597	26,874	432,723
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	482,577	28,218	454,359
G	**Vaccines buffer stock**	***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*	115,210	6,737	108,473
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	599,400	35,049	564,351
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	632,288	0	632,288
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,594	0	6,594
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,960,038	114,609	1,845,429
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	28,327	0	28,327
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	36	0	36
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	90,162	5,272	84,890
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,078,563	121,539	1,957,024
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	119,880		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.85 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.99 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	159,971	9,578	150,393
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	479,913	28,734	451,179
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	503,909	30,171	473,738
G	**Vaccines buffer stock**	***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*	120,233	7,199	113,034
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	624,600	37,397	587,203
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	660,161	0	660,161
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,871	0	6,871
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,023,705	121,164	1,902,541
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	29,576	0	29,576
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	38	0	38
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	62,735	3,757	58,978
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,116,054	126,694	1,989,360
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	124,920		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.99 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-finance**	*V*	6.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	163,330	9,795	153,535
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	489,990	29,383	460,607
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	514,490	30,852	483,638
G	**Vaccines buffer stock**	***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*	122,624	7,354	115,270
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	637,200	38,210	598,990
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	673,876	0	673,876
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	7,010	0	7,010
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,061,342	123,609	1,937,733
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	30,190	0	30,190
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	39	0	39
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	63,902	3,832	60,070
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,155,473	129,253	2,026,220
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	127,440		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	6.00 %		

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

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	158,947	162,458	165,237	170,509	174,090
	Number of children to be vaccinated with the first dose	Parameter	#	143,017	145,654	132,190	127,882	139,272
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.67	1.33	1.33	1.33	1.33
	Stock in Central Store Dec 31, 2014		#	35,580				
	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	#		10	10	10	10
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054
fv	**Freight cost as % of vaccines value**	Parameter	%		7.50 %	7.40 %	7.20 %	6.80 %
fd	**Freight cost as % of devices 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.

There is no difference.

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

Co-financing group	Low

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

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

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	152,552	145,654		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	457,656	436,962		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		458,811		
G	**Vaccines buffer stock**	***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 previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	173,200		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		329,400		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(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-finance**	*V*	8.49 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	156,975	13,330	143,645
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	313,950	26,660	287,290
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	329,648	27,993	301,655
G	**Vaccines buffer stock**	***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*	9,585	814	8,771
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	340,500	28,914	311,586
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	768,168	65,230	702,938
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	33,800	2,871	30,929
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	801,968	68,100	733,868
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	68,100		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49 %		

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-finance**	*V*	5.76 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	144,933	8,345	136,588
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	434,799	25,035	409,764
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	456,539	26,287	430,252
G	**Vaccines buffer stock**	***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*	108,249	6,233	102,016
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	565,200	32,543	532,657
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	597,353	0	597,353
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,218	0	6,218
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,878,725	108,173	1,770,552
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	26,762	0	26,762
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	34	0	34
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	84,543	4,868	79,675
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	1,990,064	114,583	1,875,481
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	113,040		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.85 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	153,199	8,958	144,241
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	459,597	26,874	432,723
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	482,577	28,218	454,359
G	**Vaccines buffer stock**	***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*	115,210	6,737	108,473
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	599,400	35,049	564,351
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	632,288	0	632,288
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,594	0	6,594
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,960,038	114,609	1,845,429
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	28,327	0	28,327
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	36	0	36
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	90,162	5,272	84,890
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,078,563	121,539	1,957,024
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	119,880		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.85 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 5)

		Formula	2019		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.99 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	159,971	9,578	150,393
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	479,913	28,734	451,179
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	503,909	30,171	473,738
G	**Vaccines buffer stock**	***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*	120,233	7,199	113,034
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	624,600	37,397	587,203
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	660,161	0	660,161
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	6,871	0	6,871
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,023,705	121,164	1,902,541
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	29,576	0	29,576
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	38	0	38
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	62,735	3,757	58,978
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,116,054	126,694	1,989,360
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	124,920		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.99 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 6)

		Formula	2020		
			Total	Government	GAVI
A	**Country co-finance**	*V*	6.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	163,330	9,795	153,535
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	489,990	29,383	460,607
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D x E*	514,490	30,852	483,638
G	**Vaccines buffer stock**	***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*	122,624	7,354	115,270
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	637,200	38,210	598,990
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	673,876	0	673,876
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	7,010	0	7,010
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,061,342	123,609	1,937,733
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	30,190	0	30,190
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	39	0	39
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	63,902	3,832	60,070
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,155,473	129,253	2,026,220
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	127,440		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	6.00 %		

8. Health Systems Strengthening Support (HSS)

Please use this APR section (8. Health Systems Strengthening Support) to report on grant implementation of the previous HSS grant which was approved before 2012. In addition, please complete and attach the HSS Reporting Form to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

Instructions for reporting on HSS funds received

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

   a. Progress achieved in 2014

   b. HSS implementation during January – April 2015 (interim reporting)

   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 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

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

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org.

5. If you are requesting a new tranche of funding, 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 all the HSCC meetings held in 2014

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

   c. Latest Health Sector Review Report

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

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

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

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

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

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

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

further HSS funds or only approve part of the next tranche of HSS funds.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

The GAVI HSS grant is expected to end in 2016.

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Name : Liberia Immunization Platform (LIP)

Funding Received : US$ 21,500

Activities Conducted :

- Mapping of communities;
- Monitoring and Supervision of selected urban health facilities in Montserrado County
- Training of gCHVs

Implementation Period : 2014

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

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

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 programme and both in US$ and local currency

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

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

If yes, please indicate the amount of funding requested: **1400000** US$

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets	1022380	1022380	1022380	0	0	1800000

(*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0			0
Total funds received from GAVI during the calendar year (*A*)	1022500		1022500		1022500	2001368
Remaining funds (carry over) from previous year (*B*)	743743	202148	587267	403442	182300	180890
Total Funds available during the calendar year (*C=A+B*)	743743	1224648	722665	403439	1039680	2182258
Total expenditure during the calendar year (*D*)	541596	637379	319223	221139	175000	1957295
Balance carried forward to next calendar year (*E=C-D*)	202148	587267	403442	182300	1039680	1957295
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1022380	1022380	1022380	1022380	1022380	1800000

	2015	**2016**	**2017**	**2018**
Original annual budgets (*as per the originally approved HSS proposal*)	1800000	1800000		
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	1400000	1400000		
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)	1957295			
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1400000	1400000	0	0

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)						
Revised annual budgets (*if revised by previous Annual Progress Reviews*)						
Total funds received from GAVI during the calendar year (*A*)						
Remaining funds (carry over) from previous year (*B*)						
Total Funds available during the calendar year (*C=A+B*)						
Total expenditure during the calendar year (*D*)						
Balance carried forward to next calendar year (*E=C-D*)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table 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 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? Yes

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

8.2. Progress on HSS activities in the 2014 fiscal year

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

application and approval letter.

Please provide the following information for each planned activity:

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

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Activity 1.1.3	Provide monthly performance base incentives for essential MCH (e.g., immunization, deliveries, FP, etc) interventions in 50 private health facilities	0	Not implemented
Activity 1.1.4	Provide monthly performance base incentives for 75 health facilities not cover under the current performance based arrangement	0	Not implemented
Activity 1.2.1	Re- produce visibility and identification materials (e.g., CHV badge, Jacket and bag) for 1,450 gCHVs	0	Reallocated in consultation with GAVI to fund the shipment of procured vehicles through UNICEF.
Activity 1.2.2	Train 1,450 CHVs in RED and REP Strategies	0	Not implemented
Activity 1.3.1	Procure equipment and supplies for implementing infection control	0	Reallocated in consultation with GAVI to fund the shipment of procured vehicles through UNICEF.
Activity 1.3.2	Conduct annual clinical audits in 28 hospitals nationwide	0	Reallocated in consultation with GAVI to fund the shipment of procured vehicles through UNICEF.
Activity 1.3.4	Conduct annual quality assurance and health facilities accreditation assessments in all health facilities	0	Not implemented
Activity 2.1.1	Undertake quarterly supportive supervision	100	Reallocated to fund the shipment of the procured vehicles but was implemented using other partners resources. Quarterly supervision report available
Activity 2.1.4	Conduct quarterly on-site data verification and validation	100	Reallocated to fund the shipment of the procured vehicles but was implemented using other partners resources. Quarterly data verification report available
Activity 2.1.5	Conduct semi-annual programs reviews	0	Not implemented
Activity 2.1.7	Conduct annual data quality audit (DQA) in compliance with national guidelines.	100	Report available
Activity 2.1.8	Finalize, print and disseminate research agenda and guidelines	0	Not implemented
Activity 2.1.11	Contribute to annual health conference	100	Health Sector Assessment Report
Activity 3.1.2	Undertake annual financial assessment to the counties	0	Not implemented
Activity 3.1.3	Conduct annual GAVI financial	100	Audit Report

	audits		
Activity 4.1.1	Conduct training for 75 health facilities managers on PBC concept and SOPs	0	Not implemented
Activity 4.1.2	Recruit TAs for health system strengthening (Change to EPI contract staff salary payment)	100	Payroll available
Activity 4.1.5	Procure 15 motorcycles for county level M&E staff	0	Not implemented
Activity 4.2.3	Procure 15 vehicles for county outreach services	100	Procurement documents available
Activity 4.2.5	Procure 10 solar refrigerators for private health providers	0	
Activity 4.2.8	Construct 2 regional cold stores for vaccine management	50	Construction completed but needs the installation of the cold store.

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Undertake quarterly supportive supervision	Quarterly supportive supervision is critical to ensure adherence to medical protocols or standard operating procedure and the delivery of quality health services, including immunization. It aims at teaching, correcting and monitoring staff on the job, and helps to increase motivation, quality of service and use of available clinical standards and protocols. Periodic supportive supervision contributes to quality immunization services.
Conduct quarterly on-site data verification and v	The conduct of quarterly data verification exercise is key to data collection, reporting, management and quality. It helps to improve the quality of data that are used for informed decision making and evidenced based planning. Quality immunization data is critical for interventions especially outreach services and micro planning.
Contribute to annual health conference	The annual health conference was replaced this year because of Ebola with the National Validation and Consultative Conference (3 days). The objective of the conference was to validate the health system assessment report, and the post EVD investment plan. The conference brought together over 200 participants, including County Health Officers, NGOs and health actors (UN agencies, EU, Irish Aid, USAID, etc). The health sector plan was review and approved.
Procure 15 vehicles for county outreach services	Procured and distributed 15 vehicles to county health teams to improve immunization services monitoring and supervision. Regular monitoring and supervision at service delivery points facilitates mentoring, onsite education, quality assurance and staff motivation. These periodic visits at health facilities contributed partly to the provision of services during the height of the Ebola crisis.
Construct 2 regional cold stores for vaccine manag	The construction of a regional cold store is expected to be completed by July 2015. The cold store is very essential for improving vaccines distribution and management. It will reduce erratic stock out of vaccines and vaccine related commodities.

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

In 2014, 8 out of 21 (38%) activities were implemented. The low implementation rate is due primarily to the Ebola crisis that engulfed the entire country and brought the health sector to a near collapse. It is hoped that the remaining activities will be implemented in quarters 2 and 3 of 2015. However, five activities (1.2.1, 1.3.1, 1.3.2, 2.1.1 and 2.1.4) were removed to fund the shipment cost of vehicles procured overseas through UNICEF (See both original and revised budget). Also, activity 4.1.2 was change from the recruitment of TA for health system strengthening to the payment of EPI contract staff. Majority of the HSS old grant unused fund (balances) were moved to the EPI Recovery Plan.

8.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the

GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

No

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
1.1 BCG	134933 (82%)	2005	181379 (96%)	159187 (94%)	138414 (74.9%)	167109 (78%)	160687 (85%)	143615 (87%)	123154 (73%)	Administrative (HMIS)	Target was not achieved because of the below reasons: - Health workers strike action; - EVD epidemic; - Temporary closure of almost all health facilities due to panic or fear from all angles; - Lack of funds to conduct regular outreach
1.2 OPV 3	101,278 (77%)	Same as above	148,270 (92%)	138629 (88%)	108,782 (73%)	138,144 (77%)	140,377 (93%)	136,690 (88%)	98353 (62%)	Same as above	Same as above
1.3 DPT 3/ Penta 3	114,572 (87%)	Same as above	148,270 (92%)	138629 (88%)	109,675 (74%)	129,510 (78%)	141,343 (93%)	137,411 (89%)	98726 (63%)	Same as above	Same as above
1.4 Measles	123,641 (94%)	Same as above	145,047 (96%)	133903 (85%)	104,974 (69.9%)	120,876 (73%)	121,703 (80%)	113,939 (74%)	90717 (58%)	Same as above	Same as above
1.5 Yellow Fever	116,649	Same as above	145,047 (75%)	133903 (85%)	98,844 (68.3%)	126,920 (71%)	118,577 (78%)	113,484 (73%)	84474 (54%)	Same as above	Same as above
1.6 TT2+ for Pregnant women	118,055 (72%)	Same as above	151,149 (80%)	159423 (88%)	115,350 (63%)	148,542 (74%)	140,221 (74%)	134,439 (76%)	104342 (58%)	Same as above	Same as above
1.7.1 Vit-A supplement Mothers (<6 weeks from delivery)	25%	Same as above	NA	NA	140,938 (81%)	64,729 (38%)	65,841 (35%)	82581 (56%)	39108 (25%)	Same as above	Target was not achieved because of the below reasons: - Health workers strike action; - EVD epidemic; - Temporary closure of almost all health facilities due to panic or fear from all angles; - Lack of funds to conduct regular outreach

											- Limited stock of vitamin A in country
1.7.2 Vit-A supplement Infants (>6 months)	75%	Same as above	85%	90581 (50%)	92,234 (63%)	98,535 (56.6%)	63,810 (42%)	44,573 (58%)	46446 (26%)	Same as above	Same as 1.7.1
Dropout Rate (Penta)	6,797 (5.6%)	Same as above	6,446 (4.2%)	10%	8,324 (6%)	13,046 (10.2%)	13,347 (8.6%)	13,204 (9%)	17682 (15%)	Same as above	Same as 1.3
Fully Immunized	NA	NA	NA	126026 (80%)	NA	NA	79%	77%	72365 (46%)	Same as above	Same as 1.1 - 1.5
1.8 % of counties/health facilities implementing BPHS/EPHS, which include maternal and newborn health	<40%	Health Plan 2007/2011 & BPHS Document	70%		80.2%	100%	100%	100%		MOHSW Annual Report 2014	
1.9 Under-five Mortality Rate	194	1999/2000 LDHS	170		114	114	114	94		LDHS 2013	NA
1.10 Infant Mortality Rate	117	1999/2000 LDHS	NA		72	72	72	54		LDHS 2013	NA
2.1 % of primary health facilities with functional community-based delivery of operationalized integrated BPHS/EPHS	<5%	N/A	N/A		50%	N/A	75%	75%		Estimated from community mapping exercise	
2.2 % of health facilities with delivery of improved quality of integrated primary health care services at the lower level.	40%	BPHS Accreditation 2009	80%		NA	84.3%	84.3%	90%			
3.1 % of timely and complete reports received at national level from counties	<30%	2007 MOHSW Annual Report	95%		76%	77%	82%	83%		MOHSW Annual Report 2014	
3.2 % of counties implementing quality HMIS and database for smooth management of health information	0%	2007 MOHSW Annual Report	100%		100%	100%	100%	100%		MOHSW Annual Report 2014	
3.3 % of identified and recruited community health workers by the communities two for each health facility and provision of operational support funds to CHW	<500	Community Health Policy and Strategy	1,500		N/A	750 (50%)	3,727	3,727		Community Health Mapping Report 2012	NA

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

The health sector did not accomplished much in 2014 and most of the health sector indicators dropped due to the Ebola Virus Disease (EVD) crisis. The country was plagued with EVD that saw majority of the health facilities closed for a protracted period due to fear of EVD infection among health workers and the lack of infection prevention control (IPC) materials such as personal protective equipment (PPE) at most health facilities. In 2014, BCG coverage declined by 14%, OPV -3 and Penta-3 reduced by 26%, Measles 16% and Yellow fever 19%. Apart from immunization services utilization of other services declined significantly in 2014.

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

The EVD outbreak is largely attributed to the low utilization of funds and activities. It is anticipated that following WHO declaration of an Ebola free Liberia, implementation will commence rapidly. Liberia will be declared EVD free on May 9, 2015 and all efforts will be exerted to fully implement the HSS grant.

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

GAVI HSS funded activities are mostly monitored at the central level. The two Deputy Ministers that are major implementers of the grant, exercise due diligence on all GAVI related transactions along with the Office of Financial Management. Requests are reviewed in relation to the annual work plan and budget.

At the county level,funds that are channel at that level is supervised by the County Health Officer and all financial transactions are carried out by the County Accountant and County Health Services Administrator. M&E officers are assigned to each county to monitor health sector activities within their counties which include GAVI HSS activities.

All programs and projects are monitored by both central and county level M&E officers, with monthly and quarterly monitoring and supervision visits made at all levels (central, county, health facility and community levels).

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

Monitoring and evaluation is a routine function of the Ministry of Health and Social Welfare.The Ministry conducts regular quarterly data verification exercises, frequent immunization program review meetings, annual county planning exercises that involves, county and health facilities levels performance assessment and regular annual National Health Sector Review conferences to monitor the implementation of the National Health Policy and Plan.

There are M&E teams and Units at the national and county levels that perform quarterly data verification with the TB, HIV and Malaria Programs, to ensure that these programs targets are met and data are of good quality. The central M&E team leads the performance based contracting data verification, base line and targets setting exercises. Also, the Unit is deeply involved with the organization and implementation of the Annual Health Sector reviews. At the county level, the M&E teams are responsible for data collection, management, analysis and reporting, data verification and provision of regular feedback to the health facilities.

The current indicators that are used to measure GAVI HSS grant performance are similar to the National Health Plan monitoring framework and the performance based health financing performance indicators (ie: Penta 3,Measles, TT 2+, Vitamin A, etc). See attached MOH 2014 Annual Report.

There are monitoring mechanisms in place to promote transparency and accountability within the health sector including the use of GAVI funds.

8.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

The Ministry of Health and Social Welfare is the only implementer of the GAVI HSS grant. Participation of key stakeholders is at the steering and technical committee levels. However, the new grant (performance based grant) considers the involvement of private health facilities and CSOs.

8.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

There is limited participation of civil society organization involvement in the implementation of the GAVI grant. CSOs are part of the health sector committee and immunization coordination committee. However, the private sector and civil society organizations (ie: Media institutions and the Liberian Immunization Platform) are involve on a low scale. They provide immunization services at private health facilities and facilitate utilization through awareness creation and community engagement on the importance and need for children vaccination. Future involvement of CSO will also include social mobilization and defaulters tracing.

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

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The management of GAVI HSS fund is effective and there is no hindrance in accessing funds.

- An annual work plan with budget is developed and approved by the health sector coordination committee (HSCC). The approved work plan is used to request and implement activities. Once the annual work plan is approved, and planned activity is align with the department's work plan it usually gets approved by the Deputy Minister.

- The GAVI HSS fund is managed by the office of financial management (OFM) like other projects funds received by the Ministry. There has been no change in the management of fund received by the Ministry.

- There are clear procedures in place to access fund. Request for fund to implement an activity is generated by the Director or senior officer of a Unit or Division that has the mandate to deliver on such activity. Approval is either by any of the two Deputy Ministers (1. Deputy for Planning and 2. Deputy for Health Services) who have oversight responsibilities. When request are approved by any of these Deputy Ministers,it is forwarded to the office of financial management for release or procurement unit for transaction. The Officer of Financial Management is headed by a Deputy Minister.

However, the Ministry is thinking about having a desk officer to coordinate the GAVI project in close consultation with the EPI program, and other units and implementers. The terms of reference for this officer will be developed, endorsed by HSCC and GAVI will be informed thereafter.

8.5. Planned HSS activities for 2015

Please use **Table 8.5** 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 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
Activity 1.1.1	Establish biomedical technology workshop at central and in 2 regions	0	0	NA	NA	0
Activity 1.1.2	Procure 100 motorbikes for integrated outreach services (50 year 1 & 50	236900	0	NA	NA	0

	year 2).					
Activity 1.1.3	Provide monthly performance base incentives for essential MCH (e.g., immunization, deliveries, FP, etc) interventions in 50 private health facilities.	75000	0	NA	NA	0
Activity 1.1.4	Provide monthly performance base incentives for 75 health facilities not cover under the current performance based arrangement.	90000	0	NA	NA	0
Activity 1.1.5	Re-produce 50,000 home based cards and 50,000 road to health cards	0	0	Activity not changed but budget adjusted to produce vaccination reporting tools.	The EPI program is in short supply of immunization reporting tool.	26110
Activity 1.1.6	Re-produce 75,000 TT cards	0	0	NA	NA	0
Activity 1.1.7	Train 4 Pediatricians	0	0	NA	NA	0
Activity 1.2.1	Re- produce visibility and identification materials (e.g., CHV badge, Jacket and bag) for 1,450 gCHVs	0	0	NA	NA	0
Activity 1.2.2	Train 1,450 CHVs in RED and REP Strategies.	0	0	NA	NA	0
Activity 1.3.1	Procure equipment and supplies for implementing infection control	20382	0	Remove with no additional activity.	Remove to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 1.3.2	Conduct annual clinical audits in 28 hospitals nationwide	18604	0	Remove with no additional activity.	Remove to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 1.3.3	Train 1,000 clinical staff in infection prevention and control systems in line with SOP	41207	0	Remove with no additional activity.	Remove to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 1.3.4	Conduct annual quality assurance and health facilities accreditation assessments in all health facilities (ie: SARA).	218517	0	Activity not change but the amount is reduced by 118,517.	Reduced by US$ 118,517 to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	100000

Activity 2.1.1	Undertake quarterly supportive supervision	31425	0	NA	NA	0
Activity 2.1.2	Conduct refresher training 50 M&E and 75 County Health Team staff in M&E and Research	0	0	NA	NA	0
Activity 2.1.3	Conduct EPI coverage surveys	0	0	NA	NA	0
Activity 2.1.4	Conduct quarterly on-site data verification and validation.	51000	0	Removed and not replace due to adjusted budget.	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 2.1.5	Conduct semi-annual programs reviews.	70535	0	NA	NA	0
Activity 2.1.6	Essential Package of Health Services 3yrs of implementation	0	0	NA	NA	0
Activity 2.1.7	Conduct annual data quality audit (DQA) in compliance with national guidelines.	12750	0	NA	NA	0
Activity 2.1.8	Finalize, print and disseminate research agenda and guidelines	0	0	NA	NA	0
Activity 2.1.9	Re-produce registers (e.g., ANC, Deliveries, PNC, etc) for all health facilities	0	0	Activity remains the same. However, funds were subtracted from other lines to support this cost.	Ledgers are critical for reporting and improving HMIS and data quality.	100000
Activity 2.1.10	Train 1,000 health workers in data analysis and reporting	0	0	NA	NA	0
Activity 2.1.11	Contribute to annual health conference.	53500	0	NA	NA	0
Activity 3.1.1	Conduct refresher trainings on planning, budgeting and financial management for 100 County Accountants and Administrators	0	0	NA	NA	0
Activity 3.1.2	Undertake annual financial assessment to the counties	4980	0	NA	NA	0
Activity 3.1.3	Conduct annual GAVI financial	35000	0	NA	NA	0

	audits.					
Activity 4.1.1	Conduct training for 75 health facilities managers on PBC concept and SOPs	0	0	NA	NA	0
Activity 4.1.2	Provide monthly incentive to EPI staff (EPI manager, EPI Deputy Manager, EPI support staff & Director County Health Services)	96000	0	NA	NA	0
Activity 4.1.3	Procure 32 desktop computers, 32 laptops and 32 printers and 1 photocopier for county and central levels reporting	0	0	Procure 15 laptops, 10 printers and 5 photocopier for county and central levels reporting.	Procurement of logistics critical for the improvement of reporting and program effectiveness. Budget was deducted from other activity.	25000
Activity 4.1.4	Procure 8 vehicles for central level monitoring and supervision	237600	0	Activity and cost remain the same but was carried forward to 2016	Carried forward from 2015 to 2016. The amount and quantity are the same (See table 8.6; activity 4.1.4 below)	0
Activity 4.1.5	Procure 15 motorcycles for county level M&E staff	0	0	NA	NA	0
Activity 4.1.6	Conduct regular maintenance and repairs of vehicles	52000	0	NA	NA	0
Activity 4.2.1	Procure 20 high frequency based radios for selected hard to reach health facilities	0	0	NA	NA	0
Activity 4.2.2	Procure 20 solar panels for selected hard to reach health facilities	0	0	NA	NA	0
Activity 4.2.3	Procure 15 vehicles for county outreach services	0	0	NA	NA	0
Activity 4.2.4	Procure 2 refrigerated trucks for vaccine distribution	129600	0	Activity remains the same but was spilt into 2 years (1 in year 2-2015 and the other in year 3-2016)	See comment below in table 8.6; activity 4.2.4.	65800
Activity 4.2.5	Procure 10 solar refrigerators for private health providers	0	0	NA	NA	0
Activity 4.2.6	Procure 150 vaccine cold boxes for both private and public health providers	0	0	NA	NA	0
Activity 4.2.7	Construct dry store at	250000	0	NA	NA	0

	national level to improve cold chain					
Activity 4.2.8	Construct 2 regional cold stores for vaccine management	0	0	NA	NA	0
Management Support	Register and insure procured vehicles and motorcycles	8000	0	NA	NA	0
Management Support	Advertise Expression of Interest (EOI) for procurement activities	2000	0	NA	NA	0
Management Support	Procure fuel for procured supportive supervision	15000	0	NA	NA	0
Management Support	EPI and HMIS supervisory vehicles repair	17000	0	NA	NA	0
Management Support	Pay bank overdraft (bank transactions)	5000	0	NA	NA	0
Management Support	Procure stationary and office supplies (computer inks, A4 papers, etc)	5000	0	NA	NA	0
Management Support	GAVI APR writing and submission (HSCC meeting, honorarium for drafting team, etc)	3000	0	NA	NA	0
Management Support	Operational cost (e.g; DHL Service charge, scratch cards, computers, etc)	20000	0	NA	NA	0
		1800000	0			316910

8.6. Planned HSS activities for 2016

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

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

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	**Planned Activity for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2016** (if relevant)
Activity 1.1.1	Establish biomedical technology	50000	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget	0

	workshop at central and in 2 regions				
Activity 1.1.2	Procure 100 motorbikes for integrated outreach services (50 year 1 & 50 year 2).	236900	No	Not applicable	0
Activity 1.1.3	Provide monthly performance base incentives for essential MCH (e.g., immunization, deliveries, FP, etc) interventions in 50 private health facilities.	75000	No	Not applicable	0
Activity 1.1.4	Provide monthly performance base incentives for 75 health facilities not cover under the current performance based arrangement.	90000	No	Not applicable	0
Activity 1.1.5	Re-produce 50,000 home based cards and 50,000 road to health cards	50000	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 1.1.6	Re-produce 75,000 TT cards	59444	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 1.1.7	Train 4 Pediatricians	50000	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 1.2.1	Re- produce visibility and identification materials (e.g., CHV badge, Jacket and bag) for 1,450 gCHVs.	29000	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 1.2.2	Train 1,450 CHVs in RED and REP Strategies.	0	No	Not applicable	0
Activity 1.3.1	Procure equipment and supplies for implementing infection control	0	No	Not	0
Activity 1.3.2	Conduct annual clinical audits in 28 hospitals nationwide	18604	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 1.3.3	Train 1,000 clinical staff in infection prevention and control systems in line with SOP	41207	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0

Activity 1.3.4	Conduct annual quality assurance and health facilities accreditation assessments in all health facilities (ie: SARA).	218517	Yes	Reduced by US$ 118,517 to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	100000
Activity 2.1.1	Undertake quarterly supportive supervision	31425	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 2.1.2	Conduct refresher training 50 M&E and 75 County Health Team staff in M&E and Research	21596	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 2.1.3	Conduct EPI coverage surveys	79885	No	Not applicable	0
Activity 2.1.4	Conduct quarterly on-site data verification and validation.	51000	Yes	Reduced by US$ 26,300 to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	24700
Activity 2.1.5	Conduct semi-annual programs reviews.	70535	No	Not applicable	0
Activity 2.1.6	Conduct review of Essential Package of Health Services 3yrs of implementation	42293	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 2.1.7	Conduct annual data quality audit (DQA) in compliance with national guidelines.	12750	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 2.1.8	Finalize, print and disseminate research agenda and guidelines	0	No	Not applicable	0
Activity 2.1.9	Re-produce registers (e.g., ANC, Deliveries, PNC, etc) for all health facilities	70000	No	Not applicable	0
Activity 2.1.10	Train 1,000 health workers in data analysis and reporting	67464	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 2.1.11	Contribute to annual health conference.	53500	No	Not applicable	0
Activity 3.1.1	Conduct refresher trainings on planning, budgeting and financial management for 100 County Accountants	0	No	Not applcable	0

	and Administrators				
Activity 3.1.2	Undertake annual financial assessment to the counties	4980	Yes	Removed to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	0
Activity 3.1.3	Conduct annual GAVI financial audits.	35000	No	Not applicable	0
Activity 4.1.1	Conduct training for 75 health facilities managers on PBC concept and SOPs	0	No	Not applicable	0
Activity 4.1.2	Provide monthly incentive to EPI staff (EPI manager, EPI Deputy Manager, EPI support staff & Director County Health Services)	0	Yes	Due to lack of support from UNICEF to pay incentive and provide salary top up to key EPI staff, Activity 4.1.2 (Recruit TA for HSS) was changed to provide monthly incentive and salary top up to EPI staff.	96000
Activity 4.1.3	Procure 32 desktop computers, 32 laptops and 32 printers and 1 photocopier for county and central levels reporting	88900	Yes	Was adjusted to 2015, with a reduced amount of US$ 25,000 and quantity (See table 8.5; activity 4.1.3 above)	0
Activity 4.1.4	Procure 8 vehicles for central level monitoring and supervision	0	Yes	Was brought forward from 2015 to 2016. The amount and quantity are the same (See table 8.5; activity 4.1.4 above)	237600
Activity 4.1.5	Procure 15 motorcycles for county level M&E staff	0	No	Not applicable	0
Activity 4.1.6	Conduct regular maintenance and repairs of vehicles	52000	Yes	Reduced by US$ 22,000 to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	30000
Activity 4.2.1	Procure 20 high frequency based radios for selected hard to reach health facilities	50000	Yes	Reduced by US$ 40,000 to address the overall 20% (1.8 million to 1.4 million) reduction of the original budget.	10000
Activity 4.2.2	Procure 20 solar panels for selected hard to reach health facilities	75000	No	Not applicable	0
Activity 4.2.3	Procure 15 vehicles for county outreach services	0	No	Not applicable	0
Activity 4.2.4	Procure 2 refrigerated trucks for vaccine distribution	0	No	See comment above in table 8.5; activity 4.2.4.	65800
Activity 4.2.5	Procure 10 solar refrigerators for private health	0	No	Not applicable	0

	providers				
Activity 4.2.6	Procure 150 vaccine cold boxes for both private and public health providers	0	No	Not applicable	0
Activity 4.2.7	Construct dry store at national level to improve cold chain	0	No	Not applicable	0
Activity 4.2.8	Construct 2 regional cold stores for vaccine management	0	No	Not applicable	0
Management Support	Register and insure procured vehicles and motorcycles	8000	No	Not applicable	0
Management Support	Advertise Expression of Interest (EOI) for procurement activities	2000	No	Not applicable	0
Management Support	Procure fuel for procured supportive supervision	15000	No	Not applicable	0
Management Support	Procure stationary and office supplies (computer inks, A4 papers, etc)	5000	No	Not applicable	0
Management Support	Pay bank overdraft (bank transactions)	5000	No	Not applicable	0
Management Support	EPI and HMIS supervisory vehicles repair	17000	No	Not applicable	0
Management Support	GAVI APR writing and submission (HSCC meeting, honorarium for drafting team, etc)	3000	No	Not applicable	0
Management Support	Operational cost (e.g; DHL Service charge, scratch cards, computers, etc)	20000	No	Not applicable	0
		1800000			

8.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
European Union	1600000	2015 - 2016	EU funds are expected to support the health sector policy dialogue (ie: County Planning, policy development, operational research, etc) and strengthening district health teams (ie: Recruitment of additional staff, logistics, training, office space, etc).
Global Fund	12000000	2014 - 2016	• Provides salary payment for project staff-contract employees and top-up incentives for health workers (e.g., medical doctors assigned in counties, county and central levels M&E officers and project staff for HIV, Malaria and TB programs, 15 health service administrators, IT staff, supply chain, etc). Supports data verifications and validation exercise for the three programs (Malaria, HIV and TB). Procure drugs and medical supplies related to 3 priority diseases (HIV, Malaria and Tuberculosis). Provides support for supply chain management and improvement (ie: construction of drug deports, distribution of drugs and medical supplies, procurement of vehicles and trucks for distribution, etc).
Health Sector Pool Fund (Irish Aid, DFID, SWISS, UNICEF, etc)	13371224	2014 -2015	• Provides essential drugs for over 134 health facilities supported by the health sector pool fund. Supports M&E related activities including quarterly data verification exercise. Provides salaries for Pool Fund Project staff and operational cost for Office of Financial Management.
USAID/FARA Project	8400000	2014- 2015	• Provides scholarships for midwives and lab technicians attending the Esther Bacon Midwifery School • Supports pre-service training institutions in Bong and Lofa counties. • Supports quarterly supervision, data verifications and validation exercises under the performance based health financing (PBF) scheme. • Provides monthly incentive for FARA project staff assigned at central MOHSW and at health facilities in three counties supported by the USAID. • Procure drugs and medical supplies for supported health facilities in three counties and support to strengthen the capacity of the National Drug Services.
World Health Organization (WHO)	150000	2014-2015	• Provides funds through the EU Policy Dialogue project for health financing activities, capacity development in planning and budgeting, training in monitoring and Health Information System

			• WHO also provides fund for administrative support (incentive for health financing staff, stationary and office supplies) and fellowship (national and international).

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

Table 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Health System Assessment 2015	Information was validated through a stakeholder's three days retreat and a three days national validation and consensus building meeting with actors and key stakeholders.	None
Liberia Demographic and Health Survey (LDHS) 2013	The Demographic and Health Survey administration has standard procedure for data collection that includes quality assurance. Also, draft report are circulated to key stakeholders for their inputs. There is a technical team input and feedback process.	None
MOH Annual Report 2014	The 2014 report was circulated to MOH senior staff and county health teams for their feedback. Also, there are periodic monitoring visits at health facility and county levels to verified and validate HMIS data and other activities implemented.	None

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

None

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?3

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

9. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

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

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

Liberia is not reporting on GAVI TYPE A CSO support for 2014

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

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

Liberia is not reporting on GAVI TYPE B CSO support for 2014

10. Comments from ICC/HSCC Chairs

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

11. Annexes

11.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 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 programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

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

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

11.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 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 programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

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

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Ministers Signature Sheet_2015.pdf **File desc:** **Date/time :** 14/05/2015 07:16:40 **Size:** 206 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Ministers Signature Sheet_2015.pdf **File desc:** **Date/time :** 14/05/2015 07:17:23 **Size:** 206 KB
3	Signatures of members of ICC	2.2	✓	HSCC & ICC Signature Sheet.pdf **File desc:** **Date/time :** 14/05/2015 07:22:37 **Size:** 240 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	HSCC & ICC Meeting Minutes_May 12_2015.pdf **File desc:** **Date/time :** 14/05/2015 07:36:33 **Size:** 285 KB
5	Signatures of members of HSCC	2.3	✓	HSCC & ICC Signature Sheet.pdf **File desc:** **Date/time :** 14/05/2015 07:23:12 **Size:** 240 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	HSCC & ICC Meeting Minutes_May 12_2015.pdf **File desc:** **Date/time :** 14/05/2015 07:36:58 **Size:** 285 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	ISS financial Statement.pdf **File desc:** **Date/time :** 14/05/2015 07:37:25 **Size:** 290 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	GAVI Draft Audit Report 2013 - ISS.v1552015-1.pdf **File desc:** **Date/time :** 15/05/2015 01:16:42 **Size:** 545 KB

9	Post Introduction Evaluation Report	7.2.1	✗	Liberia Health System Assessment Report_2015.pdf **File desc:** **Date/time :** 15/05/2015 01:25:26 **Size:** 3 MB
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	HSS- old & New Grants.pdf **File desc:** **Date/time :** 15/05/2015 01:25:26 **Size:** 385 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US$ 250,000	7.3.1	✓	GAVI Draft Audit Report 2013 - ISS.v1552015-1.pdf **File desc:** **Date/time :** 15/05/2015 01:25:26 **Size:** 545 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	Liberia_EVM_Report.pdf **File desc:** **Date/time :** 14/05/2015 08:21:42 **Size:** 3 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	National EVM-Improvement-Plan-Liberia.xls **File desc:** **Date/time :** 14/05/2015 08:21:42 **Size:** 203 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Liberia_EVM_Report.pdf **File desc:** **Date/time :** 14/05/2015 08:21:42 **Size:** 3 MB
16	Valid cMYP if requesting extension of support	7.8	✓	Liberia_cMYP+Rev 25_03_2014.doc **File desc:** **Date/time :** 24/04/2015 10:32:37 **Size:** 834 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	LIBERIA_cMYP_Costing_Tool_Vs+25_07_04_2014.xls **File desc:** **Date/time :** 24/04/2015 10:32:38 **Size:** 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	ICC Minutes_March 6_2015.pdf **File desc:** **Date/time :** 14/05/2015 07:43:35 **Size:** 994 KB

19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	HSS Financial Statement_2014.pdf **File desc:** **Date/time :** 14/05/2015 07:38:22 **Size:** 385 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	HSS Financial Statement_2014.pdf **File desc:** **Date/time :** 15/05/2015 01:31:10 **Size:** 385 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	GAVI Draft Audit Report 2013 - HSS.v752015.pdf **File desc:** **Date/time :** 15/05/2015 01:16:43 **Size:** 560 KB
22	HSS Health Sector review report	8.9.3	✓	Liberia Health System Assessment Report_2015.pdf **File desc:** **Date/time :** 14/05/2015 07:43:35 **Size:** 3 MB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	HSS Financial Statement_2014.pdf **File desc:** **Date/time :** 15/05/2015 01:31:10 **Size:** 385 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded

28	Justification for changes in target population	5.1	✗	No file loaded
	Other		✗	2013 Accreditation.zip **File desc:** **Date/time :** 24/04/2015 10:25:18 **Size:** 2 MB
				DHS 2013 Final Report.pdf **File desc:** **Date/time :** 21/04/2015 10:54:00 **Size:** 7 MB
				HSCC & ICC Meeting Attendance_May_12_2015.pdf **File desc:** **Date/time :** 15/05/2015 01:27:28 **Size:** 801 KB
				HSS- old & New Grants.pdf **File desc:** **Date/time :** 14/05/2015 07:43:35 **Size:** 385 KB
				ICC Attendance_March_6_2015.pdf **File desc:** **Date/time :** 15/05/2015 01:28:16 **Size:** 515 KB
				Liberia Health System Assessment Report_2015.pdf **File desc:** **Date/time :** 14/05/2015 07:14:58 **Size:** 3 MB
				Liberia Investment Plan_May 13_15.pdf **File desc:** **Date/time :** 14/05/2015 06:59:46 **Size:** 2 MB
				Management Response GAVI ISS audit_2015.pdf **File desc:** **Date/time :** 15/05/2015 01:22:12 **Size:** 266 KB

				MOHSW Annual Report 2014.pdf **File desc:** **Date/time :** 14/05/2015 07:02:27 **Size:** 2 MB