The GAVI Alliance

2014 Annual Progress Report

Submitted by

the Government of

Senegal

Reporting on year: **2014**
Requesting support for the year: **2016**
Date of submission: **5/13/2015**

Deadline for submission: 5/15/2015

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

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and the 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 previous APRs and approved proposals for GAVI support are available at* http://www.gavialliance.org/country/

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that GAVI support and/or funds have been used for purpose other than for the programs described in this application, or any GAVI Alliance-approved amendment to this application. The Gavi Alliance retains the right to terminate its support to the Country for the programs described in 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 this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

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

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there 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 government confirm that this application is accurate and correct and form legally binding obligations on the Country, under the Country's law, to carry out the programs described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

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

Use of commercial bank accounts

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

ARBITRATION

Any dispute between the Country and the Gavi Alliance arising out of or relating to 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 programs described in this 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 programs described in this application.

By preparing this APR the Country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Major problems 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. Characteristics of assistance

Reporting on year: **2014**

Requesting support for the year: **2016**

1.1. NVS & Injection Supplies support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	2016
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	2016
Routine New Vaccines Support	IPV, dose(s) per vial, LIQUID	IPV, dose(s) per vial, LIQUID	2018

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

Preferred second IPV vaccine presentation: **IPV, 10 dose(s) per vial, LIQUID**

Preferred third IPV vaccine presentation: **IPV, 1 dose(s) per vial, LIQUID**

1.2. 1.2. Program extension

Type of Support	Vaccine	Start Year	End year
Routine New Vaccines Support	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	2017	2017
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2017	2017
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	Rotavirus, 2 scheduled doses	2017	2017
Routine New Vaccines Support	IPV, 5 dose(s) per vial, LIQUID	2019	2019

1.3. ISS, HSS, CSO

Type of Support	Reporting fund utilization in 2014	Request for Approval of	Eligible For 2014 ISS reward
CSO	Yes	N/A	No
VIG	Yes	N/A	No
HSS	Yes	next tranche of HSS grant: No	No

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

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 is available here. It is also available in French here.

2. Signatures

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

By signing this page, the Government of Senegal 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 Senegal

Please note that this APR will not be reviewed or approved by the High Level Review Panel without the signatures of both the Minister of Health & the Minister Finance or their authorized representatives.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Ibrahima Wone	**Name**	Cheikh Tidiane Diop
Date		**Date**	
Signature		**Signature**	

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

Full name	Title	Telephone	Email address
Ousseynou	Badiane	00221776514376	ouzbad@hotmail.com

2.2. ICC Signatures Page

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

In some countries, HSCC and ICC committees have been merged into a single committee. Please complete each section where information is required and upload the signatures in the section of the attached documents, once for the HSCC signatures and once for the ICC signatures.

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

2.2.1 ICC Report Endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Alimata Jeanne Diarra Nama	WHO		
Mrs. Laylee Moshiri	UNICEF		

Dr. Shimizu Toshiyazu	Japan International Cooperation Agency (JICA)		
Mr. Amadou Cissé	RESSIP/CONGAD		

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

All comments will be treated confidentially

Comments from Partners:

APR

Comments from the Regional Working Group:

APR

2.3. HSCC Signatures Page

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

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

Name/Title	Agency/Organization	Signature	Date
N/A	N/A		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Senegal is not submitting a report on the use of type A and B CSO funds in 2015

3. Table of Contents

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

Sections

4. Baseline and Annual Targets

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

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 number of births	549,731	549,731	564,574	556,859	579,817	571,894		587,335		603,193
Total number of infant deaths	33,534	33,534	34,439	18,377	35,369	18,873		19,383		19,906
Total surviving infants	516197	516,197	530,135	538,482	544,448	553,021		567,952		583,287
Total number of pregnant women	549,731	549,731	564,574	556,859	579,817	571,894		587,335		603,193
Number of infants vaccinated (to be vaccinated) BCG	522,245	483,271	536,345	556,859	550,826	571,894		587,335		603,193
BCG coverage*[1]*	95%	88%	95%	100%	95%	100%	0%	100%	0%	100%
Number of infants vaccinated (to be vaccinated) OPV3	522,245	442,053	536,345	546,279	550,826	561,029		576,177		591,734
OPV3 *coverage[2]*	101%	86%	101%	101%	101%	101%	0%	101%	0%	101%
Number of infants vaccinated (to be vaccinated) DTP1*[3]*	522,245	475,161	536,345	546,279	550,826	561,029		576,177		591,734
Number of infants vaccinated (to be vaccinated) DTP3*[3][4]*	522,245	442,721	536,345	546,279	550,826	561,029		576,177		591,734
DTP3 coverage*[2]*	101%	86%	101%	101%	101%	101%	0%	101%	0%	101%
Wastage[5] rate in base-year and planned thereafter (%) for DTP	10	10	10	10	10	10		10		10
Wastage[5] factor in base-year and planned thereafter for DTP	1.11	1.11	1.11	1.11	1.11	1.11	1.00	1.11	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of vaccine DTP-HepB-Hib	516,542	475,161	493,942	546,279		561,029				
Number of infants vaccinated (to be vaccinated) with 3rd dose(s) of vaccine DTP-HepB-Hib	516,542	442,721	493,942	546,279		561,029				
DTP-HepB-Hib coverage*[2]*	100%	86%	93%	101%	0%	101%	0%	0%	0%	0%
Waste[5] in base-year and planned thereafter (%) [6]	10	10	10	10		10				
Wastage rate [5] in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1	1.11	1	1	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	0%	25%	0%	25%	0%	25%
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Pneumococcal (PCV13)	516,542	467,785	493,942	546,279	550,826	561,029		576,177		

vaccine										
Number of infants vaccinated (to be vaccinated) with 3rd dose(s) of Pneumococcal (PCV13) vaccine	516,542	400,439	493,942	546,279	550,826	561,029		576,177		
Pneumococcal (PCV13) coverage*[2]*	100%	78%	93%	101%	101%	101%	0%	101%	0%	0%
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5	5	5		5		
Wastage rate [5] in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1	1.05	1	1
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(s) of Rotavirus vaccine	260,935	33,448	528,827	546,279	550,826	561,029		576,177		
Number of infants vaccinated (to be vaccinated) with 2nd dose(s) of Rotavirus vaccine	260,935	0	0	546,279	550,826	561,029		576,177		
Rotavirus vaccine coverage*[2]*	51%	0%	0%	101%	101%	101%	0%	101%	0%	0%
Wastage[5] rate in base-year and planned thereafter (%)	5	5	5	5	5	5		5		
Wastage rate [5] in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1	1.05	1	1
Maximum wastage rate value for Rotavirus vaccine, 2 scheduled doses	0%	5%	0%	5%	0%	5%	0%	5%	0%	5%
Number of infants vaccinated (to be vaccinated) IPV		0	493,266	546,279	499,798	561,029		576,177		591,734
Wastage[5] rate in base-year and planned thereafter (%)		0	18	10	30	10		10		10
Wastage rate [5] in base-year and planned thereafter (%)	1	1	1.22	1.11	1.43	1.11	1	1.11	1	1.11
Maximum wastage rate value for IPV, 5 dose(s) per vial, LIQUI (see note above)	0%	30%	0%	30%	0%	30%	0%	30%	0%	30%
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Measles vaccine	0	420,875	0	546,279		561,029		576,177		
Number of infants vaccinated (to be vaccinated) with 2nd dose(s) of Measles vaccine		72,958		546,279		561,029		576,177		
Measles coverage*[2]*	0%	14%	0%	101%	0%	101%	0%	101%	0%	0%
Wastage[5] rate in base-year and planned thereafter (%)	40	25	40	25		25		25		
Wastage rate [5] in base-year and planned thereafter (%)	1.67	1.33	1.67	1.33	1	1.33	1	1.33	1	1
Maximum waste rate value for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	0.00%	40.00%	0.00%	40.00%	0.00%	40.00%	0.00%	40.00%	0.00%	40.00%
Pregnant women vaccinated with TT+	494,758	373,332	508,116	556,859	521,835	571,894		587,335		603,193
TT+ coverage*[7]*	90%	68%	90%	100%	90%	100%	0%	100%	0%	100%
Vit A supplement to mothers within 6 weeks	0	0	0	0	0	0		0		0

after delivery										
Vit A supplement to infants after 6 months	0	2,169,338	0	2,527,552	0	2,595,796	N/A	2,665,882	N/A	2,137,861
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0%	7%	0%	0%	0%	0%	0%	0%	0%	0%

Number	Targets (preferred presentation)	
	2019	
	Previous estimates in 2014	Current estimation
Total number of births		618,876
Total number of infant deaths		20,423
Total surviving infants		598,453
Total number of pregnant women		618,876
Number of infants vaccinated (to be vaccinated) BCG		618,876
BCG coverage*[1]*	0%	100%
Number of infants vaccinated (to be vaccinated) OPV		607,119
OPV3 *coverage[2]*	0%	101%
Number of infants vaccinated (to be vaccinated) DTP*[3]*		607,119
Number of infants vaccinated (to be vaccinated) DTP3*[3][4]*		607,119
DTP3 coverage*[2]*	0%	101%
Wastage[5] rate in base-year and planned thereafter (%) for DTP		10
Wastage[5] factor in base-year and planned thereafter for DTP	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of vaccine DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3rd dose(s) of vaccine DTP-HepB-Hib		
DTP-HepB-Hib coverage*[2]*	0%	0%
Waste[5] in base-year and planned thereafter (%) [6]		
Wastage rate [5] in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) par flacon, LIQUIDE	0%	25%
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Pneumococcal (PCV13) vaccine		
Number of infants vaccinated (to be vaccinated) with 3rd dose(s) of Pneumococcal (PCV13)		

vaccine		
Pneumococcal (PCV13) coverage*[2]*	0%	0%
Wastage[5] rate in base-year and planned thereafter (%)		
Wastage rate [5] in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Rotavirus vaccine		
Number of infants vaccinated (to be vaccinated) with 2nd dose(s) of Rotavirus vaccine		
Rotavirus vaccine coverage*[2]*	0%	0%
Wastage[5] rate in base-year and planned thereafter (%)		
Wastage rate [5] in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Rotavirus vaccine, 2 scheduled doses	0%	5%
Number of infants vaccinated (to be vaccinated) IPV		607,119
Wastage[5] rate in base-year and planned thereafter (%)		10
Wastage rate [5] in base-year and planned thereafter (%)	1	1.11
Maximum wastage rate value for IPV, 5 dose(s) per vial, LIQUI (see note above)	0%	30%
Number of infants vaccinated (to be vaccinated) with 1st dose(s) of Measles vaccine		
Number of infants vaccinated (to be vaccinated) with 2nd dose(s) of Measles vaccine		
Measles coverage*[2]*	0%	0%
Wastage[5] rate in base-year and planned thereafter (%)		
Wastage rate [5] in base-year and planned thereafter (%)	1	1
Maximum waste rate value for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	0.00%	40.00%
Pregnant women vaccinated with TT+		618,876
TT+ coverage*[7]*	0%	100%
Vit A supplement to mothers within 6 weeks after delivery		0
Vit A supplement to infants after 6 months	N/A	2,137,861
Annual DTP Drop out rate [(	0%	0%

DTP1 – DTP3) / DTP1] x 100		

[1] Number of infants vaccinated as compared to total number of 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 ensure that the DTP3 cells are correctly filled out

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

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

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

5. General Program Management Component

5.1. Updated Baseline and Annual Targets

Note: Fill in the table in Section 4, Baseline and Annual Targets before continuing

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 - 2016 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous Annual Progress Reports or in new application for GAVI support or in the cMYP.

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

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

  The difference between the numbers in the cMYP and the APR is due to the fact that the annual population data for the cMYP were estimated based on the annual growth rate from the 2002 census while for the APR, we used official data provided by the National Institute for Statistics and Demography (ANSD) 2013 census. This explains the persistent gap noted between the projections in the cMYP and the ARP. The population numbers will be readjusted in the cMYP during the update planned for July 2015 and may later take the new population census into account

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

  Senegal's option was, until that time, to use live births as the target for all vaccines for both the 0-11 month tranche and that for pregnant women. From 2015 on, the country will be using surviving infants in its coverage calculation.

- Justification for any changes in targets by vaccine. **Please note that targets that exceed the previous years' results by more than 10% must be justified.** For IPV, justifications must also be provided in annex to the APR for EACH change to a target population.

  N/A

- Justification for any change made to the **wastage rate for each vaccine**

  N/A

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1 During the last five years, were sex-disaggregated data on immunization service access available in your country from administrative data sources and/or studies on DTP3 coverage? **yes, available**

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

Source of data	Reference Year for Estimates	DTP3 Coverage Estimate	
		Boys	Girls
ongoing DHS	2013-2014	89.1	89.6

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

The survey data showed that there are no obstacles linked to gender with regard to immunization access.

5.2.3 If no sex-disaggregated data is currently available, do you plan in the future to collect sex-disaggregated data on routine immunization reporting? **Not selected**

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

N/A

5.3. Overall Expenditures and Financing for Immunization

The purpose of **Table 5.3a** is to guide GAVI's understanding of the broad trends in immunization program expenditures and financial flows. Please fill in the tables using US$.

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

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

Expenditures by Category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	community	Intrahealth	N/A
Traditional Vaccines*	1,489,000	1,489,000	0	0	0	0	0	0
New and underused Vaccines**	16,365,729	465,000	15,900,729	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	127,546	0	127,546	0	0	0	0	0
Cold chain equipment	540,000	300,000	240,000	0	0	0	0	0
Staff	576,607	576,607	0	0	0	0	0	0
Other routine recurrent costs	733,759	6,004	160,036	317,912	249,807	0	0	0
Other capital costs	1,312,000	300,000	1,012,000	0	0	0	0	0
Campaigns costs	2,051,796	0	190,774	1,075,589	644,559	119,950	20,924	0
N/A		0	0	0	0	0	0	0
Total Expenditures for Immunization	23,196,437							
Total Government Health		3,136,611	17,631,085	1,393,501	894,366	119,950	20,924	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 item, if these vaccines were introduced without GAVI support.

5.4. Inter-Agency Coordinating Committee

How many times did the ICC meet in 2014? **9**

Please attach the minutes **(Document Nº 4)** from the ICC meeting held 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 through 5.3 Overall Expenditures and Financing for Immunization

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

If Yes, which ones?

List the CSO member organizations belonging to the ICC:
RESSIP/CONGAD
ACDEV
Siguil Jiguen Network

5.5. Priority actions in 2015 to 2016

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

OBJECTIVES:

- Expand the range of vaccines offered by the program
- Strengthen logistics
- Improve human resource capacity.
- Maintain interruption of the circulation of the wild autochthonous polio virus
- Attain vaccine coverage of at least 90% for all vaccines, in all districts
- Improve data management
- Maintain elimination status for maternal and neonatal tetanus (MNT)
- Ensure prevention of meningitis epidemics
- Ensure 100% funding for traditional vaccines and supplies and co-funding of new vaccines in the national Budget.

PRIORITY ACTIONS

- Introduction of hepatitis B vaccine at birth
- Implement HPV demo project
- Introduction of IPV
- Organize national immunization days for polio
- Update renovation and logistics plan
- Organize African Immunization Week
- Purchase of cold chain equipment
- Purchase of incinerators
- Purchase of fleet (vehicles, motorbikes)
- Organize training for health staff
- Implement RED strategy in all districts
- Organize monitoring meetings
- Publish monthly EPI bulletin
- Advocate for immunization funding
- Implement DQS

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 syringes used systematically in the EPI in 2014	Funding sources in 2014
BCG	SAB 0.05	State
Measles	SAB 0.5	State
TT	SAB 0.5	State
DTP-containing vaccine	SAB 0.5	State, GAVI
IPV	N/A	N/A
PCV -13	SAB 0.5	State, GAVI
Yellow fever	SAB 0.5	State

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

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

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

The lack of availability and/or non-functioning incinerators in all districts is an obstacle.

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

In 2014, sharps waste were eliminated by using existing incinerators and with the support of public and private hospital facilities. Nevertheless, the gap of 63 incinerators (identified in the district 2013 logistic inventory) remains. The incinerators that were planned for were not purchased, due to a lack of funding.

GAVI funds for the 2012 Men A campaign and the 2013 MR campaign will allow the new option of putting a large-capacity incinerator in place in each region to be finalized. This acquisition process is currently being implemented.

6. Immunization services support (ISS)

6.1. Report on the use of ISS funds in 2014

Senegal is not submitting a report on the use of funds for immunization services support (ISS) in 2014

6.2. Detailed expenditure of ISS funds during the calendar year

Senegal is not submitting a report on the use of funds for immunization services support (ISS) in 2014

6.3. Request for ISS reward

The ISS reward request does not apply to Senegal in 2014

7. New and Underused Vaccines Support (NVS)

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

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

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

Please also include any deliveries from the previous year received in accordance with this Decision Letter.

	[A]	[B]	[C]	
Vaccine Type	**Total doses for 2014 in the Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the company record any stock shortages at any level during 2014?**
Measles, second dose	510,700	611,000	0	No
Pneumococcal (PCV13)	1,927,800	1,927,800	0	No
DTP- HepB- Hib	1,779,600	1,779,600	0	No
Rotavirus	229,500	210,000	0	No
IPV		0	0	No

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

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

  For the Rotavirus vaccine, the difference between doses received and those listed in the Decision Letter are due to the fact that the State's portion was not ordered due to the delay in beginning immunization. For MR, the quantity in the Decision Letter only addresses the second dose.

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

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

  The use of 10-dose vials for Pentavalent resulted in reduced storage capacity requirements and also facilitates the resolution of gaps related to the introduction of new vaccines. Following the open vial policy resulted in less wastage and reduced missed immunization opportunities. Multiple presentations are not, then, of particular interest for Senegal and, in fact, there was improved coverage noted with the exclusive use of 10-dose vials

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

N/A

7.2. Introduction of a New Vaccine in 2014

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

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	11/8/2013
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	No	Immunization availability at all levels

For when is the Post Introduction Evaluation (PIE) planned? **November 2014**

Rotavirus vaccine, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	11/28/2014
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	Yes	N/A

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

Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	Yes	8/19/2014
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	Yes	N/A

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	7/4/2005
Phased introduction	No	
Was the time and scale of introduction as planned in the proposal? If No, Why?	Yes	N/A

For when is the Post Introduction Evaluation (PIE) planned? **July 2006**

IPV, 5 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	1/30/2015
Phased introduction	No	
Was the time and	Yes	N/A

scale of introduction as planned in the proposal? If No, Why?		

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

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 No. 9)

Twelve months after the national-scale introduction of the pneumococcal PCV-13 vaccine into the EPI in Senegal, a global post-introduction assessment was necessary to assess the effects of staff knowledge, communication and population participation, program implementation and results, activity management, logistics and sharps waste.

The main objectives of this post-introduction assessment for the PCV-13 vaccine were to analyze the main points of the vaccine's introduction, its impact on the immunization system and to present recommendations to all participants in the health arena.

The assessment was carried out according to WHO's post-vaccine introduction guidelines.

Most of the training on the introduction of the pneumococcal vaccine was without issue, despite the lack of communication materials at the regional and district levels and the differences noted in immunization beginning dates, which were not always the same as the official launch dates. Even if there is a lack of communication materials in the field to be distributed when the introduction began, we note that service providers and mothers of children accepted without reserve that the "second

injection" was for the child's well-being. The dates of the effective introduction of the PCV-13 vaccine were extended over a period of three months between November and December 2013, and even into January 2014, within the same region.

The tools and immunization schedule were updated to integrate the PCV-13 vaccine into the immunization system. The immunization health service workers benefited from the training that was offered to them before the vaccine was put in place and used. AEFI surveillance, already fairly well established, with clear guidelines and notification sheets in place, did not undergo changes with regard to the new vaccine. No major AEFI linked to PCV-13 were noted.

The introduction of PCV-13 did not result in significant changes in EPI management. While it contributed to strengthening the protection of children against deadly diseases and to increasing staff knowledge, it must still be noted that there are issues with communication, the analysis of data collected and cold chain management. The rare poster found in facilities dates from the year when pentavalent was introduced (2005) and this indicates the lack of communication materials for a new vaccine in the program. Self-monitoring curves, enabling the review and analysis of immunization data, as well as the temperature sheets, are not frequently updated.

It is important to note that the management teams in the districts and regions were prepared on time and took steps so that service providers easily integrated the PCV-13 into the routine immunizations. Those who delayed the introduction

point out that the preparations and implementation of the mass immunization campaign against measles and rubella took a lot of energy during that same time period (November 2013). This duplication of important activities (mass immunization campaign against measles and rubella and the introduction of PCV-13) within the month also possibly affected mass communication activities in the regions and districts.

The main recommendations were linked to the introduction of the new vaccine into the strengthened/strong system with adequate preparation of those responsible and health care personnel. At the same time, we must insist that communication tools be available that highlight the introduction of a new vaccine into the system as well as the need for training and retraining and formative supervision of health personnel to ensure the efficient implementation of good management practices at the operational level. As result, it will be possible to note significant progress in interpersonal communication, data analysis for vaccine action and management and equipment that is indispensable for proper EPI operations.

7.2.3 Adverse Event Following Immunization (AEFI)

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address

potential vaccine crises? **Yes**

7.2.4 Surveillance

Does your country conduct sentinel surveillance for:

a. Rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. Rotavirus diarrhea? **No**

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

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

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

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

Sentinel surveillance results

- Rotavirus diarrhea for 2014:
  - Suspected cases: 117
  - Positive cases: 39
- Pediatric bacterial meningitis for 2014:
  - Suspected cases: 146
  - Positive cases: 12 of which are pneumococcal (11), Hib (1)

7.3. Lump sums of the grant for the introduction of a new 2014 vaccine

7.3.1 Financial Management Reporting

	Amount US$	Amount local currency

Funds received during 2014 (A)	1,433,000	709,412,999
Remaining funds carried over from 2013	1,415,578	755,309,233
Total funds available in 2014 (C=A+B)	2,848,578	1,464,722,232
Total Expenditures in 2014 (D)	919,044	495,971,501
Carry over to 2015 (E=C-D)	1,929,534	968,750,731

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 Nos. 10, 11). The instructions for this financial statement are attached in **Annex 1**. Financial statements should be signed by the Finance Manager of the EPI Program and the EPI Manager, or by the Permanent Secretary of Ministry of Health.

7.3.2 Report on the programs

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

The key activities carried out are:

- Steering committee and sub-committee (technical, logistics, communication and surveillance) meetings for new vaccine introduction,
- Micro planning workshop for the campaign at all levels,
- Orientation for district and regional management teams on the campaign and on new vaccine introduction
- Revision of tools and training modules,
- Creation of communication materials,
- Training of service providers
- Production of communications materials and management tools
- Implementation of the communication plan
- Strengthen rolling logistical support cold chain incinerator
- Official launch of rota introduction under the Prime Minister of Senegal and in presence of the Prime Minister of Canada and GAVI representatives
- Official launch of introduction of the second dose of MR
- Revision of tools for routine immunization accounting for new vaccines
- Set up revised tools for routine
- Pneumoccucal post-vaccine introduction assessment

Please describe any problems encountered in the implementation of planned activities

There were no major problems in the implementation of activities.

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

The other activities that were programmed in the validated action plan during the joint assessment were in progress and could be completed by the end of the April 2015. These involve:
- Support for the implementation of the routine EPI communication plan
- Support for RED in the districts
There are, however, expenditures that were committed to, but which have not yet been honored, and these are related to the procurement of vehicles.

7.4. 7.4. Report on Country Co-financing in 2014

Table 7.4: Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	464,914	138,600
Selected vaccine #2: Rotavirus, 1 dose per vial, ORAL	46,000	19,500
Selected vaccine #3: Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	142,996	259,993
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	493,826	253,500
Selected vaccine #5: IPV, 5 dose(s) per vial, LIQUID*	0	0
	Q.2: What were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	100%	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	36,586	144,600
Selected vaccine #2: Rotavirus, 1 dose per vial, ORAL	0	0
Selected vaccine #3: Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	0	0
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	40,174	252,100
Selected vaccine #5: IPV, 5 dose(s) per vial, LIQUID*	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Selected vaccine #1: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	January	State
Selected vaccine #2: Rotavirus, 1 dose per vial, ORAL	January	State
Selected vaccine #3: Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	Apr	State
Selected vaccine #4: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	Apr	State
Selected vaccine #5: IPV, 5 dose(s)	January	N/A

per vial, LIQUID*		
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilizing funding for immunization, including for co-financing	
	N/A	

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

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

7.5. Vaccine management (EVSM/EVM/VMA)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **September 2012**

Please attach:

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

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

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

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

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

If yes, provide details.

N/A

For when is the next Effective Vaccine Management (EVM) assessment scheduled? **September 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Senegal is not submitting a preventive campaign NVS report.

7.7. Change of vaccine presentation

Senegal does not require changes in the vaccine presentation in the coming 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 multi-year support for a certain vaccine and the country wishes

to extend GAVI support, the country should request 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 2015 to 2016 for the following vaccines:

* **Pneumococcal (PCV-13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 scheduled doses**
* **Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 5 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing

levels as summarized in section 7.11 Calculation of requirements.

* **Pneumococcal (PCV-13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 scheduled doses**
* **Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED**
* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **IPV, 5 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2015 to 2016, which is attached to this APR (Document No.**16**). The new costing tool is also attached (Document No.**17**) for the following vaccines:

* **Pneumococcal (PCV-13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2 scheduled doses**
* **Measles, 2nd dose, 10 dose(s) per vial,**

LYOPHILISED

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

* **IPV, 5 dose(s) per vial, LIQUID**

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

*

Pneumococcal (PCV-13), 1 dose(s) per vial, LIQUID

* **Rotavirus, 2 scheduled doses**

* **Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED**

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

* **IPV, 5 dose(s) per vial, LIQUID**

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

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

Confirm

below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements

Yes

If you do not confirm, please explain

7.10. Weighted average prices of supply and related shipping

Table 7.10.1: Price of the products

Estimated prices of supply are not disclosed

Table 7.10.2: Transportation costs

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses							
Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED							
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID							

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017	2018	2019
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%
Rotavirus, 2 scheduled doses	Rotavirus, 2 scheduled doses	3.90%	4.20%	4.40%	4.40%	4.40%	4.40%
Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED	13.80%	13.00%	12.60%	12.30%	12.00%	11.80%
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40%	4.30%	3.60%	4.40%	4.40%	4.40%
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID		7.70%	7.50%	8.60%	8.60%	9.90%

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	Total
	Number of surviving	Parameter	#	516,197	530,135	553,021	1,599,353

	infants						
	Number of children to be vaccinated with the first dose	Parameter	#	516,542	493,942	561,029	1,571,513
	Number of children to be vaccinated with the third dose	Parameter	#	516,542	493,942	561,029	1,571,513
	Immunization coverage with the third dose	Parameter	%	100.07%	93.17%	101.45%	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.11	
	Stock in Central Store Dec 31, 2014		#	680,680			
	Stock across second level Dec 31, 2014 (if available)*		#	680,680			
	Stock across second level Dec 31, 2014 (if available)*	Parameter	#				
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.35	0.35	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	
fv	**Freight cost as% of vaccines value**	Parameter	%		4.30%	3.60%	

* 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.

N/A

For pentavalent vaccines, GAVI applies an indicator of 4.5 months of regulator inventory and operational inventory. Countries must indicate their needs in terms of regulator inventory and operational inventory, if these are different from the indicator, up to a maximum of six months. If assistance is needed to calculate the regulator and operational inventory levels, please contact WHO or UNICEF. By default, the pre-selection applies to a regulator and operational inventory of 4.5 months.

3

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

Co-financing group	Intermediate

	2014	2015	2016
Minimum co-financing	0.26	0.30	0.35
Co-financing recommendation in accordance with			0.35
Your co-financing	0.30	0.35	0.35

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

		2014	2015	2016
Number of vaccine doses	#	1,526,100	1,205,500	1,682,700
Number of AD syringes	#	1,517,900	1,177,800	1,684,500
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	16,875	12,975	18,525
Total value to be co-financed by Gavi	$	3,215,000	2,451,000	3,208,500

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

		2014	2015	2016
Number of vaccine doses	#	253,500	251,000	378,400
Number of AD syringes	#	252,100	245,000	378,800
Number of reconstitution syringes	#	0	0	0
Number of safety boxes	#	2,800	2,700	4,175
Total value to be co-financed by the Country [1]	$	534,000	510,000	721,500

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	516,542	493,942		
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	516,542	493,942		
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))*	1,549,626	1,481,826		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*		1,644,827		
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*** *=* • *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 0,25* • *else: (F - D - ((F - D) of previous year original approved)) x 0,25 >= 0*				
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,25)*				
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*				

H2	**Stock on 1 January**	*Table 7.11.1*	729,694	680,680		
H3	**Shipping plan**	*Approved volume*		1,456,500		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		1,456,500		
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)*				
Y	**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 * country co-financing per dose (cc)*				
V	**Country co-financing% of GAVI supported proportion**	*U / T*				

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

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

		Formula	2016		
			Total	**Government**	**GAVI**
A	**Country co-financing**	*V*	18.36%		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	561,029	102,990	458,039
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	561,029	102,990	458,039
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))*	1,683,087	308,969	1,374,118
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	1,868,227	342,956	1,525,271
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** =* • *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 0,25* • *else: (F - D - ((F - D) of previous year original approved)) x 0,25 >= 0*	55,850	10,253	45,597
H	**Inventory to deduct**	*H1 - (F (2015) current estimation x 0,25)*	- 136,706	- 25,095	- 111,611
H1	**Initial inventory calculated**	*H2 (2015) + H3 (2015) - F (2015)*	318,071	58,390	259,681
H2	**Stock on 1 January**	*Table 7.11.1*			
H3	**Shipping plan**	*Approved volume*			

I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	2,061,000	378,344	1,682,656
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	2,063,208	378,749	1,684,459
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*	22,672	4,162	18,510
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	3,703,617	679,884	3,023,733
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	92,432	16,968	75,464
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)*	124	23	101
R	**Freight cost for vaccines needed**	*N x freight cost as of% of vaccines value (fv)*	133,331	24,476	108,855
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)*	3,929,504	721,350	3,208,154
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	721,350		
V	**Country co-financing% of GAVI supported proportion**	*U / T*	18.36%		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.1: Specifications for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED

ID		Source		2014	2015	2016	2017	Total
	Number of surviving infants	Parameter	#	516,197	530,135	553,021	567,952	2,167,305
	Number of children to be vaccinated with the first dose	Parameter	#	0	0	561,029	576,177	1,137,206
	Number of children to be vaccinated with the second dose	Parameter	#			561,029	576,177	1,137,206
	Immunization coverage with the second dose	Parameter	%	0.00%	0.00%	101.45%	101.45%	
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.67	1.67	1.33	1.33	
	Stock in Central Store Dec 31, 2014		#	691,110				
	Stock across second level Dec 31, 2014 (if available)*		#	691,110				
	Stock across second level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as% of vaccines value**	Parameter	%		13.00%	12.60%	12.30%	
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.

N/A

Co-financing tables for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Intermediate

	2014	2015	2016	2017
Minimum co-financing				
Co-financing recommendation in accordance with				
Your co-financing				

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

		2014	2015	2016	2017
Number of vaccine doses	#	510,700	387,600	196,600	911,700
Number of AD syringes	#	381,500	254,100	12,600	793,700
Number of reconstitution syringes	#	56,200	42,700	21,700	100,300
Number of safety boxes	#	4,825	3,275	2,175	10,050
Total value to be co-financed by Gavi	$	181,000	148,000	61,000	322,000

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

		2014	2015	2016	2017
Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country [1]	$	0	0	0	0

Table 7.11.4: Calculation of requirements for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-financing	*V*				
B	Number of children to be vaccinated with the second dose	*Table 4*	0	0		
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B X C*	0	0		
E	Estimated vaccine wastage factor	*Table 4*	1.67	1.67		
F	Number of doses needed including wastage	*D X E*		0		
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	Inventory to deduct	*H2 from previous year - 0,25 x F from previous year*				
H2	Stock on 1 January	*Table 7.11.1*	0	691,110		
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		387,600		
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)*				
Y	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 * country co-financing per dose (cc)*				
V	Country co-financing% of GAVI supported proportion	*U / T*				

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the second dose	*Table 4*	561,029	0	561,029
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	561,029	0	561,029
E	Estimated vaccine wastage factor	*Table 4*	1.33		
F	Number of doses needed including wastage	*D X E*	746,169	0	746,169
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*	141,475	0	141,475
H	Inventory to deduct	*H2 from previous year - 0,25 x F from previous year*	691,110	0	691,110
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	196,600	0	196,600
J	Number of doses per vial	*Vaccine parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	12,534	0	12,534
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	21,626	0	21,626
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	2,163	0	2,163
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	52,886	0	52,886
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	562	0	562
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	757	0	757
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	12	0	12
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	6,664	0	6,664
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)*	60,881	0	60,881
U	Total country co-financing	*I * country co-financing per dose (cc)*	0		
V	Country co-financing% of GAVI supported proportion	*U / T*	0.00%		

Table 7.11.4: Calculation of requirements for Measles, 2nd dose, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-financing**	*V*	0.00%		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	576,177	0	576,177
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B X C*	576,177	0	576,177
E	**Estimated vaccine wastage factor**	*Table 4*	1.33		
F	**Number of doses needed including wastage**	*D X E*	766,316	0	766,316
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*	145,294	0	145,294
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*			
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	911,700	0	911,700
J	**Number of doses per vial**	*Vaccine parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	793,619	0	793,619
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	100,288	0	100,288
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	10,029	0	10,029
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	251,630	0	251,630
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	35,555	0	35,555
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	3,511	0	3,511
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	55	0	55
R	**Freight cost for vaccines needed**	*N x freight cost as of% of vaccines value (fv)*	30,951	0	30,951
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)*	321,702	0	321,702
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	0		
V	**Country co-financing% of GAVI supported proportion**	*U / T*	0.00%		

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

ID		Source		2014	2015	2016	2017	Total
	Number of surviving infants	Parameter	#	516,197	530,135	553,021	567,952	2,167,305
	Number of children to be vaccinated with the first dose	Parameter	#	516,542	493,942	561,029	576,177	2,147,690
	Number of children to be vaccinated with the third dose	Parameter	#	516,542	493,942	561,029	576,177	2,147,690
	Immunization coverage with the third dose	Parameter	%	100.07%	93.17%	101.45%	101.45%	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	107,550				
	Stock across second level Dec 31, 2014 (if available)*		#	107,550				
	Stock across second level Dec 31, 2014 (if available)*	Parameter	#					
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.30	0.35	0.35	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as% of vaccines value**	Parameter	%		4.50%	3.00%	4.50%	

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

N/A

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

Co-financing group	Intermediate

	2014	2015	2016	2017
Minimum co-financing	0.23	0.26	0.30	0.35
Co-financing recommendation in accordance with			0.35	0.35
Your co-financing	0.26	0.30	0.35	0.35

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

		2014	2015	2016	2017
Number of vaccine doses	#	1,789,200	1,238,400	1,639,200	1,653,500
Number of AD syringes	#	1,889,200	1,289,200	1,718,100	1,731,800
Number of reconstitution syringes	#	0	0	0	0

Number of safety boxes	#	20,975	14,200	18,050	18,200
Total value to be co-financed by Gavi	$	6,549,500	4,504,500	5,780,500	5,821,500

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

		2014	2015	2016	2017
Number of vaccine doses	#	138,600	113,400	180,700	182,600
Number of AD syringes	#	144,600	116,100	189,400	191,200
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	1,625	1,300	2,000	2,025
Total value to be co-financed by the Country [1]	$	501,500	406,000	637,000	643,000

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	516,542	493,942		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,549,626	1,481,826		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		1,555,918		
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	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*				
H2	**Stock on 1 January**	*Table 7.11.1*	107,550	107,550		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		1,351,800		
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)*				
Y	**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 * country co-financing per dose (cc)*				
V	**Country co-financing% of GAVI supported proportion**	*U / T*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	9.93%		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	561,029	55,684	505,345
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	1,683,087	167,051	1,516,036
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,767,242	175,404	1,591,838
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*	50,869	5,049	45,820
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*	0	0	0
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	1,819,800	180,620	1,639,180
J	**Number of doses per vial**	*Vaccine parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	1,907,352	189,310	1,718,042
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*	20,018	1,987	18,031
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*	6,147,285	610,134	5,537,151
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	85,450	8,482	76,968
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)*	109	11	98
R	**Freight cost for vaccines needed**	*N x freight cost as of% of vaccines value (fv)*	184,419	18,305	166,114
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)*	6,417,263	636,930	5,780,333
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	636,930		
V	**Country co-financing% of GAVI supported proportion**	*U / T*	9.93%		

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

		Formula	2017		
			Total	Government	GAVI
A	Country co-financing	*V*	9.94%		
B	Number of children to be vaccinated with the second dose	*Table 4*	576,177	57,282	518,895
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	1,728,531	171,844	1,556,687
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	1,814,958	180,436	1,634,522
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*	19,582	1,947	17,635
H	Inventory to deduct	*H2 from previous year - 0,25 x F from previous year*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	1,836,000	182,528	1,653,472
J	Number of doses per vial	*Vaccine parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	1,922,925	191,170	1,731,755
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*	20,196	2,008	18,188
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	6,102,864	606,723	5,496,141
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	86,148	8,565	77,583
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)*	110	11	99
R	Freight cost for vaccines needed	*N x freight cost as of% of vaccines value (fv)*	274,629	27,303	247,326
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)*	6,463,751	642,600	5,821,151
U	Total country co-financing	*I * country co-financing per dose (cc)*	642,600		
V	Country co-financing% of GAVI supported proportion	*U / T*	9.94%		

Table 7.11.1: Characteristics for rotavirus vaccine, 2 scheduled doses

ID		Source		2014	2015	2016	2017	Total
	Number of surviving infants	Parameter	#	516,197	530,135	553,021	567,952	2,167,305
	Number of children to be vaccinated with the first dose	Parameter	#	260,935	528,827	561,029	576,177	1,926,968
	Number of children to be vaccinated with the second dose	Parameter	#	260,935	0	561,029	576,177	1,398,141
	Immunization coverage with the second dose	Parameter	%	50.55%	0.00%	101.45%	101.45%	
	Number of doses per child	Parameter	#	2	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	209,899				
	Stock across second level Dec 31, 2014 (if available)*		#	209,899				
	Stock across second level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		No	No	No	
cc	**Country co-financing per dose**	Parameter	$		0.23	0.26	0.30	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	
fv	**Freight cost as% of vaccines value**	Parameter	%		4.20%	4.40%	4.40%	

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

N/A

Co-financing tables for rotavirus, 2 scheduled doses

Co-financing group	Intermediate

	2014	2015	2016	2017
Minimum co-financing	0.20	0.23	0.26	0.30
Co-financing recommendation in accordance with			0.26	0.30
Your co-financing	0.20	0.23	0.26	0.30

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

		2014	2015	2016	2017
Number of vaccine doses	#	210,000	1,221,000	1,063,600	1,068,100
Number of AD syringes	#	0	0	0	0
Number of reconstitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by Gavi	$	532,000	3,075,500	2,505,000	2,516,000

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

		2014	2015	2016	2017
Number of vaccine doses	#	19,500	123,000	132,000	156,000
Number of AD syringes	#	0	0	0	0
Number of reconstitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country [1]	$	46,000	309,500	311,000	367,500

Table 7.11.4: Calculated needs for Rotavirus, 2 scheduled doses (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-financing**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	260,935	528,827		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B X C*	521,870	1,057,654		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*		1,110,537		
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	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*				
H2	**Stock on 1 January**	*Table 7.11.1*	0	209,899		
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		1,344,000		
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**	*(K + L) / 100 x 1.10*				
N	**Cost of vaccines needed**	*I x * vaccine price per dose (g)*				
Y	**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 * country co-financing per dose (cc)*				
V	**Country co-financing% of GAVI supported proportion**	*U / T*				

Table 7.11.4: Calculated needs for Rotavirus, 2 scheduled doses (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-financing**	*V*	11.04%		
B	**Number of children to be vaccinated with the second dose**	*Table 4*	561,029	61,933	499,096
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B X C*	1,122,058	123,866	998,192
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,178,161	130,059	1,048,102
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*	16,470	1,819	14,651
H	**Inventory to deduct**	*H2 from previous year - 0,25 x F from previous year*	0	0	0
H2	**Stock on 1 January**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	1,195,500	131,973	1,063,527
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)*	2,697,048	297,730	2,399,318
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)*	118,671	13,101	105,570
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)*	2,815,719	310,830	2,504,889
U	**Total country co-financing**	*I * country co-financing per dose (cc)*	310,830		
V	**Country co-financing% of GAVI supported proportion**	*U / T*	11.04%		

Table 7.11.4: Calculated needs for Rotavirus, 2 scheduled doses (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-financing	*V*	12.74%		
B	Number of children to be vaccinated with the second dose	*Table 4*	576,177	73,391	502,786
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B X C*	1,152,354	146,781	1,005,573
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	1,209,972	154,120	1,055,852
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*	13,055	1,663	11,392
H	Inventory to deduct	*H2 from previous year - 0,25 x F from previous year*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	1,224,000	155,907	1,068,093
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)*	2,761,344	351,725	2,409,619
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)*	121,500	15,476	106,024
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)*	2,882,844	367,200	2,515,644
U	Total country co-financing	*I * country co-financing per dose (cc)*	367,200		
V	Country co-financing% of GAVI supported proportion	*U / T*	12.74%		

Table 7.11.1: Specifications for IPV 5 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018
	Number of surviving infants	Parameter	#	516,197	530,135	553,021	567,952	583,287
	Number of children to be vaccinated	Parameter	#	0	493,266	0.00%	576,177	0.00%
	Number of doses per child	Parameter	#	1	1	1	1	1
	Estimated vaccine wastage factor	Parameter	#	1.00	1.22	1.11	1.11	1.11
	Stock in Central Store Dec 31, 2014		#	518,700				
	Stock across second level Dec 31, 2014 (if available)*		#	518,700				
	Stock across second level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		5	5	5	5
	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	$		0.00	0.00	0.00	0.00
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	%		7.70%	7.50%	8.60%	8.60%

ID		Source		2019	Total
	Number of surviving infants	Parameter	#	598,453	3,349,045
	Number of children to be vaccinated	Parameter	#	607,119	2,829,325
	Number of doses per child	Parameter	#	1	
	Estimated vaccine wastage factor	Parameter	#	1.11	
	Number of doses per vial	Parameter	#	5	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	No	
	Safety boxes required	Parameter	#	Yes	
cc	**Country co-financing per dose**	Parameter	$	0.00	
ca	**AD syringe price per unit**	Parameter	$	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$	0	
cs	**Safety box price per unit**	Parameter	$	0.0054	
fv	**Freight cost as% of vaccines value**	Parameter	%	9.90%	

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

N/A

Co-financing tables for IPV, 5 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00

Co-financing recommendation in accordance with			0.00	0.00	0.00
Your co-financing		0.00	0.00	0.00	0.00

	2019
Minimum co-financing	0.00
Co-financing recommendation in accordance with	0.00
Your co-financing	0.00

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#		881,800	0	0	0
Number of AD syringes	#		796,600	904,000	655,300	814,200
Number of reconstitution syringes	#		0	0	0	0
Number of safety boxes	#		8,775	0	0	0
Total value to be co-financed by Gavi	$		1,854,680	40,500	29,500	36,500

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

		2019
Number of vaccine doses	#	0
Number of AD syringes	#	835,300
Number of reconstitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by Gavi	$	37,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#		0	0	0	0
Number of AD syringes	#		0	0	0	0
Number of reconstitution syringes	#		0	0	0	0
Number of safety boxes	#		0	0	0	0
Total value to be co-financed by the Country [1]	$		0	0	0	0

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

		2019
Number of vaccine doses	#	0
Number of AD syringes	#	0
Number of reconstitution syringes	#	0
Number of safety boxes	#	0
Total value to be co-financed by the Country [1]	$	0

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

		Formula	2014	2015		
				Total	Government	GAVI
A	Country co-financing	*V*				
B	Number of children to be vaccinated with the second dose	*Table 4*	0	493,266		
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B X C*	0	493,266		
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.22		
F	Number of doses needed including wastage	*D X E*		601,785		
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	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*				
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*				
H2	Stock on 1 January	*Table 7.11.1*	0	518,700		
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*		0		
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)*				
Y	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 * country co-financing per dose (cc)*				
V	Country co-financing% of GAVI supported proportion	*U / T*				

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the second dose	*Table 4*	561,029	0	561,029
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	561,029	0	561,029
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	622,743	0	622,743
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*	17,347	0	17,347
H	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*	- 243,354	0	- 243,354
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*	- 87,669	0	- 87,669
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine parameter*	5		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	903,904	0	903,904
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*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	40,495	0	40,495
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)*	0	0	0
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)*	40,495	0	40,495
U	Total country co-financing	*I * country co-financing per dose (cc)*	0		
V	Country co-financing% of GAVI supported proportion	*U / T*	0.00%		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the second dose	*Table 4*	576,177	0	576,177
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	576,177	0	576,177
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	639,557	0	639,557
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*	19,512	0	19,512
H	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*			
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine parameter*	5		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	655,258	0	655,258
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*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	29,356	0	29,356
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)*	0	0	0
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)*	29,356	0	29,356
U	Total country co-financing	*I * country co-financing per dose (cc)*	0		
V	Country co-financing% of GAVI supported proportion	*U / T*	0.00%		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the second dose	*Table 4*	591,734	0	591,734
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	591,734	0	591,734
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	656,825	0	656,825
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*	148,362	0	148,362
H	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*			
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine parameter*	5		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	814,106	0	814,106
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*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	36,472	0	36,472
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)*	0	0	0
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)*	36,472	0	36,472
U	Total country co-financing	*I * country co-financing per dose (cc)*	0		
V	Country co-financing% of GAVI supported proportion	*U / T*	0.00%		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

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

		Formula	2019		
			Total	Government	GAVI
A	Country co-financing	*V*	0.00%		
B	Number of children to be vaccinated with the second dose	*Table 4*	607,119	0	607,119
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	607,119	0	607,119
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	673,903	0	673,903
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*	152,203	0	152,203
H	Inventory to deduct	*H1 - 0.25 x F of previous year original approved*			
H1	Initial inventory calculated	*H2 of previous year + I of previous year - F of previous year current estimation*			
H2	Stock on 1 January	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G-H) / Vaccine package size) * Vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine parameter*	5		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	835,255	0	835,255
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*	0	0	0
N	Cost of vaccines needed	*I x * vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	37,420	0	37,420
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)*	0	0	0
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)*	37,420	0	37,420
U	Total country co-financing	*I * country co-financing per dose (cc)*	0		
V	Country co-financing% of GAVI supported proportion	*U / T*	0.00%		

Given that the 2014 shipment plan is not yet available, the approved volume for 2014 is used as the best portrait of shipments for 2014 Information will be updated when the shipment plan is available.

8. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

   a. 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 for which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15 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. Please use additional space than that provided in this reporting template, as necessary.

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

5. If you are requesting a new tranche of funding, please so indicate 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 entity** (HSCC or equivalent) as provided for on the signature page in terms of its accuracy and validity of facts, figures and sources used.

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

   a. Minutes of all the HSCC meetings held in 2014

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

   c. The 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 already received the final installment of all GAVI funding approved in the context of HSS support and that are not requesting other funding: Has implementation of the HSS support ended? YES/NO If replying NO, please indicate the anticipated date for completion of the HSS grant. **Yes**

If NO, please indicate the planned date for the end of HSS support implementation.

1st half-year 2015

Please attach all of the studies and assessments related to or financed by the GAVI HSS grant.

If available, please attach data that are disaggregated by data, rural/urban area, district/state, specifically for vaccination coverage indicators. This is particularly important if the GAVI HSS grants are used to target specific populations and/or geographical areas in the country.

If CSOs have been involved in the implementation of the HSS grant, please attach a list of those involved in implementing the grant, the financing received by the CSOs from the GAVI HSS grant and the activities they carried out. If the involvement of CSOs was already planned in the initial proposal approved by GAVI, but no funding was supplied to the CSOs, please explain. Please see http://www.gavialliance.org/support/cso where you will find GAVI's CSO Implementation Framework.

In the action plan for reusing the HSS remainder, there were no CSO activities

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

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

Please attach the latest report on national results/healthcare sector monitoring and assessment framework (with actual data reported for the last year available in the country).

8.1.1 Report on the use of ISS funds in **2014**

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

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 **No**

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

These funds should be sufficient to guarantee the implementation of the funding allocation for HSS until December 2016.

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets (per the originally approved HSS proposal)	1329388	1028713				
Revised annual budgets (*if revised by previous Annual Progress Reviews)*	1347338	1104874				
Total funds received from GAVI during the calendar year (A)	1133000		673750	1778750		
Remaining funds (carry over) from previous year		1132669	974873	1321529	2585716	1598067

(A)						
Total Funds available during the calendar year (*C=A+B*)	1133000	1132669	1648623	3100279	2585716	1598067
Total Expenditures during calendar year (*D*)	331	157796	327094	514563	905001	1060040
Balance carried forward to the next calendar year (E=C-D)	1132669	974873	1321529	2585716	1598067	538027
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	**2016**	**2017**	**2018**
Original annual budgets ((per the originally approved HSS proposal))				
Revised annual budgets (*if revised by previous Annual Progress Reviews)*				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (A)	538027			
Total Funds available during the calendar year (*C=A+B*)				
Total Expenditures during calendar year (*D*)				
Balance carried forward to the next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets ((per the originally approved HSS proposal))	664694000	514356500				
Revised annual budgets (*if revised by previous Annual Progress Reviews)*	673669000	514356500				
Total funds received from GAVI during the calendar year (A)	488606137		299650178	900935452		
Remaining funds (carry over) from previous year (A)		488443763	410176878	547097871	1193067582	761705985
Total Funds available during the calendar year (*C=A+B*)	488606137	488443763	709827056	1448033323	1193067582	761705985
Total Expenditures during calendar year (*D*)	162374	78266885	162729185	254965741	431361597	572061228
Balance carried forward to the next calendar year (E=C-D)	488443763	410176878	547097871	1193067582	761705985	189644757
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets ((per the originally approved HSS proposal))				
Revised annual budgets (*if revised by previous Annual Progress Reviews)*				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (A)	189644757			
Total Funds available during the calendar year (*C=A+B*)				
Total Expenditures during calendar year (*D*)				
Balance carried forward to the next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

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

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	490	492	500	495	497	475.5
Closing on 31 December	492	500	495	496	477	539.6

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

Has an external audit been conducted? Yes

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

8.2. Progress on HSS activities in the 2014 fiscal year

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

Please provide the following information for each planned activity:

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

Table 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)
Objective 2: Objective 2: Strengthen coordination, management, partnerships, and logistics in the country's districts by the end of 2013	2.1 Support cold room maintenance	0	
	2.2 Procure 4 supervisory vehicles	100	IN PROGRESS
	2.3 Purchase 1 dry freight truck to transport health program inputs to the regions and districts	100	IN PROGRESS
	2.4 Provide the rental of transportation means for delivering equipment, vaccines and consumables acquired in the beneficiary regions	100	INVOICES
Objective 3: Provide the monitoring and assessment of children's and maternal health program at every level by the end of 2013	3.1 Support program's financial management (audit, inventory of assets)	39	AUDIT REPORT, ACTIVITY REPORTS
	3.2 Support development of 2015-2018 HSS submission document	100	WORKSHOP REPORTS
	3.3 Procure 5 laptop computers	100	INVOICES

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**
2.1 Support cold room maintenance	Cold room maintenance will enable vaccines to be conserved in optimal conditions
2.2 Procure 4 supervisory vehicles	The vehicles are in the process of being purchased. Establishing them at the operational level will make it easier to carry out advanced and mobile strategies as well as supervision
2.3 Acquire 1 dry storage truck for transportation of inputs	Dry freight trucks are in the process of being purchased Purchasing them will enable consumables to be dispatched at the health district level
3.1 Support financial management	This support enables improved financial management and disbursement procedures
3.2 Support development of submission document	Support development of document in good conditions and its timely submission to GAVI
3.3 Procure 5 laptop computers	The procurement of computers has enabled the program's data management to be strengthened

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

All scheduled activities have been carried out except for the contract for the maintenance of cold rooms. This is scheduled to be completed before the end of the first quarter of 2015N

8.2.3 If the GAVI HSS grant has been utilized 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?

N/A

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)	Reference		Agreed target till end of support in original HSS application	2014 Target						Source of data	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2010	2011	2012	2013	2014		
1. National Penta 3 coverage	89%	2009 EPI SNIS reports	90%	90%	74% External review	83% DHS V	92% ENCV	92%	89%	ongoing DHS	
2. Percentage of districts reaching ≥80% coverage for penta 3	76%	2009 EPI SNIS reports	80%	80%	23% External review	N/A	86.8% ENCV	86.8% ENCV	57%	EPI reports	the last surveys showed that the objective was reached
3. Under-five mortality rate	121	EDS IV	105	60	72	72	N/A	61	54	ongoing DHS	
4. Percentage of districts with ANC4 rate above 50%	N/A	50%	50%	50%	N/A	N/A	N/A	N/A	N/A		
5. Percentage of CBOs that conducted integrated activities in accordance with contracts made with the districts	100%	District reports	100%	100%			100%	100%			
6. Proportion of districts satisfying the performance contract	N/A		100%	N/A							

8.4. Program Implementation in 2014

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

- Cold room maintenance ensures the conservation of vaccines under optimal conditions
- Vehicles will make it easier to carry out advanced and mobile strategies as well as supervision
- The procurement of 1 dry storage truck will enable the transport of supplies to the medical regions
- Renting means of transportation allowed vaccines and consumables to be dispatched under good conditions and in a timely manner
- The procurement of computer equipment will enable improvements to the program's data management

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

There were no difficulties with program execution; there was just a reallocation of remaining funds from 2013

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

For monitoring and evaluation of activities the following arrangements were made

- regular ICC meetings,
- holding coordination meetings at the central, regional and district levels,
- carrying out supervisory missions,
- organizing internal and external audits,
- organizing annual joint reviews

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.

HSS activities are monitored and coordinated by the Directorate of Planning Research and Statistics. These activities are incorporated in the annual work plans and the multi-year plans and are evaluated during the reviews of the different plans.

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

The key HSS players are accountants for most of the HSS activities and must account for them by preparing technical and financial reports. In addition these players participate in the different regularly scheduled meetings. The different directorates, divisions or programs meet regularly in the ICC at the same time as the civil society players for managing planned activities.

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

The reallocation did not take civil society players into account

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

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

8.5. Planned HSS activities for 2015

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

Table 8.4: Planned Activity 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 expenditures** (April 2015)	**Revised activity** (as applicable)	**Explanation for proposed changes to activities or budget** (as applicable)	**Revised budget for 2015** (as applicable)
		0	0			0

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to list the activities planned for 2016. If you would like to make changes in your activities and budget, please explain the reasons why in the table below and provide an explanation for each change, so that the IRC can recommend that the revised activities and the budget be approved.

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** (as applicable)	**Explanation for proposed changes to activities or budget** (as applicable)	**Revised budget for 2016** (as applicable)
		0			

8.7. Revised indicators in case of reprogramming

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

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 US$	Duration of support	Type of activities funded

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

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
The reallocation did not take civil society players into account	Independent auditors	
DAGE financial report Validated by ICC	Validated by ICC	

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.

Lack of human and financial resources for having relevant information on time

8.9.3 How many times did the Health Sector Coordinating Committee (HSCC) meet in 20144?

Please attach:

1. HSCC meeting minutes for 2015 showing endorsement of this report **(document number: 6**
2. The most recent review report for the health sector **(Document number: 22**

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

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

Senegal **did NOT receive GAVI Type A CSO support**

Senegal is not submitting a report on GAVI Type A CSO support for 2014.

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

Senegal **did NOT receive GAVI Type B CSO support**

Senegal is not submitting a report on GAVI Type B CSO support for 2014.

10. Comments from ICC/HSCC Chairpersons

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. Appendices

11.1. Annex 1 - Terms of reference ISS

INSTRUCTIONS:

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

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

II: Financial statements should be compiled based 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 expenditures for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following 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 expenditures 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 summarize total annual expenditures for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. Cost categories will be based on your government's own system of economic classification. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 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.

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 & expenditures for the ISS

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

An example statement of income & expenditures

Summary Table of income & expenditure – GAVI-ISS		
	Local Currency (CFA)	**Value in $USD***
2013 Report (closing balance as of *31 December 2013*)	25,392,830	53.000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120.000
Interest income	7,665,760	16.000
Other income (fees)	179.666	375
Total income	38,987,576	81.375
Total expenditures in 2014	30,592,132	63.852
Closing balance as of 31 December 2014 (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 US$**	**Actual expenses in CFA**	**Actual expenses in US$**	**Variance in CFA**	**Variance in USD**
Salary expenses						
Wages & salaries	2,000,000	4.174	0	0	2,000,000	4.174
Per diem payments	9,000,000	18.785	6,150,000	12.836	2,850,000	5.949
Non-salary expenditures						
Training	13,000,000	27.134	12,650,000	26.403	350.000	731
Fuel	3,000,000	6.262	4,000,000	8.349	-1,000,000	-2.087
Maintenance and overhead	2,500,000	5.218	1,000,000	2.087	1,500,000	3.131
Other expenses						
Vehicles	12,500,000	26.090	6,792,132	14.177	5,707,868	11.913
TOTALS FOR 2014	42,000,000	87.663	30,592,132	63.852	11,407,868	23.811

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

11.3. Annex 3 - Instructions for HSS support

INSTRUCTIONS:

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

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

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

III. At a minimum, GAVI requires a simple statement of income and expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following 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 expenditures 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 summarize total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 - Sample statement of income and expenses for HSS

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

An example statement of income & expenditures

Summary Table of income & expenditure – GAVI-HSS		
	Local Currency (CFA)	**Value in $USD***
2013 Report (closing balance as of *31 December 2013*)	25,392,830	53,000
Summary table of income received in 2014		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179.666	375
Total income	38,987,576	81,375
Total expenditures in 2014	30,592,132	63,852
Closing balance as of 31 December 2014 (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 US$**	**Actual Expenses in CFA**	**Actual expenditures in $US**	**Variance in CFA**	**Variance in USD**
Salary expenses						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditures						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2.087
Maintenance and overhead	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

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

11.5. Annex 5 - Instructions for support for CSOs

INSTRUCTIONS:

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

I. All countries that have received CSO "Type B" grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO "Type B" grants in 2014, are required to submit financial statements for these programs as part of their Annual Progress 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 expenditures for activity during the 2014, calendar year, to be comprised of points (a) through (f), below. A basic sample statement of income and expenditure is provided on the following 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 expenditures 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 is to summarize total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by applicable cost category (for example: wages and salaries). Cost categories will be based on your government's own system of economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 - Sample statement of income and expenses for CSO

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

A sample statement of income & expenditures

Summary Table of income & expenditure – GAVI-CSO		
	Local Currency (CFA)	**Value in $USD***
2013 Report (closing balance as of *31 December 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Interest income	7,665,760	16,000
Other income (fees)	179,666	375
Total income	38,987,576	81,375
Total expenditures in 2014	30,592,132	63,852
Closing balance as of 31 December 2014 (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 Expenses by economic classification ** - GAVI-CSOs						
	Budget in CFA	**Budget in US$**	**Actual expenses in CFA**	**Actual expenditures in $US**	**Variance in CFA**	**Variance in USD**
Salary expenses						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenses						
Training	13,000,000	27,134	12,650,000	26,403	350.000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance and overhead	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

** Expense categories are indicative and only included for demonstration purposes. 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 the Minister of Health (or delegated authority)	2.1	✓	Pages de signature CCIA 2014.pdf **File desc:** **Date/time:** 5/13/2015 5:17:43 AM **Size:** 1 MB
2	Signature of the Minister of Finance (or delegated authority)	2.1	✓	Signature CCIA0001.jpg **File desc:** **Date/time:** 5/13/2015 5:35:14 AM **Size:** 786 KB
3	ICC member signatures	2.2	✓	Signature CCIA0001.jpg **File desc:** **Date/time:** 5/13/2015 5:34:27 AM **Size:** 1 MB
4	Minutes of the ICC meeting in 2015 that endorsed the 2014 APR	5.4	✓	RAPPORT REUNION VALIDATION GAVI RSS 2014.doc **File desc:** **Date/time:** 5/10/2015 11:50:19 AM **Size:** 170 KB
5	HSCC member signatures	2.3	✓	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:48:20 PM **Size:** 21 KB
6	Minutes of the HSCC meeting in 2015 that endorsed the 2014 APR	8.9.3	✓	RAPPORT REUNION VALIDATION GAVI RSS 2014.doc **File desc:** **Date/time:** 5/10/2015 11:50:49 AM **Size:** 170 KB
7	Financial statement for ISS grant (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	6.2.1	✗	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:57:15 PM **Size:** 21 KB

8	External report audit on ISS grant (fiscal year 2014)	6.2.3	✗	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:56:5 PM **Size:** 21 KB
9	Post-introduction assessment report	7.2.1	✗	SN_Rapport_PIE_VF.docx **File desc:** **Date/time:** 5/10/2015 11:52:3 AM **Size:** 651 KB
10	Financial statement for grant for introduction of new vaccine (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	7.3.1	✓	SITUATION FINANCIERE SSV DE 2013 AU 30 AVRIL 2015 001.jpg **File desc:** **Date/time:** 5/10/2015 11:54:3 AM **Size:** 355 KB
11	External audit report for grant for introduction of new vaccine (fiscal year 2014), if total expenditures for 2014 were greater than $US 250,000	7.3.1	✓	audit des fonds SNV .docx **File desc:** **Date/time:** 5/10/2015 12:56:0 PM **Size:** 24 KB
12	EVSM/EVM report	7.5	✓	Rapport_GEV_Senegal_Sep1 **File desc:** **Date/time:** 5/10/2015 12:18:2 PM **Size:** 13 MB
13	Latest EVSM/EVM improvement plan	7.5	✓	PLAN DAMELIORATION GEV.doc **File desc:** **Date/time:** 5/10/2015 12:25:2 PM **Size:** 3 MB
14	Progress report on EVSM/EVM improvement plan	7.5	✓	MISE A JOUR GEV VF-SEN.doc **File desc:** **Date/time:** 5/10/2015 12:26:3 PM **Size:** 96 KB
16	Valid cMYP if the country is requesting continued support	7.8	✓	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:56:2 PM **Size:** 21 KB

17	Valid Tool for calculating cMYP costs if the country is requesting continued support	7.8	✓	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:53:12 PM **Size:** 21 KB
18	Minutes of the ICC meeting approving the extension of support to vaccines, if applicable	7.8	✓	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:52:55 PM **Size:** 21 KB
19	Financial statement for HSS grant (fiscal year 2014) signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	8.1.3	✓	SITUATION FINANCIERE SSV DE 2009 AU 30 AVRIL 2015 001.jpg **File desc:** **Date/time:** 5/10/2015 12:27:52 PM **Size:** 360 KB
20	Financial statement for HSS grant for January-April 2015 signed by Chief Accountant or by the Permanent Secretary of Ministry of Health	8.1.3	✓	EXIGENCE MINI RSS AU 30 04 2015 001.jpg **File desc:** **Date/time:** 5/10/2015 12:30:19 PM **Size:** 262 KB
21	External audit report for HSS grant (fiscal year 2014)	8.1.3	✓	audit des fonds RSS de 2014 .docx **File desc:** **Date/time:** 5/10/2015 12:52:35 PM **Size:** 24 KB
22	Health Sector Review Report - HSS	8.9.3	✓	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:50:47 PM **Size:** 21 KB
23	Listing Report - Type A - CSO support	9.1.1	✗	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:50:00 PM **Size:** 21 KB
24	Financial statement CSO-type B support grant (fiscal year 2014)	9.2.4	✗	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:49:44 PM **Size:** 21 KB

25	External audit report for type B CSO grant (fiscal year 2014)	9.2.4	✗	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:49:21 PM **Size:** 21 KB
26	Bank statements for each cash program, or consolidated bank statements for all existing cash programs if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) January 1st, 2014 and (ii) December 31st, 2014.	0	✓	relevés bancaires.docx **File desc:** **Date/time:** 5/10/2015 12:45:19 PM **Size:** 12 MB
27	compte_rendu_réunion_ccia_changement_présentation_vaccin	7.7	✗	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:48:59 PM **Size:** 21 KB
28	Justification for changes in target population	5.1	✗	Non Applicable.docx **File desc:** **Date/time:** 5/10/2015 12:48:36 PM **Size:** 21 KB
	Other documents		✗	Non Applicable.docx **File desc:** **Date/time:** 5/13/2015 5:38:23 AM **Size:** 21 KB