



GAVI Alliance

Annual Progress Report **2013**

Submitted by
The Government of
Eritrea

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **15/05/2014**

Deadline for submission: 16/05/2014

Please submit the APR **2013** 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 general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilisation in 2013 | Request for Approval of | Eligible For 2013 ISS reward |
|-----------------|------------------------------------|-------------------------------|-------------------------------------|
| ISS | No | next tranche: N/A | Yes |
| HSS | Yes | next tranche of HSS Grant Yes | N/A |
| VIG | No | Not applicable | N/A |

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2012** is available [here](#).

2. Signatures

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

By signing this page, the Government of Eritrea 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 Eritrea

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

| Minister of Health (or delegated authority) | | Minister of Finance (or delegated authority) | |
|---|--------------------------------|--|------------------------------|
| Name | H.E. Minister Amina Nurhussien | Name | H.E. Mr. Berhane Habtemariam |
| Date | | Date | |
| Signature | | Signature | |

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

| Full name | Position | Telephone | Email |
|----------------------------|--------------------------|--------------|---|
| Mr. Tedros Yehdego Mesghna | National EPI Manager | 291-1-125367 | ytedrosm@yahoo.com, tedrosmy@gmail.com |
| Mr. Zeggay Beraki | WHO Surveillance Officer | 291-1-114167 | tzeggaik@yahoo.com |

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

| Name/Title | Agency/Organization | Signature | Date |
|--|---------------------|-----------|------|
| Dr. Andeberhan Tesfazion A/director General Public Health | Ministry of Health | | |

| | | | |
|---|-------------------------------|--|--|
| Dr. Berhana Haile Director of Family & Community health | Ministry of Health | | |
| Mr. Tedros Yehdego National EPI Manager | Ministry of Health | | |
| Mr. Embye Asfah WHO Surveillance Officer | WHO | | |
| Mr. Zeggay Beraki WHO Surveillance Officer | WHO | | |
| Dr. Zighe Icunoamlake Child Health Specialist | UNICEF | | |
| Ms. Abeba Habtom Head of Pre-school coordination MOE | Ministry of Education | | |
| Ms. Yehdega Andehaymanot | Nation Union o Eritrean Women | | |
| Mr. Tsuneo Tsurusaki Residence office of JICA | JICA | | |
| Mr. Tumeszghi Sengal PHC Specialist | Mesterhawot PLC | | |

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

All comments will be treated confidentially

Comments from Partners:

No comments

Comments from the Regional Working Group:

No comments

2.3. HSCC signatures page

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

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

| Name/Title | Agency/Organization | Signature | Date |
|--|---------------------|-----------|------|
| Mr.Dr. Eyob Tecele Director PMU | MOH | | |
| Mr. Habte Desbele Administration Finance | MOH | | |
| Mr.Amanuel Kifle HMIS Unit head | MOH | | |
| Mr. Samuel Goitom HMIS | MOH | | |
| Dr. Berhane Debru Head RHRD | MOH | | |
| Mr. Tewelde Yohannes H/PP | MOH | | |
| Mr. Teklie Abreha EHU | MOH | | |
| Mr. Tedros Yehdego H/EPI | MOH | | |
| Mr. Tsehaye Tesgay PMU | MOH | | |

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

All comments will be treated confidentially

Comments from Partners:

No comments

Comments from the Regional Working Group:

No comments

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

Eritrea is not reporting on CSO (Type A & B) fund utilisation in 2014

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4. Baseline & annual targets

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

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | |
|---|---|----------|---|--------------------|----------------------------|--------------------|----------------------------|--------------------|
| | 2013 | | 2014 | | 2015 | | 2016 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2013 | Current estimation | Previous estimates in 2013 | Current estimation |
| Total births | 114,395 | 114,395 | 117,483 | 117,483 | 120,655 | 120,655 | 123,913 | 123,913 |
| Total infants' deaths | 4,576 | 4,476 | 4,699 | 4,699 | 4,826 | 4,826 | 5,580 | 5,580 |
| Total surviving infants | 109819 | 109,919 | 112,784 | 112,784 | 115,829 | 115,829 | 118,333 | 118,333 |
| Total pregnant women | 114,395 | 114,395 | 117,483 | 117,483 | 160,874 | 160,874 | 123,913 | 123,913 |
| Number of infants vaccinated (to be vaccinated) with BCG | 97,236 | 84,945 | 105,735 | 105,735 | 108,590 | 108,590 | 117,717 | 117,717 |
| BCG coverage | 85 % | 74 % | 90 % | 90 % | 90 % | 90 % | 95 % | 95 % |
| Number of infants vaccinated (to be vaccinated) with OPV3 | 93,346 | 82,596 | 101,506 | 101,506 | 104,246 | 104,246 | 113,008 | 113,008 |
| OPV3 coverage | 85 % | 75 % | 90 % | 90 % | 90 % | 90 % | 95 % | 95 % |
| Number of infants vaccinated (to be vaccinated) with DTP1 | 96,641 | 85,817 | 104,889 | 104,889 | 107,721 | 107,721 | 116,578 | 116,578 |
| Number of infants vaccinated (to be vaccinated) with DTP3 | 93,346 | 82,596 | 101,506 | 101,506 | 104,246 | 104,246 | 113,008 | 113,008 |
| DTP3 coverage | 85 % | 75 % | 90 % | 90 % | 90 % | 90 % | 95 % | 95 % |
| Wastage[1] rate in base-year and planned thereafter (%) for DTP | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Wastage[1] factor in base-year and planned thereafter for DTP | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib | 72,481 | 85,817 | 104,889 | 104,889 | 107,721 | 107,721 | | |
| Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib | 72,481 | 82,596 | 104,889 | 104,889 | 104,246 | 104,246 | | |
| DTP-HepB-Hib coverage | 66 % | 75 % | 93 % | 93 % | 90 % | 90 % | 0 % | 0 % |
| Wastage[1] rate in base-year and planned thereafter (%) | 5 | 5 | 5 | 5 | 5 | 5 | | |
| Wastage[1] factor in base-year and planned thereafter (%) | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1 | 1 |
| Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13) | | 0 | | 0 | 0 | 0 | 0 | 0 |
| Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13) | | 0 | | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | |
|---|---------|---------|---------|---------|---------|---------|---------|---------|
| Pneumococcal (PCV13) coverage | | 0 % | | 0 % | 0 % | 0 % | 0 % | 0 % |
| Wastage[1] rate in base-year and planned thereafter (%) | | 5 | | 0 | 0 | 0 | 0 | 0 |
| Wastage[1] factor in base-year and planned thereafter (%) | | 1.05 | | 1 | 1 | 1 | 1 | 1 |
| Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 % | 5 % | 0 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus | | 0 | 96,266 | 90,227 | | 92,934 | | 95,722 |
| Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus | | 0 | 96,266 | 90,227 | | 92,934 | | 95,722 |
| Rotavirus coverage | | 0 % | 85 % | 80 % | | 80 % | | 81 % |
| Wastage[1] rate in base-year and planned thereafter (%) | | 0 | 5 | 5 | | 5 | | 5 |
| Wastage[1] factor in base-year and planned thereafter (%) | | 1 | 1.05 | 1.05 | | 1.05 | | 1.05 |
| Maximum wastage rate value for Rotavirus, 2-dose schedule | 0 % | 5 % | 5 % | 5 % | 0 % | 5 % | 0 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1st dose of Measles | 85,658 | 82,076 | 90,227 | 90,227 | 98,455 | 98,455 | 107,060 | 107,060 |
| Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles | 80,000 | 79,280 | 90,227 | 90,227 | 92,663 | 92,663 | 101,113 | 101,113 |
| Measles coverage | 73 % | 72 % | 80 % | 80 % | 80 % | 80 % | 85 % | 85 % |
| Wastage[1] rate in base-year and planned thereafter (%) {0} | 50 | 40 | 40 | 40 | 50 | 40 | 50 | 40 |
| Wastage[1] factor in base-year and planned thereafter (%) | 2 | 1.67 | 1.67 | 1.67 | 2 | 1.67 | 2 | 1.67 |
| Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED | 40.00 % | 40.00 % | 40.00 % | 40.00 % | 50.00 % | 40.00 % | 50.00 % | 40.00 % |
| Pregnant women vaccinated with TT+ | 46,993 | 63,189 | 54,295 | 54,295 | 55,761 | 55,761 | 55,761 | 55,761 |
| TT+ coverage | 41 % | 55 % | 46 % | 46 % | 35 % | 35 % | 45 % | 45 % |
| Vit A supplement to mothers within 6 weeks from delivery | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vit A supplement to infants after 6 months | 495,711 | 346,093 | 509,095 | 509,095 | 522,840 | 522,840 | 536,957 | 536,957 |
| Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100 | 3 % | 4 % | 3 % | 3 % | 3 % | 3 % | 3 % | 3 % |

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

No change was made on birth cohort as compared with previous years report.

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

No change was made on surviving infants as compared to previous years report.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

No changes were made on targets as compared to previous years.

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

Wastage rate for DPT-HepB-Hib of one dose fully liquid formulation is 5% and it is the same as compared to the previous years. wastage rate for measles of 10 dose dry-freeze vaccine is 40% and it is the same as and decreased by 10% compared to previous years.

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

Routine administrative immunization coverage of DPT-HepB-Hib and Measles vaccine for 2013 was 77% and 76% respectively. Routine immunization coverage of the two vaccines, DPT-HepB-Hib and measles vaccination coverage have decreased by 3% and 1% respectively as compared with last year achievement.

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

Reasons for not reaching the targets1. Routine outreach service in less accessible areas were not conducted in routine base in all district because of transport support problems 2. There was shortage of fund and delay of of transfer from out partners especially in the first 6 months of 2013. The routine out reach service was carrying out through Gov. fund only and it was not adequate. 3. In some districts there is immunization target problems associated with population movement from place to place which could affect by denominator problems.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

| Data Source | Reference Year for Estimate | DTP3 Coverage Estimate | |
|-----------------------------|-----------------------------|------------------------|-------|
| | | Boys | Girls |
| Eritrea EPI Coverage Survey | 2013 | 93.4% | 92.2% |

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

EPI coverage survey 2013 results indicated that, DPT-Hib-HepB3 immunization coverage for boys and girls were 93.4% and 92.5% respectively.

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

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

Immunization service have equal access to all citizens in the country irrespective of their cultural back ground, residential area, ethnicity and religion and there is no taboo for vaccination. Mother/care givers are well aware on the advantage of vaccinating a child which was achieved through social mobilization activities and local administrative and Community Based Organization (CBO) role in the local areas.

5.4. Data assessments

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

Routine immunization coverage is always lower as compared with the results of assessment or survey. Eritrean Population Health Survey 2010 showed that DPT-HepB-Hib 3 immunization coverage 93% EPI coverage survey result of 2013 was 98% and WHO & UNICEF joint estimates (JRF) Report 2012 showed 99%. Official country estimate is 95%

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

No

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

In each Zaba Data Quality Self Assessment training was provided for all health facility heads in 2012 to make a follow-up and counter check discrepancies in routine data report. Data harmonization meeting was also conducted at nation level every quarter in 2012I.

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

One of the work plan of 2014 which was jointly discussed with WHO country Office is to carry out training on Data Quality Assessment in all zobas and will be conducted starting from the 2nd quarter of 2014

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

| | | |
|---------------------------|-------------|--|
| Exchange rate used | 1 US\$ = 15 | Enter the rate only; Please do not enter local currency name |
|---------------------------|-------------|--|

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

| Expenditure by category | Expenditure Year 2013 | Source of funding | | | | | | |
|---|-----------------------|-------------------|---------|---------|---------|---------|--------|-----|
| | | Country | GAVI | UNICEF | WHO | JICA | UNICEF | WHO |
| Traditional Vaccines* | 381,126 | 0 | 0 | 381,126 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 624,286 | 45,000 | 579,286 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 88,989 | 7,600 | 11,349 | 70,040 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 490,000 | 0 | 0 | 40,000 | 0 | 450,000 | 0 | 0 |
| Personnel | 200,751 | 0 | 0 | 129,720 | 71,031 | 0 | 0 | 0 |
| Other routine recurrent costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Capital Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 1,414,640 | 400,000 | 0 | 116,347 | 898,293 | 0 | 0 | 0 |
| NO | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures for Immunisation | 3,199,792 | | | | | | | |
| Total Government Health | | 452,600 | 590,635 | 737,233 | 969,324 | 450,000 | 0 | 0 |

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

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

The Government has a plan to co-finance for the traditional vaccine starting from 2015 and we have discussed this issue with UNICEF focal points in the country office.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

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

| Action plan from Aide Mémoire | Implemented? |
|---|--------------|
| GAVI Financial Management Assessment not yet done prior or during 2012. | No |

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

GAVI Financial Management Assessment has not been done yet.

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

General Audit financial assessment is done in a yearly base for all financial expenses in the Ministry and the GAVI fund is also investigate along with the government budget. But it would have been good to see separately jointly with GAVI staffs members or representatives to make financial assessment of the GAVI fund for the country.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

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

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

1. The program has financial shortage to conduct routine outreach service in less accessible area which is affecting the routine immunization coverage. The ISS GAVI fund was having a good contribution in strengthening the routine program. fund of ISS was not given for the country for the last 4 years.

Are any Civil Society Organisations members of the ICC? **No**

If **Yes**, which ones?

| List CSO member organisations: |
|--------------------------------|
| |

5.8. Priority actions in 2014 to 2015

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

1. Introduction Rotarix vaccine into routine immunization program in July 2014
2. Introduction of PCV into routine immunization program at national level in July 2015
3. Preparation and submission of IPV in September 2014
4. preparation and submission of draft proposal for IST/AFRO of the introduction of Rubella containing measles vaccine in June 2014
5. Cross boarder meeting with Sudan on synchronized polio eradication initiative strengthen surveillance activities on vaccine preventable diseases.
6. Implementation of Sustainable Outreach Services (SOS) in less accessible area.
5. procurement of cold chain equipment through JICA Fund project in June 2014
6. Training of the health workers and EPI focal points on vaccine and cold chain management
7. EVMA in December 2015

5.9. Progress of transition plan for injection safety

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

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

| Vaccine | Types of syringe used in 2013 routine EPI | Funding sources of 2013 |
|------------------------|---|-------------------------|
| BCG | AD syringes of 0.05 ml | UNICEF |
| Measles | AD syringes of 0.5ml | GAVI, UNICEF and Gov. |
| TT | AD syringe of 0.5 ml | UNICEF |
| DTP-containing vaccine | AD syringes of 0.5 ml | GAVI, UNICEF and Gov. |

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

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

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

There was no reported problems related to the implementation of injection safety plan.

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

Sharps are collected in safety box of 5 litter. The safety boxed with sharps are disposed into incinerators. Health facilities in remote areas, they dispose in pit hole and burn it.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Eritrea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Eritrea is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in 2013 is applicable for Eritrea

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

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

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

| | [A] | [B] | | |
|----------------------|---|--|---|--|
| Vaccine type | Total doses for 2013 in Decision Letter | Total doses received by 31 December 2013 | Total doses of postponed deliveries in 2013 | Did the country experience any stockouts at any level in 2013? |
| DTP-HepB-Hib | 228,350 | 206,950 | 1,400 | No |
| Measles | 191,700 | 191,700 | 0 | No |
| Pneumococcal (PCV13) | | 0 | 0 | Not selected |
| Rotavirus | | 0 | 0 | Not selected |

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

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

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

Vaccine are management using a data base soft ware using the Stock Management Tool (SMT) at national and sub national levels. the stock balance of the vaccines, expire date and VVM status are regularly checked and and monitored properly. last year we didn't have faced any wastage, due to cold chain failure or excessive stocks.

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

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

Vaccine shipment for the year is in scheduled way which is jointly developed with UNICEF country Office. and vaccine delivery from national to sub national level is in a scheduled way in a quarterly base.

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

No stock out and wastage of vaccines in 2013

7.2. Introduction of a New Vaccine in 2013

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

| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | |
|---|-----|--|
| Phased introduction | No | |
| Nationwide introduction | Yes | 01/07/2010 |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Yes | Introduction of fully liquid formulation of one dose vial DPT-hepB-Hib was as planned. |

| Measles second dose, 10 dose(s) per vial, LYOPHILISED | | |
|---|-----|--|
| Phased introduction | No | |
| Nationwide introduction | Yes | 01/07/2012 |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Yes | The scheduled time for the introduction was as planned |

| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
|---|----|--|
| Phased introduction | No | |
| Nationwide introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | The vaccine will be introduced July 2015 into routine immunization program at national level |

| Rotavirus, 1 dose(s) per vial, ORAL | | |
|---|-----|---|
| Phased introduction | No | |
| Nationwide introduction | Yes | 01/07/2014 |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | Yes | Rotarix vaccine will be introduced into routine immunization program in July 2014 |

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **May 2014**

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

Post Introduction evaluation of second dose of measles is planned to carry out in May 2014.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance 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? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

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

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

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

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

There are Rota virus and PBM sentinel sites in the national Pediatrics hospital at national level.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2013 (A) | 0 | 0 |
| Remaining funds (carry over) from 2012 (B) | 1,122 | 16,833 |
| Total funds available in 2013 (C=A+B) | 1,122 | 16,833 |
| Total Expenditures in 2013 (D) | 1,122 | 16,833 |
| Balance carried over to 2014 (E=C-D) | 0 | 0 |

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

In 2013 No new vaccine was introduced in the country

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

No introduction of new vaccine was made in 2013.

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

No remaining balance. But a new grant for the introduction of the new vaccine (Rotarix VIG) of 100,000 USD is provided in April 2014.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

| Q.1: What were the actual co-financed amounts and doses in 2013? | | |
|---|---------------------------------------|------------------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 579,286 | 206,950 |
| Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED | 41,216 | 191,700 |
| Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL | 0 | 0 |
| Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources? | | |
| Government | 45,000 | |
| Donor | 960,392 | |
| Other | | |
| Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 45,000 | 16,070 |
| Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED | 0 | 0 |
| Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL | 0 | 0 |
| Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2015 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | September | Government |
| Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED | | |
| Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
| Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL | | governmeent |
| Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | | |
| | | |

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

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

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **January 2013**

Please attach:

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

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

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

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

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

If yes, provide details

No

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Eritrea does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Eritrea is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

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

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

Yes

If you don't confirm, please explain

We have confirmed

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

| Vaccine Antigens | VaccineTypes | No Threshold | 200,000\$ | | 250,000\$ | |
|----------------------|-----------------|--------------|-----------|---|-----------|---|
| | | | <= | > | <= | > |
| DTP-HepB | HEPBHIB | 2.00 % | | | | |
| HPV bivalent | HPV | 3.50 % | | | | |
| HPV quadrivalent | HPV | 3.50 % | | | | |
| Measles second dose | MEASLES | 14.00 % | | | | |
| Meningococcal type A | MENINACONJUGATE | 10.20 % | | | | |
| MR | MR | 13.20 % | | | | |
| Pneumococcal (PCV10) | PNEUMO | 3.00 % | | | | |
| Pneumococcal (PCV13) | PNEUMO | 6.00 % | | | | |
| Rotavirus | ROTA | 5.00 % | | | | |
| Yellow Fever | YF | 7.80 % | | | | |

| Vaccine Antigens | VaccineTypes | 500,000\$ | | 2,000,000\$ | |
|----------------------|-----------------|-----------|--------|-------------|---|
| | | <= | > | <= | > |
| DTP-HepB | HEPBHIB | | | | |
| DTP-HepB-Hib | HEPBHIB | 25.50 % | 6.40 % | | |
| HPV bivalent | HPV | | | | |
| HPV quadrivalent | HPV | | | | |
| Measles second dose | MEASLES | | | | |
| Meningococcal type A | MENINACONJUGATE | | | | |
| MR | MR | | | | |
| Pneumococcal (PCV10) | PNEUMO | | | | |
| Pneumococcal (PCV13) | PNEUMO | | | | |
| Rotavirus | ROTA | | | | |
| Yellow Fever | YF | | | | |

7.11. Calculation of requirements

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

| ID | Source | | 2013 | 2014 | 2015 | TOTAL | |
|----|---|---------|------|---------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 109,819 | 112,784 | 115,829 | 338,432 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 72,481 | 104,889 | 107,721 | 285,091 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 72,481 | 104,889 | 104,246 | 281,616 |
| | Immunisation coverage with | Table 4 | % | 66.00 % | 93.00 % | 90.00 % | |

| | | | | | | |
|----|--|--------------------|----|---------|--------|--------|
| | the third dose | | | | | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 |
| | Vaccine stock on 31st December 2013 * (see explanation footnote) | | # | 207,800 | | |
| | Vaccine stock on 1 January 2014 ** (see explanation footnote) | | # | 207,800 | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 |
| | AD syringes required | Parameter | # | | Yes | Yes |
| | Reconstitution syringes required | Parameter | # | | No | No |
| | Safety boxes required | Parameter | # | | Yes | Yes |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 6.40 % | 6.40 % |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % |

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

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

No differences

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

Not defined

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

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

| | 2013 | 2014 | 2015 |
|----------------------|------|------|------|
| Minimum co-financing | 0.20 | 0.20 | 0.20 |
| Your co-financing | 0.20 | 0.20 | 0.20 |

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

| | | 2014 | 2015 |
|-------------------------|---|---------|---------|
| Number of vaccine doses | # | 332,700 | 253,000 |
| Number of AD syringes | # | 388,300 | 290,500 |

| | | | |
|--|----|---------|---------|
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 4,275 | 3,200 |
| Total value to be co-financed by GAVI | \$ | 699,000 | 538,000 |

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

| | | 2014 | 2015 |
|---|----|-------------|-------------|
| Number of vaccine doses | # | 36,100 | 27,100 |
| Number of AD syringes | # | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 0 | 0 |
| Total value to be co-financed by the Country | \$ | 74,000 | 56,000 |

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

| | Formula | 2013 | 2014 | | | |
|----|---|---|---------|------------|--------|---------|
| | | | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 9.76 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 72,481 | 104,889 | 10,243 | 94,646 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 72,481 | 104,889 | 10,243 | 94,646 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 217,443 | 314,667 | 30,727 | 283,940 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | | 330,401 | 32,263 | 298,138 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$ | | 38,282 | 3,739 | 34,543 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.375$ | | | | |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | 207,800 | | |
| H3 | Shipment plan | UNICEF shipment report | | 302,100 | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 368,700 | 36,003 | 332,697 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | 388,244 | 0 | 388,244 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | | 4,271 | 0 | 4,271 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 709,748 | 69,305 | 640,443 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 17,471 | 0 | 17,471 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 22 | 0 | 22 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 45,424 | 4,436 | 40,988 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 772,665 | 73,740 | 698,925 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 73,740 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 9.76 % | | |

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

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

| | Formula | 2015 | | |
|----|---|---|------------|--------|
| | | Total | Government | GAVI |
| A | Country co-finance | V | 9.64 % | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 107,721 | 10,390 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 104,246 | 10,054 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | |
| D | Number of doses needed | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 318,264 | 30,695 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | |
| F | Number of doses needed including wastage | $D \times E$ | 334,178 | 32,230 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$ | 1,417 | 137 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.375$ | 55,600 | 5,363 |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | 179,500 | 17,312 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | |
| H3 | Shipment plan | UNICEF shipment report | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 280,000 | 27,005 |
| J | Number of doses per vial | Vaccine Parameter | 1 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 290,490 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 3,196 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 545,720 | 52,632 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 13,073 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 16 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 34,927 | 3,369 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 593,736 | 56,000 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 56,000 | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 9.64 % | |

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

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

| ID | Source | | 2013 | 2014 | 2015 | 2016 | TOTAL | |
|----|--|--------------------|------|---------|---------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 109,819 | 112,784 | 115,829 | 118,333 | 456,765 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 85,658 | 90,227 | 98,455 | 107,060 | 381,400 |
| | Number of children to be vaccinated with the second dose | Table 4 | # | 80,000 | 90,227 | 92,663 | 101,113 | 364,003 |
| | Immunisation coverage with the second dose | Table 4 | % | 72.85 % | 80.00 % | 80.00 % | 85.45 % | |
| | Number of doses per child | Parameter | # | 1 | 1 | 1 | 1 | |
| | Estimated vaccine wastage factor | Table 4 | # | 2.00 | 1.67 | 1.67 | 1.67 | |
| | Vaccine stock on 31st December 2013 * (see explanation footnote) | | # | 69,900 | | | | |
| | Vaccine stock on 1 January 2014 ** (see explanation footnote) | | # | 69,900 | | | | |
| | 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 | Co-financing table | \$ | | 0.00 | 0.00 | 0.00 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 | 0.0450 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 | 0.0050 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 14.00 % | 14.00 % | 14.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | |

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

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

- There is no differences

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

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

| | 2013 | 2014 | 2015 | 2016 |
|--|------|------|------|------|
| Minimum co-financing | | | 0.00 | 0.00 |
| Recommended co-financing as per APR 2012 | | | 0.00 | 0.00 |
| Your co-financing | 0.00 | 0.00 | | |

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

| | | 2014 | 2015 | 2016 |
|---------------------------------------|----|--------|---------|---------|
| Number of vaccine doses | # | 82,000 | 135,700 | 153,600 |
| Number of AD syringes | # | 23,700 | 76,700 | 90,100 |
| Number of re-constitution syringes | # | 9,100 | 15,000 | 16,900 |
| Number of safety boxes | # | 375 | 1,025 | 1,200 |
| Total value to be co-financed by GAVI | \$ | 24,500 | 44,000 | 51,500 |

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

| | | 2014 | 2015 | 2016 |
|--|----|------|------|------|
| Number of vaccine doses | # | 0 | 0 | 0 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country | \$ | 0 | 0 | 0 |

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

| | Formula | 2013 | 2014 | | | |
|-----------|--|---|--------|------------|------|---------|
| | | | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 85,658 | 90,227 | 0 | 90,227 |
| C | Number of doses per child | Vaccine parameter (schedule) | 1 | 1 | | |
| D | Number of doses needed | $B \times C$ | 85,658 | 90,227 | 0 | 90,227 |
| E | Estimated vaccine wastage factor | Table 4 | 2.00 | 1.67 | | |
| F | Number of doses needed including wastage | $D \times E$ | | 150,680 | 0 | 150,680 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | | 1,143 | 0 | 1,143 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 82,000 | 0 | 82,000 |
| J | Number of doses per vial | Vaccine Parameter | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | 23,618 | 0 | 23,618 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | 9,020 | 0 | 9,020 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | | 360 | 0 | 360 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 20,090 | 0 | 20,090 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 1,063 | 0 | 1,063 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 37 | 0 | 37 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 2 | 0 | 2 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 2,813 | 0 | 2,813 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 111 | 0 | 111 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 24,116 | 0 | 24,116 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 0 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 0.00 % | | |

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

| | Formula | 2015 | | | 2016 | | | |
|-----------|--|---|------------|------|---------|------------|------|---------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | | 0.00 % | | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 98,455 | 0 | 98,455 | 107,060 | 0 | 107,060 |
| C | Number of doses per child | Vaccine parameter (schedule) | 1 | | | 1 | | |
| D | Number of doses needed | $B \times C$ | 98,455 | 0 | 98,455 | 107,060 | 0 | 107,060 |
| E | Estimated vaccine wastage factor | Table 4 | 1.67 | | | 1.67 | | |
| F | Number of doses needed including wastage | $D \times E$ | 164,420 | 0 | 164,420 | 178,791 | 0 | 178,791 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | 3,436 | 0 | 3,436 | 3,593 | 0 | 3,593 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 32,230 | 0 | 32,230 | 28,795 | 0 | 28,795 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 135,700 | 0 | 135,700 | 153,600 | 0 | 153,600 |
| J | Number of doses per vial | Vaccine Parameter | 10 | | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 76,628 | 0 | 76,628 | 90,044 | 0 | 90,044 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 14,928 | 0 | 14,928 | 16,896 | 0 | 16,896 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 1,008 | 0 | 1,008 | 1,177 | 0 | 1,177 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 35,147 | 0 | 35,147 | 41,165 | 0 | 41,165 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 3,449 | 0 | 3,449 | 4,052 | 0 | 4,052 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 60 | 0 | 60 | 68 | 0 | 68 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 6 | 0 | 6 | 6 | 0 | 6 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | 4,921 | 0 | 4,921 | 5,764 | 0 | 5,764 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 352 | 0 | 352 | 413 | 0 | 413 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 43,935 | 0 | 43,935 | 51,468 | 0 | 51,468 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 0 | | | 0 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 0.00 % | | | 0.00 % | | |

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

| ID | Source | | 2013 | 2014 | 2015 | 2016 | TOTAL | |
|----|--|--------------------|------|---------|---------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 109,819 | 112,784 | 115,829 | 118,333 | 456,765 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 0 | 0 | 0 | 0 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | | | 0 | 0 | 0 |
| | Immunisation coverage with the third dose | Table 4 | % | 0.00 % | 0.00 % | 0.00 % | 0.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.00 | 1.00 | 1.00 | |
| | Vaccine stock on 31st December 2013 * (see explanation footnote) | | # | 0 | | | | |
| | Vaccine stock on 1 January 2014 ** (see explanation footnote) | | # | 0 | | | | |
| | 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 | Co-financing table | \$ | | 0.00 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 | 0.0450 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 | 0.0050 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 0.00 % | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

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

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

NA

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

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

| | 2013 | 2014 | 2015 | 2016 |
|---|------|------|------|------|
| Minimum co-financing | 0.00 | 0.00 | 0.20 | 0.20 |
| Recommended co-financing as per Proposal 2013 | | | 0.20 | 0.20 |
| Your co-financing | | | 0.20 | 0.20 |

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

| | | 2014 | 2015 | 2016 |
|---------------------------------------|----|------|------|------|
| Number of vaccine doses | # | 0 | 0 | 0 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by GAVI | \$ | 0 | 0 | 0 |

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

| | | 2014 | 2015 | 2016 |
|--|----|------|------|------|
| Number of vaccine doses | # | 0 | 0 | 0 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country | \$ | 0 | 0 | 0 |

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

| | Formula | 2013 | 2014 | | |
|----|---|---|--------|------------|------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | 0.00 % | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 0 | 0 | 0 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | |
| D | Number of doses needed | $B \times C$ | 0 | 0 | 0 |
| E | Estimated vaccine wastage factor | Table 4 | 1.00 | 1.00 | |
| F | Number of doses needed including wastage | $D \times E$ | | 0 | 0 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | | 0 | 0 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 0 | 0 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | | 0 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 0 | 0 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 0 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 0 | 0 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 0 | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 0.00 % | |

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

| | Formula | 2015 | | | 2016 | | |
|-----------|---|---|------------|------|-------|------------|------|
| | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | | | 0.00 % | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 0 | 0 | 0 | 0 | 0 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | |
| D | Number of doses needed | $B \times C$ | 0 | 0 | 0 | 0 | 0 |
| E | Estimated vaccine wastage factor | Table 4 | 1.00 | | | 1.00 | |
| F | Number of doses needed including wastage | $D \times E$ | 0 | 0 | 0 | 0 | 0 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | 0 | 0 | 0 | 0 | 0 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 0 | 0 | 0 | 0 | 0 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 0 | 0 | 0 | 0 | 0 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 0 | 0 | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 0 | 0 | 0 | 0 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 0 | 0 | 0 | 0 | 0 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 0 | 0 | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 0 | 0 | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | 0 | 0 | 0 | 0 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 0 | 0 | 0 | 0 | 0 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 0 | | | 0 | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 0.00 % | | | 0.00 % | |

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

| ID | | Source | | 2013 | 2014 | 2015 | 2016 | TOTAL |
|----|--|--------------------|----|---------|---------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 109,819 | 112,784 | 115,829 | 118,333 | 456,765 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 96,266 | 92,934 | 95,722 | 284,922 |
| | Number of children to be vaccinated with the second dose | Table 4 | # | | 96,266 | 92,934 | 95,722 | 284,922 |
| | Immunisation coverage with the second dose | Table 4 | % | 0.00 % | 85.35 % | 80.23 % | 80.89 % | |
| | Number of doses per child | Parameter | # | 2 | 2 | 2 | 2 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2013 * (see explanation footnote) | | # | 0 | | | | |
| | Vaccine stock on 1 January 2014 ** (see explanation footnote) | | # | 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 | Co-financing table | \$ | | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 | 0.0450 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 | 0.0050 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 5.00 % | 5.00 % | 5.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

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

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

NA

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

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

| | 2013 | 2014 | 2015 | 2016 |
|----------------------|------|------|------|------|
| Minimum co-financing | 0.00 | 0.20 | 0.20 | 0.20 |
| Your co-financing | | 0.20 | 0.20 | 0.20 |

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

| | | 2014 | 2015 | 2016 |
|---------------------------------------|----|---------|---------|---------|
| Number of vaccine doses | # | 234,700 | 179,100 | 187,600 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by GAVI | \$ | 631,000 | 480,500 | 510,000 |

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

| | | 2014 | 2015 | 2016 |
|--|----|--------|--------|--------|
| Number of vaccine doses | # | 18,900 | 14,500 | 15,000 |
| Number of AD syringes | # | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 |
| Total value to be co-financed by the Country | \$ | 51,000 | 39,000 | 40,500 |

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

| | Formula | 2013 | 2014 | | | |
|----|---|---|--------|------------|--------|---------|
| | | | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 7.44 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 0 | 96,266 | 7,160 | 89,106 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | 2 | | |
| D | Number of doses needed | B x C | 0 | 192,532 | 14,320 | 178,212 |
| E | Estimated vaccine wastage factor | Table 4 | 1.00 | 1.05 | | |
| F | Number of doses needed including wastage | D x E | | 202,159 | 15,036 | 187,123 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | | 50,540 | 3,759 | 46,781 |
| H | Stock to be deducted | H2 of previous year - 0.25 x F of previous year | | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses needed | Round up((F + G - H) / vaccine package size) x vaccine package size | | 253,500 | 18,855 | 234,645 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(I / 100) \times 1.10$ | | 0 | 0 | 0 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 649,214 | 48,286 | 600,928 |
| 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) | | 32,461 | 2,415 | 30,046 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 681,675 | 50,700 | 630,975 |
| U | Total country co-financing | I x country co-financing per dose (cc) | | 50,700 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 7.44 % | | |

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

| | Formula | 2015 | | | 2016 | | | |
|-----------|--|---|------------|--------|---------|------------|--------|---------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 7.46 % | | | 7.36 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 92,934 | 6,934 | 86,000 | 95,722 | 7,046 | 88,676 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | | | 2 | | |
| D | Number of doses needed | $B \times C$ | 185,868 | 13,868 | 172,000 | 191,444 | 14,091 | 177,353 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 195,162 | 14,561 | 180,601 | 201,017 | 14,795 | 186,222 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | - 1,665 | - 124 | - 1,541 | 1,464 | 108 | 1,356 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 193,500 | 14,437 | 179,063 | 202,500 | 14,904 | 187,596 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 0 | 0 | 0 | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(I / 100) \times 1.10$ | 0 | 0 | 0 | 0 | 0 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 494,006 | 36,858 | 457,148 | 524,070 | 38,572 | 485,498 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 24,701 | 1,843 | 22,858 | 26,204 | 1,929 | 24,275 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 518,707 | 38,700 | 480,007 | 550,274 | 40,500 | 509,774 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 38,700 | | | 40,500 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 7.46 % | | | 7.36 % | | |

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Eritrea is at 4th year of implantation and the completion date of the project will be may 15.2015 and onwards Eritrea need to apply for HSS funding application.

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

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

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

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

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

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

9.1.1. Report on the use of HSS funds in **2013**

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

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

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

If yes, please indicate the amount of funding requested: **725715** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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

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

Table 9.1.3a (US)\$

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|--|------|------|--------|--------|--------|--------|
| Original annual budgets (as per the originally approved HSS proposal) | | | 664000 | 684055 | 704580 | 725715 |
| Revised annual budgets (if revised by previous Annual Progress Reviews) | | | 664000 | 0 | 0 | 0 |

| | | | | | | |
|---|---|---|--------|---------|---------|--------|
| Total funds received from GAVI during the calendar year (A) | | | 664000 | 694250 | 704500 | 0 |
| Remaining funds (carry over) from previous year (B) | | | 0 | 438514 | 658572 | 793027 |
| Total Funds available during the calendar year (C=A+B) | | | 664000 | 1132764 | 1363072 | 793027 |
| Total expenditure during the calendar year (D) | | | 225486 | 474192 | 570045 | 435660 |
| Balance carried forward to next calendar year (E=C-D) | | | 438514 | 658572 | 793027 | 357367 |
| Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche] | 0 | 0 | 438514 | 658572 | 793027 | 357367 |

| | 2014 | 2015 | 2016 | 2017 |
|---|--------|------|------|------|
| Original annual budgets (as per the originally approved HSS proposal) | | | | |
| Revised annual budgets (if revised by previous Annual Progress Reviews) | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | |
| Remaining funds (carry over) from previous year (B) | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | |
| Total expenditure during the calendar year (D) | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | |
| Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche] | 725715 | 0 | 0 | 0 |

Table 9.1.3b (Local currency)

| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|---|------|------|---------|----------|----------|----------|
| Original annual budgets (as per the originally approved HSS proposal) | | | 9960000 | 10260825 | 10568700 | 10885725 |
| Revised annual budgets (if revised by previous Annual Progress Reviews) | | | 0 | 0 | 0 | 0 |
| Total funds received from GAVI during the calendar year (A) | | | 9960000 | 10413750 | 10567500 | 0 |
| Remaining funds (carry over) from previous year (B) | | | 0 | 6577710 | 9878580 | 11895405 |
| Total Funds available during the calendar year (C=A+B) | | | 9960000 | 16991460 | 20446080 | 11895405 |
| Total expenditure during the calendar year (D) | | | 3382285 | 7112885 | 8550678 | 6534901 |
| Balance carried forward to next calendar year (E=C-D) | | | 6577710 | 9878580 | 11895405 | 5360504 |
| Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche] | 0 | 0 | 6577710 | 9878580 | 11895405 | 5360504 |

| | 2014 | 2015 | 2016 | 2017 |
|---|----------|------|------|------|
| Original annual budgets (as per the originally approved HSS proposal) | | | | |
| Revised annual budgets (if revised by previous Annual Progress Reviews) | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | |
| Remaining funds (carry over) from previous year (B) | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | |
| Total expenditure during the calendar year (D) | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | |
| Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche] | 10885725 | 0 | 0 | 0 |

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

| Exchange Rate | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
|------------------------|------|------|------|------|------|------|
| Opening on 1 January | | | 15 | 15 | 15 | 15 |
| Closing on 31 December | | | 15 | 15 | 15 | 15 |

Detailed expenditure of HSS funds during the 2013 calendar year

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

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

Based on GAVI's approval to the financial request by the HSCC, funds will directly be transferred to the country, at National Bank of Eritrea and transferred to grant account opened at the National Bank of Eritrea for foreign currency and commercial bank of Eritrea for local currency.

In line to the agreed upon proposal, PMU/MoH HQ is responsible for disbursement, reporting, and annual auditing by external auditor. The zonal PMU is also responsible for coordination disbursement at their level, while financial and technical reports are submitted to PMU/MoH HQ.

The HSCC shall make sure that funds released are solely used for the program purposes and consistent with the terms of the agreement. Funds will be released to country upon an official request signed by the person or persons authorized by the Principal Recipient (PR).

The main challenges and constraints with this project was the delay of disbursement of funds by GAVI.

Has an external audit been conducted? No

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

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

| Major Activities (insert as many rows as necessary) | Planned Activity for 2013 | Percentage of Activity completed (annual) (where applicable) | Source of information/data (if relevant) |
|---|---|--|--|
| Activity 2.1 | Strengthen existing central and zonal training institutions to produce middle level health professionals | 80 | HRD |
| Activity 2.2 | Upgrade the technical capacity of training schools | 80 | HRD |
| Activity 2.3 | Support central and zonal training institutions | 85 | HRD |
| Activity 2.9 | Provide recreational amenities for health workers working in 10 selected remote health facilities | 50 | HRD |
| Activity 2.10 | Introduce reward package system to best performing individual health workers and teams at national and Zonal levels | 45 | HRD |
| Activity 3.4 | Train village health committees at 350 kebabis | 75 | HFMgt |
| Activity 4.1 | Provide one week training to senior and middle level health managers in RBM skill – 1 | 50 | HFMgt |
| Activity 4.2 | Provide one week training to senior and middle level health managers in RMB skills – 2 | 50 | HFMgt |

| | | | |
|----------------------|--|-----|-------|
| Activity 4.4 | Support the production of quarterly HMIS bulletin | 80 | HMIS |
| Activity 4.5 | Support the dissemination of quarterly HMIS bulletin | 70 | HMIS |
| Activity 4.6 | Procure ICT equipment for computerization of HMIS system in 29 selected sub-zobas [Computer systems, Printers, Broad Band Internet services] | 70 | HMIS |
| Activity 4.7 | Train Health Workers in ICT and Computerized data management skills relevant for operating computerized HMIS | 50 | HMIS |
| Activity 6.1 | Carry out community health education and promotion on Environmental Health in all zobas | 75 | EHU |
| Activity 6.3 | Supply chemicals and reagents (e.g. PUR, Water guard, etc) for water quality control in all the six zobas | 25 | EHU |
| Activity 6.4 | Conduct integrated outreach services | 100 | EPI |
| Activity 6.6 | Improve referral system through training in triage and emergency management, including referral of patients /clients (using the Emergency & Referral manual) | 75 | HFMgt |
| Activity 6.7 | Procure standard equipment and supplies for referral & emergency service provision at selected health facilities | 75 | HFMgt |
| Activity 6.8 | Carry out regular integrated supportive supervisions | 70 | HFMgt |
| Activity 6.10 | Train communities (VHTs, HFMCs & Teachers) in early detection and response to outbreak of vaccine preventable diseases | 25 | IDSR |
| Activity 5.2 | Supply photovoltaic solar power and cold chain systems to selected facilities | 80 | PMU |
| Activity 5.4 | Construct incinerators in 10 health facilities | 100 | EHU |
| Activity 5.7 | Construct accommodation for health workers in selected 3 remote health Facilities | 100 | HFMgt |

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

| Major Activities (insert as many rows as necessary) | Explain progress achieved and relevant constraints |
|--|--|
| Activity 2.1 | We have provided these training institutions with necessary stationeries, and other training materials |
| Activity 2.2 | Capacity building for instructors of the training institutions have been successfully conducted |
| Activity 2.3 | we have procured and supplied these institutions with audio visual materials, computers, books, and stationary materials |
| Activity 2.9 | Pcuremnet of recreational amenities ongoing process |
| Activity 2.10 | since the overall amount money for this activity is little, we will use for next year |

| | |
|----------------------|---|
| Activity 3.4 | This activity has been successfully conducted |
| Activity 4.1 | Activity 4.1 and 4.2 will be combined together and will be used in year 4 implementation year |
| Activity 4.2 | Activity 4.1 and 4.2 will be combined together and will be used in year 4 implementation |
| Activity 4.6 | 2nd phase Procurement of ICT is on process |
| Activity 4.7 | on going process |
| Activity 5.2 | New solar batteries are being in process of procurement to replace the depleted and the old batteries in the zonal health facilities |
| Activity 5.4 | The funding of these two activities (5.4 and 5.5) have been combined and used for installation of incinerators in complement with global funds grant money in Keren , Halibet and Barentu hospitals |
| Activity 5.5 | The funding of these two activities (5.4 and 5.5) have been combined and used for installation of incinerators in complement with global funds grant money in Teseney , Akordat , Barentu and Adikeih hospitals |
| Activity 5.6 | The money has been sufficient to upgrade one health centers to the level of community hospitals. The up graded health centers is on going process |
| Activity 5.7 | Activity has been successfully conducted |
| Activity 6.1 | 80% of the funds have been utilized to carry out community health education and promotion in two of the six zobas in the country. These activities have been carried out as part of the Community Led Total Sanitation (CLTS) project in the country. |
| Activity 6.3 | The money for these two activities (6.2 and 6.3) will be combined to procure chemicals and reagents for water quality control |
| Activity 6.4 | Integrated outreach services have been successfully conducted |
| Activity 6.5 | the guideline manual distributed to health facilities |
| Activity 6.6 | TOT successfully conducted |
| Activity 6.7 | procurement is in process and delivery will be effected soon |
| Activity 6.8 | Integrated Supportive Supervision (ISS) have been conducted |
| Activity 6.9 | Activity has been successfully conducted |
| Activity 6.10 | Training is on going activities in zones |

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

Because of the small amount of money allocated for the many and fragmented activities, some of them could not be implemented as set out in the action plan.

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

The funding for these activities was too small,hence combined together with the 2014 action plan the required motivational materials will be delivered to selected and best performing health workers infuture. Obviously therefore the contribution of implementation of these activities to the overall human resources development and the policy as a wholewill be determined later.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as | Baseline | Agreed target till end of support in original HSS | 2013 Target | | | | | | Data Source | Explanation if any targets were not achieved |
|--|----------|---|-------------|--|--|--|--|--|-------------|--|
|--|----------|---|-------------|--|--|--|--|--|-------------|--|

| necessary) | application | | | | | | | | | | | |
|--|----------------|----------------------|--------------|-----|--|--|--|--|--|-----|-------------------------|--|
| | Baseline value | Baseline source/date | | | | | | | | | | 2009 |
| Objective two: To increase the production of new health workers by 7% annually | 0 | 0 | 100 % (4460) | 600 | | | | | | 600 | HRM | |
| Objective 3: To establish functional participatory management structures at all levels of the health system by the end of the project period | | | | | | | | | | | | |
| Objective four: To strengthen RBM skills to reflect strong evidence based decision making | | | | | | | | | | | | |
| Activity 4.1 # of HMIS bulletin available in health facilities | 0 | 0 | 100% (300) | 150 | | | | | | 150 | HMIS | |
| Activity 4.2 training sessions conducted in RBM skill 1&2 | 0 | 0 | 100 % (4) | 2 | | | | | | 2 | HFmgt. division | |
| Objective 5: To rehabilitate health facility infrastructure for provision of quality health services | | | | | | | | | | | | |
| Activity 5.1: # of HFs provided with water supply and solar system | 0 | 0 | 4 | 2 | | | | | | 2 | HFmgt. division and EHU | |
| Objective 6: To improve the delivery of essential health care packages including provision of integrated MCH services at all levels of the health care provision | | | | | | | | | | | | |
| Activity:6.1 Referral and emergency service policy document developed | 0 | 0 | 100% (1) | 0 | | | | | | 0 | HFmgt. division | This document has already been developed in the previous year 2012 |
| Activity 6.2 # of HWs trained in triage and emergency management | 0 | 0 | 100 % (120) | 30 | | | | | | 30 | HFmgt. division | |
| Activity 6.3 # of integrated outreach services conducted | 0 | 0 | 100 % (8) | 2 | | | | | | 2 | EPI | |

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

The following demonstrable achievements have been scored in 2013 partly due GAVI funds and also government and other partners' contribution.

- Referral system policy guidelines development completed
- Service delivery capacity of health facilities has been enhanced because of the provision of solar power systems and deployment of newly trained staff. The maintenance of effective cold chain system is also attributable partly to the solar gadgets provided in 2013 by GAVI funds.

Quality and continuity of services have been maintained because of the regular integrated supportive supervision

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

The problem of having too small budgets and fragmented activities cited in last year's report have addressed in close consultation with GAVI as a result of which reprogramming have been proposed and accepted

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

The GAVI HSS coordination office have been active in following implementation activities, compiling progress reports and conducting stakeholders meetings which in effect is a continuous monitoring and periodic evaluation of the project. Besides the PMU/MoH takes care of financial management and communications responsibilities with GAVI HQs.

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

In future we suggest that funds should be released on time by GAVI so that we implement our activities on time and align our reporting systems with GAVI ISS. Otherwise the indicators selected and other monitoring mechanisms in place have no problems and are compatible with our country's overall sector control modalities.

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

The lead stakeholder in this project is the MoH. however other government institutions like the Ministry of Finance and the Ministry of Local Government are our partners on the government side and the WHO & UNICEF on the UN side.

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

Besides the stakeholders cited in 9.4.5. We do not have active civil society organizations involved in this project. However the contribution of our youth and women associations in community mobilization, creation of awareness for seeking services and contribution in kind especially in EPI and MCH services can not be underestimated. But none of all the above except the MoH is getting funds from this project.

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

- Whether the management of HSS funds has been effective
 - Constraints to internal fund disbursement, if any
 - Actions taken to address any issues and to improve management
 - Any changes to management processes in the coming year
-
- There was no problem of management of HSS funds
 - In an effort to improve the disbursement expedite implementation of funds all zones have made to open bank accounts

- No constraints encountered to internal auditing systems

No major change is suggested or expected in the coming years as far as management of the project is concerned

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2014

| Major Activities (insert as many rows as necessary) | Planned Activity for 2014 | Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2014 actual expenditure (as at April 2014) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2014 (if relevant) |
|---|---|---|--|--------------------------------|--|---------------------------------------|
| Activity 2.1 | Strengthen existing central and zonal training institutions to produce middle level health professionals | 40500 | | | | |
| Activity 2.2 | Upgrade the technical capacity of training schools | 29000 | | | | |
| Activity 2.3 | Support central and zonal training institutions | 18000 | | | | |
| Activity 2.9 | Provide recreational amenities for health workers working in 10 selected remote health facilities | 10600 | | | | |
| Activity 2.10 | Introduce reward package system to best performing individual health workers and teams at national and Zonal levels | 4900 | | | | |
| Activity 3.5 | Provide one week training to 120 ZHMT members. | 7000 | | | | |
| Activity 4.1 | Provide one week training to senior and middle level health managers in RBM skill – 1 | 8000 | | | | |
| Activity 4.2 | Provide one week training to senior and middle level health managers in RMB skills – 2 | 7000 | | | | |
| Activity 4.6 | Procure ICT equipment for computerization | 40000 | | | | |

| | | | | | | |
|---------------|--|--------|---|--|--|---|
| | of HMIS system in 29 selected sub-zobas [Computer systems, Printers, Broad Band Internet services] | | | | | |
| Activity 4.7 | Train Health Workers in ICT and Computerized data management skills relevant for operating computerized HMIS | 9500 | | | | |
| Activity 5.2 | Supply photovoltaic solar power and cold chain systems to selected facilities | 45000 | | | | |
| Activity 5.4 | Construct incinerators in 10 health facilities | 37500 | | | | |
| Activity 5.7 | Construct accommodation for health workers in selected 3 remote health Facilities | 97715 | | | | |
| Activity 6.3 | Supply chemicals and reagents (e.g. PUR, Water guard, etc) for water quality control in all the six zobas | 24000 | | | | |
| Activity 6.4 | Conduct integrated outreach services | 11000 | | | | |
| Activity 6.8 | Carry out regular integrated supportive supervisions | 6000 | | | | |
| Activity 6.10 | Train communities (VHTs, HFMCs & Teachers) in early detection and response to outbreak of vaccine preventable diseases | 15000 | | | | |
| | | 410715 | 0 | | | 0 |

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2015

| Major Activities (insert as many rows as necessary) | Planned Activity for 2015 | Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2015 (if relevant) |
|---|---------------------------|---|--------------------------------|--|---------------------------------------|
| | | 0 | | | |

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

| Donor | Amount in US\$ | Duration of support | Type of activities funded |
|--|----------------|---------------------|---------------------------|
| No donor for HSS support as outlined in the GAVI HSS proposal. | | | |

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|---|--|--|
| PMU/MoH, HMIS reports, Health Facility Management Division reports, IDSR reports, NHP & HSSP document | Each implementing partner in this project was requested to submit his/her activity report. This was compared and checked against the financial expenditure in the PMU office which was helpful to validate accuracy and consistency of all reports collected | Delay of submission of reports from implementing agencies, delayed disbursement of funds from GAVI, In adequate allocated budget |

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

We would suggest that a more concise and userfriendly format needs to be developed in future.

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

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

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

Eritrea is not reporting on GAVI TYPE A CSO support for 2013

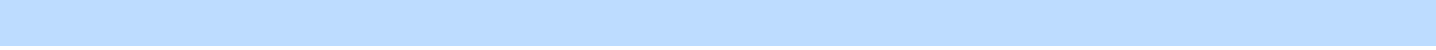
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Eritrea is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** – GAVI ISS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

| Summary of income and expenditure – GAVI HSS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** - GAVI HSS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

| Summary of income and expenditure – GAVI CSO | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

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

| Detailed analysis of expenditure by economic classification ** - GAVI CSO | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|--|---------|-----------|---|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | Minister Health Signature.docx File desc: Date/time : 13/05/2014 09:04:56 Size: 413 KB |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | the minister fin.docx File desc: Date/time : 15/05/2014 03:37:18 Size: 12 KB |
| 3 | Signatures of members of ICC | 2.2 | ✓ | ICC Signature APR 2013.docx File desc: Date/time : 13/05/2014 09:11:25 Size: 303 KB |
| 4 | Minutes of ICC meeting in 2014 endorsing the APR 2013 | 5.7 | ✓ | ICC meeting endorsing APR 2013.doc File desc: Date/time : 15/05/2014 12:16:29 Size: 45 KB |
| 5 | Signatures of members of HSCC | 2.3 | ✓ | GAVI.pdf File desc: Date/time : 14/05/2014 10:26:07 Size: 1 MB |
| 6 | Minutes of HSCC meeting in 2014 endorsing the APR 2013 | 9.9.3 | ✓ | HSS MEETING MINUTES - MARCH 09,2014.pdf File desc: Date/time : 14/05/2014 10:37:06 Size: 923 KB |
| 7 | Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | No file loaded |
| 8 | External audit report for ISS grant (Fiscal Year 2013) | 6.2.3 | ✗ | No file loaded |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | MCV2 PIE.doc File desc: Date/time : 15/05/2014 12:12:25 Size: 39 KB |

| | | | | |
|----|---|-------|---|--|
| | | | | |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 | ✓ | Financial Statements 2014.doc File desc: Date/time : 13/05/2014 08:49:05 Size: 292 KB |
| 11 | External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000 | 7.3.1 | ✓ | External Audit for NVS Fiscal Year 2013.doc File desc: Date/time : 15/05/2014 12:44:23 Size: 39 KB |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | ERI EVM Report 2012.pdf File desc: Date/time : 13/05/2014 08:57:48 Size: 2 MB |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | EVMA Improvement Plan.doc File desc: Date/time : 13/05/2014 09:29:51 Size: 114 KB |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | ✓ | EVMA 2013 Implementation Status.doc File desc: , Date/time : 13/05/2014 08:52:05 Size: 86 KB |
| 16 | Valid cMYP if requesting extension of support | 7.8 | ✗ | ERI cMYP 2012-2016.doc File desc: Date/time : 13/05/2014 09:23:16 Size: 863 KB |
| 17 | Valid cMYP costing tool if requesting extension of support | 7.8 | ✗ | ERI cMYP V3.3 July 2013 Sep14 ERI.xlsm File desc: Date/time : 13/05/2014 09:43:57 Size: 2 MB |
| 18 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 | ✗ | No file loaded |
| 19 | Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | GAVI.pdf File desc: Date/time : 14/05/2014 10:30:20 Size: 1 MB |

| | | | | |
|----|---|--------|---|---|
| | | | | |
| 20 | Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | GAVI22.pdf File desc: Date/time : 14/05/2014 10:41:01 Size: 1 MB |
| 21 | External audit report for HSS grant (Fiscal Year 2013) | 9.1.3 | ✓ | External Audit for GAVI HSS.doc File desc: Date/time : 15/05/2014 12:23:37 Size: 39 KB |
| 22 | HSS Health Sector review report | 9.9.3 | ✓ | HSS Health Sector Review not yet done.docx File desc: Date/time : 15/05/2014 03:39:57 Size: 12 KB |
| 23 | Report for Mapping Exercise CSO Type A | 10.1.1 | ✗ | No file loaded |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2013) | 10.2.4 | ✗ | No file loaded |
| 25 | External audit report for CSO Type B (Fiscal Year 2013) | 10.2.4 | ✗ | No file loaded |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013 | 0 | ✓ | GAVI22.pdf File desc: Date/time : 15/05/2014 03:47:10 Size: 1 MB |
| 27 | Minutes ICC meeting endorsing change of vaccine presentation | 7.7 | ✗ | No file loaded |

| | | | | |
|--|-------|--|---|--|
| | Other | | X | 9.5 Planned HSS AcivitIES for 2014.xlsx File desc: Date/time : 14/05/2014 10:44:02 Size: 20 KB |
| | | | | Eritrea EPI Review Report Final 2011.zip File desc: Date/time : 13/05/2014 09:19:47 Size: 1 MB |