



GAVI Alliance

Annual Progress Report **2011**

Submitted by

The Government of
Niger

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/21/2012**

Deadline for submission: 5/15/2012

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of 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: 2011

Requesting for support year: 2013

1.1. NVS & INS support

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

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 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	Next tranche of HSS Grant: N/A
CSO Type A	No	Not applicable - N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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 Niger 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 Niger:

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	SOUMANA SANDA	Name	GILLES BAILLET
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):

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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 the 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
MANZILA TARANDE Member	WHO Representative		
GUIDO CORNALE Member	Representative of UNICEF		
ALI BONDIERE Member	President of Red Cross Niger		
MICHELE SEIBOU Member	Representative of CONCERN		
GASTON KABA Member	President of Rotary International		
MARILY KNIERIEMEN Member	Representative of HKI		
IDE DJERMAKOYE Member	President of ROASSN		

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

All comments will be treated confidentially.

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), endorse this report on the Health Systems Strengthening 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
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HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially.

Comments from Partners:

[Redacted]

Comments from the Regional Working Group:

[Redacted]

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

Niger is not reporting on CSO (Type A & B) fund utilisation in 2012.

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	925,434	925,507	955,974	955,974	987,521	987,521	1,020,109	1,020,109	1,053,773	1,053,773
Total infants' deaths	74,960	74,966	77,434	77,434	79,989	79,989	82,629	82,629	85,356	85,356
Total surviving infants	850,474	850,541	878,540	878,540	907,532	907,532	937,480	937,480	968,417	968,417
Total pregnant women	925,434	925,507	955,974	955,974	987,521	987,521	1,020,109	1,020,109	1,053,773	1,053,773
Number of infants vaccinated (to be vaccinated) with BCG	832,891	657,230	879,496	879,496	918,394	918,394	958,903	958,903	1,001,084	1,001,084
BCG coverage	90 %	71 %	92 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	748,417	514,557	790,686	790,686	834,929	834,929	881,231	881,231	919,996	919,996
OPV3 coverage	88 %	60 %	90 %	90 %	92 %	92 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	807,950	867,360	878,540	878,540	907,532	907,532	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with DTP3	748,417	820,190	790,686	790,686	834,929	834,929	881,231	881,231	919,996	919,996
DTP3 coverage	95 %	96 %	90 %	90 %	92 %	92 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	2	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.02	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with Yellow Fever	741,590	582,849	744,366	773,115	816,779	816,779	862,482	862,482	919,996	919,996
Yellow Fever coverage	85 %	69 %	88 %	88 %	90 %	90 %	92 %	92 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	20	12	20	20	20	20	20	20	20	20
Wastage[1] factor in base-year and planned thereafter	1.25	1.14	1.25	1.25	1.25	1.25	1.25	1.25	1.25	1.25
Maximum wastage rate value for Yellow Fever, 10 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	878,540	878,540	907,532	907,532	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	527,124	790,686	834,929	834,929	881,231	881,231	919,996	919,996
Pneumococcal (PCV13) coverage		0 %	60 %	90 %	92 %	92 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year		0	5	5	0	0	0	0	0	0

and planned thereafter (%)										
Wastage[1] factor in base-year and planned thereafter		1	1.05	1.05	1	1	1	1	1	1
Maximum wastage rate value for Pneumococcal(PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus		0	0	0	907,532	907,532	937,480	937,480	968,417	968,417
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus		0		0	453,766	453,766	562,488	562,488	677,892	677,892
Rotavirus coverage		0 %	0 %	0 %	50 %	50 %	60 %	60 %	70 %	70 %
Wastage[1] rate in base-year and planned thereafter (%)		0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter		1	1	1	1	1	1	1	1	1
Maximum wastage rate value for Rotavirus 2-dose schedule	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	722,903	795,604	773,115	773,115	816,779	816,779	862,482	862,482	919,996	919,996
Measles coverage	85 %	94 %	88 %	88 %	90 %	90 %	92 %	92 %	95 %	95 %
Pregnant women vaccinated with TT+	814,382	864,362	860,377	860,377	908,519	908,519	958,902	958,902	1,001,084	1,001,084
TT+ coverage	88 %	93 %	90 %	90 %	92 %	92 %	94 %	94 %	95 %	95 %
Vit A supplement to mothers within 6 weeks from delivery	110,000	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	697,311	531,436	697,311	697,311	723,877	723,877	747,206	747,206	771,336	771,336
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	7 %	5 %	10 %	10 %	8 %	8 %	6 %	6 %	5 %	5 %

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of total surviving infants

*** Indicates 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 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 changes noted

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

The change already justified in the previous reports is maintained while awaiting a new general population census planned for 2012.

In compliance with the joint WHO/UNICEF report of 2011, the number of surviving infants in 2011 is 849,292 instead of 850,541.

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

Results from the external program review in 2010 helped to downgrade the coverage objectives by antigen for the next five years.

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

The same rates used in the previous 2007-2010 and 2011-2015 cMYP have been extended for 2011-2015.

5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

A significant decline in coverage was recorded in 2011 compared to 2010 for the following antigens: BCG (less than 24%); OPV 1 (less than 31%) OPV 3 (less than 31%); AAV (less than 13%). This reduction is due to shortages recorded over an extended period ranging from 3 - 6 months, depending on the levels.

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In contrast, we recorded an increase in :

- the coverage of Penta 3.97% in 2011 as opposed to 92% in 2010 or (+5%);
- the coverage of MV 94% in 2011 as opposed to 89% in 2010 or (+5%);
- the coverage in TT +.93% in 2011 as opposed to 85% in 2010 or (+8%);
- The coverage in Vitamin A for children aged 0 -11 months increased from 53% in 2010 to 63%, or an increase of 10%.

A difference of 25 points was observed between MV and AAV as it relates to the shortage of AAV.

Note that 90.5% (38 of 42) of health districts have coverage of Penta 3 that is greater than or equal to 80%.

Four health districts, i.e.; Arlit, Bilma, Mainé Soroa, and Maradi Community have not achieved 80%. All of these health districts have seen a decline in the coverage of Penta3 in 2011 compared to 2010: Maradi Community at 11 points, Bilma at 10 points, Mainé Soroa at 8 points, and Arlit at 7 points.

The coverage rate in OPV3 is 61% in 2011 compared to 92% in 2010, or a reduction of 31 points.

Only 3 districts (Ouallam, Tillabéri and Niamey) could reach above 80% with 92.88 and 85% respectively.

For the rest of the districts (39 or 93%), this coverage varies from 42% in the Zinder district to 76% in Keita.

The coverage of MV has seen a slight increase of 5 points compared to 2010. It is at 94% with 23 districts having a higher coverage or equal to 95%.

The coverage of TT2 and + is 93% compared to 85% in 2010, or a gain of 8 points.

The total number of children not vaccinated with Penta 3 stands at 28,900 as opposed to 64,236 at the end of 2010.

However, the Vitamin A supplementation provided for mothers six weeks after the delivery saw a decrease due to the non-availability of Vitamin A and also due to the fact that Vitamin A is not integrated into the routine EPI.

The implementation of activities of the immunization programme was marked by:

- The funding for fairground, advanced, and mobile activities
- The finalisation and adoption of the 2011-2015 cMYP
- The involvement of local partners for the funding of activities
- The evaluation of vaccine and logistics management of EPI

These activities enabled us to improve the performances for certain antigens such as measles, Penta, and TT. However, the systematic post-delivery supplementation for women is not well documented.

The strengthening of immunization activities was done in all districts through the provision of additional resources (fuel, food) to reach the 'hard-to-reach' populations in advanced and decentralized mobile strategies

These activities were conducted differently at the district level with locally mobilised resources. Coordination at the central level failed, as only one of the four scheduled supervisions were carried out during the year.

Coordination at the central level failed, as only one of the four scheduled supervisions were carried out during the year.

The difficulties encountered are mainly:

- Regarding BCG, OPV and AAV (Anti-Amaril Vaccine), long out-of-stock periods were recorded during 2011.
- The sudden suspension of GAVI funding for immunization support.
- The aging fleet of automotive transportation.

In order to remove the obstacles encountered: the systematic EPI was integrated with campaigns, and an appeal was made to the Ministry of Finance for the exclusion of the vaccine systems from market regulation.

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

The main reasons that justify these contra-performance items are related to:

A delay in the release of funds for the purchase of vaccines due to the cumbersome procurement procedures and the fact that the budget line for the purchase of vaccines is subject to budgetary regulation.

The organisation of multiple campaigns which disturbs routine activities.

Low health coverage within the country.

The existence of difficult access zones (residual insecurity).

The insecurity of the food supply and population mobility (seasonal migration).

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011.

| Data Source | Timeframe of the data | Coverage estimate |
|-------------|-----------------------|-------------------|
| | | |

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

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

What action(s) have you taken to achieve this goal?

Educate various participants regarding immunization during general immunization periods. During the evaluation of National System for Health Information, the supports will be revised to integrate the aspect of gender as this is already taken into account in the Health Development Plan.

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).

The differences observed between the administrative data and that of other data resources are due to the non-adherence to the immunization schedule by vaccination officers with 20% of invalid doses for Penta3 and the immunization of children in the lower age range (beyond one year of age) at 20% as per the survey results of 2010.

* Please note that the WHO/ UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

A data quality audit (DQS) was executed in 13 districts in 2010 in addition to 29 districts audited in 2009. There was a monitoring of the data quality (DQS) in 2011 in the peripheral health units.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Verification of data quality during coordination meetings, bi-annual, and annual reviews occurred. The training of all EPI officers at the operational level, the training of all departmental and regional Immunization coordinators in computerized data management, the training of MT (management team), and regional health officers regarding the data quality audit (DQS) took place. A monitoring system for immunization activities occurred. There was an implementation of recommendations made at the annual EPI review in 2010. Integration of immunization coverage survey into the child survival surveys took place.

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.

An evaluation of the Health Information System (NSHI- National System on Health Information); the reform and revision of NSHI and NSHI supports; Installation and use of the new EPI database (DVD-MT) in all the districts and regions, which will be followed by the training of health workers and a revision of EPI data collection supports.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** and **Table 5.5b** 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\$ = 493.94 |
|---------------------------|-----------------|

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 2011 | Source of funding | | | | | | |
|---|-----------------------|-------------------|-----------|-----------|------------|--------------------|---|---|
| | | Country | GAVI | UNICEF | WHO | Korean Cooperation | | |
| Traditional Vaccines* | 5,536,561 | 1,181,247 | 0 | 4,355,314 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 5,297,150 | 0 | 5,297,150 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 3,168,851 | 67,501 | 3,101,350 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 751,173 | 0 | 0 | 616,531 | 0 | 134,642 | 0 | 0 |
| Personnel | 274,482 | 274,482 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 833,942 | 0 | 0 | 806,642 | 27,300 | 0 | 0 | 0 |
| Other Capital Costs | 371,358 | 0 | 0 | 371,358 | 0 | 0 | 0 | 0 |
| Campaigns costs | 11,280,591 | 0 | 0 | 1,289,863 | 9,990,728 | 0 | 0 | 0 |
| To be completed by the country | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| Total Expenditures for Immunisation | 27,514,108 | | | | | | | |
| | | | | | | | | |
| Total Government Health | | 1,523,230 | 8,398,500 | 7,439,708 | 10,018,028 | 134,642 | 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.

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

An annual 2011 action plan based on cMYP was prepared and quantified.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

The State's share for the co-funding of vaccines was not paid.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

There are Government funds allocated for traditional vaccines.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

| Expenditure by category | Budgeted Year 2012 | Budgeted Year 2013 |
|-------------------------|--------------------|--------------------|
| Traditional Vaccines* | 1,001,309 | 1,054,929 |

| | | |
|---|------------|------------|
| New and underused Vaccines** | 10,720,655 | 22,637,287 |
| Injection supplies (both AD syringes and syringes other than ADs) | 713,478 | 809,525 |
| Injection supply with syringes other than ADs | 0 | 0 |
| Cold Chain equipment | 1,110,448 | 1,214,247 |
| Personnel | 1,463,331 | 1,576,645 |
| Other routine recurrent costs | 10,140,156 | 10,027,798 |
| Supplemental Immunisation Activities | 5,414,386 | 5,657,253 |
| Total Expenditures for Immunisation | 30,563,763 | 42,977,684 |

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

YES

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

NO

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Yes, fully implemented**

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? |
|-------------------------------|--------------|
| | |

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

Audit of accounts by a GAVI auditor

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **2**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting 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](#)

- Release of the State's counter-part funds for the co-funding of vaccines.
- Appeal for funding of vaccines

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

If **Yes**, which ones?

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

| |
|--|
| Network of NGOs and Health Sector Associations of Niger (ROASSN) |
|--|

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

OBJECTIVES

- 1) Strengthen the capabilities for the conservation and management of vaccines
- 2) Strengthen the capabilities for managing the immunization partners
- 3) Prepare a roadmap for EPI programs
- 4) Increase vaccine coverage
- 5) Improve data quality

ACTIVITIES

General status of immunization

Implementation of 8 RED components in all districts

Significantly reduce the number of non-vaccinated children

Preparation of specific communication strategies and immunization of the floating population

Preparation of a strategic plan and organisation of a measles campaign

Implementation of a vaccine and EPI logistics management plan (EVM)

Are they linked with cMYP? **Yes**

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 2011.

| Vaccine | Types of syringe(s) used in 2011 routine EPI | Funding sources of 2011 |
|------------------------|--|-------------------------|
| BCG | AD syringes / Dilution syringes | STATE |
| Measles | AD syringes | STATE |
| TT | AD syringes | STATE |
| DTP-containing vaccine | AD syringes / Dilution syringes | STATE/GAVI |
| FR YF | AD syringes / Dilution syringes | STATE/GAVI |

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

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

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

No major obstacle was encountered in the implementation of the injection safety policy for both routine EPI and mass campaigns.

Please explain in 2011 how sharp waste is being disposed of, problems encountered, etc.

Sharp waste is collected in safety boxes before being disposed of in the incinerators. The problems encountered in this process are that there are not enough incinerators available to cover all of the health centres and that the waste is forwarded to the district level for incineration.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2011 (A) | 0 | 0 |
| Remaining funds (carry over) from 2010 (B) | 430,512 | 212,242,483 |
| Total funds available in 2011 (C=A+B) | 430,512 | 212,242,483 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Total Expenditures in 2012 (D) | 430,512 | 212,242,483 |

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

We did not receive any funds to support the immunization services in 2011, and the funds left from 2010 were transferred to the COMMON FUNDS account.

The ISS funds, if any, are included in the plans and the national health sector budget.

6.1.2. Please specify the type of bank account(s) used (commercial versus government accounts), the procedures for approving budgets, how the funds are channelled to sub-national levels, and the provisions for preparing financial reports at sub-national and national levels; and overall role of the ICC in this process.

Account type: Business account

Procedures: Bank Transfers

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

No activity was conducted in 2011 with ISS funds due to the lack of funds.

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annex 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

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

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from the 2008 reporting year, a country is entitled to a reward:

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the

original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at

http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveredtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the \$ amount by filling **Table 6.3** below:

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3.

Table 6.3: Calculation of expected ISS reward

| | | | Base Year** | 2011 |
|---|--|--|-------------|-----------|
| | | | A | B*** |
| 1 | Number of infants vaccinated with DTP3* (from JRF) specify | | 586,814 | 820,190 |
| 2 | Number of additional infants that are reported to be vaccinated with DTP3 | | | 233,376 |
| 3 | Calculating | \$20 per additional child vaccinated with DTP3 | | 4,667,520 |
| 4 | Rounded-up estimate of expected reward | | | 4,668,000 |

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in Section 4. Baseline & annual targets are filled-in.

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

| | [A] | [B] | |
|----------------------|---|--|---|
| Vaccine type | Total doses for 2011 in Decision Letter | Total doses received by 31 December 2011 | Total doses of postponed deliveries in 2012 |
| Yellow Fever | | 334,500 | 334,500 |
| DTP-HepB-Hib | | 3,395,900 | 813,500 |
| Pneumococcal (PCV13) | | 0 | 0 |
| Rotavirus | | 0 | 0 |

**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? ...)

Not applicable

- 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)

-Estimation of annual vaccine requirements

-Follow-up on vaccine orders

-Supply of vaccines as required

-Monitor vaccine usage at all levels

There is a strengthening of storage capabilities at the central level in the regions of Tillabéri, Diffa, Dosso, Maradi, and Agadez and in certain districts as well.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Yes**

If **Yes**, how long did the stock-out last?

The shortage for the anti-amaril vaccine is for 153 days

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

Delay in the release of funds for co-financing by the government. This stock-out led to a decline of 13 points in AAV (anti-amaril vaccine) coverage in 2011 compared to the coverage rate in 2010. Similarly, a difference of 25 points was observed between the MV and AAV coverage due to the stock-out in AAV.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

| | | |
|--|-------------------------------|----------------|
| Vaccine introduced | NO VACCINE INTRODUCED in 2011 | |
| Phased introduction | No | 01/01/2013 |
| Nationwide introduction | No | 01/01/2013 |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | NOT APPLICABLE |

7.2.2. When is the Post introduction evaluation (PIE) planned? **January 0**

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° 20)

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2011 (A) | 0 | 0 |
| Remaining funds (carry over) from 2010 (B) | 0 | 0 |
| Total funds available in 2011 (C=A+B) | 0 | 0 |
| Total Expenditures in 2011 (D) | 0 | 0 |
| Balance carried over to 2012 (E=C-D) | 0 | 0 |

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annex 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

NOT APPLICABLE

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

NOT APPLICABLE

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

NOT APPLICABLE

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

| Q.1: What were the actual co-financed amounts and doses in 2011? | | |
|---|-------------------------------------|-----------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| 1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 407,000 | 131,000 |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 0 | 0 |
| 1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED | 679,500 | 609,300 |
| | | |
| Q.2: Which were the sources of funding for co-financing in reporting year 2011? | | |
| Government | GOVERNMENT OF THE REPUBLIC OF NIGER | |
| Donor | | |
| Other | | |
| | | |
| Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | | |
| 1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED | | |
| | | |
| Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2013 | Source of funding |
| 1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | May | NATIONAL BUDGET |
| 1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | May | NATIONAL BUDGET |
| 1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, | May | NATIONAL BUDGET |

| | | |
|-------------|---|--|
| LYOPHILISED | | |
| | | |
| | 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 GAVI's new vaccine support reported on 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? **May 2011**

Please attach:

- (a) EVM assessment (**Document No. 15**)
- (b) Improvement plan after EVM (**Document No. 16**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No. 17**)

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

Kindly provide a summary of actions taken in the following table:

| Deficiency noted in EVM assessment | Action recommended in the Improvement plan | Implementation status and reasons for delay, if any |
|---|--|---|
| Absence of a document on operational procedures | Preparation of a document on operational procedures. | Executed |
| The inexistence of an emergency plan in case of a breakdown | Prepare an emergency plan, test it, and share it | Executed |
| No systematic monitoring of cold chambers | Conduct a follow-up study on the systematic monitoring of chambers | Executed |
| Absence of a dry store in the regions | Construct dry stores where it is not available | Executed |
| Failure to maintain vaccine stock registers | Training, briefing, instructions | Executed |

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2012**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Niger does not report on NVS Preventive campaign.

7.7. Change of vaccine presentation

Niger does not require a change in any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccine support for those countries whose current support is ending in 2012

Renewal of multi-year vaccine support for Niger is not available in 2012.

7.9. Request for continued support for vaccines for the 2013 vaccination programme

In order to request NVS support for 2013 vaccination, do the following:

Confirm here below that your request for 2013 vaccine support is as per 7.11 - Calculation of requirements

Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

| Vaccine | Presentation | 2012 | 2013 | 2014 | 2015 |
|--|--------------|-------|-------|-------|-------|
| DTP-HepB, 10 dose(s) per vial, LIQUID | 10 | | | | |
| DTP-HepB, 2 dose(s) per vial, LIQUID | 2 | | | | |
| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 1 | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 10 | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED | 2 | 2.470 | 2.320 | 2.030 | 1.850 |
| DTP-Hib, 10 dose(s) per vial, LIQUID | 10 | | | | |
| HepB monoval, 1 dose(s) per vial, LIQUID | 1 | | | | |
| HepB monoval, 2 dose(s) per vial, LIQUID | 2 | | | | |
| Hib monoval, 1 dose(s) per vial, LYOPHILISED | 1 | | | | |
| Measles, 10 dose(s) per vial, LYOPHILISED | 10 | 0.219 | 0.219 | 0.219 | 0.219 |
| Meningococcal, 10 dose(s) per vial, LIQUID | 10 | 0.520 | 0.520 | 0.520 | 0.520 |
| Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 2 | 3.500 | 3.500 | 3.500 | 3.500 |
| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 1 | 3.500 | 3.500 | 3.500 | 3.500 |
| Yellow Fever, 10 dose(s) per vial, LYOPHILISED | 10 | 0.900 | 0.900 | 0.900 | 0.900 |
| Yellow Fever, 5 dose(s) per vial, LYOPHILISED | 5 | 0.900 | 0.900 | 0.900 | 0.900 |
| Rotavirus, 2-dose schedule | 1 | 2.550 | 2.550 | 2.550 | 2.550 |
| Rotavirus, 3-dose schedule | 1 | 5.000 | 3.500 | 3.500 | 3.500 |
| AD-SYRINGE | 0 | 0.047 | 0.047 | 0.047 | 0.047 |
| RECONSTIT-SYRINGE-PENTAVAL | 0 | 0.047 | 0.047 | 0.047 | 0.047 |
| RECONSTIT-SYRINGE-YF | 0 | 0.004 | 0.004 | 0.004 | 0.004 |
| SAFETY-BOX | 0 | 0.006 | 0.006 | 0.006 | 0.006 |

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised).

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

| Vaccine | Presentation | 2016 |
|--|--------------|-------|
| DTP-HepB, 10 dose(s) per vial, LIQUID | 10 | |
| DTP-HepB, 2 dose(s) per vial, LIQUID | 2 | |
| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 1 | 1.850 |
| DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 10 | 1.850 |
| DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED | 2 | 1.850 |
| DTP-Hib, 10 dose(s) per vial, LIQUID | 10 | |
| HepB monoval, 1 dose(s) per vial, LIQUID | 1 | |
| HepB monoval, 2 dose(s) per vial, LIQUID | 2 | |
| Hib monoval, 1 dose(s) per vial, LYOPHILISED | 1 | |
| Measles, 10 dose(s) per vial, LYOPHILISED | 10 | 0.219 |
| Meningococcal, 10 dose(s) per vial, LIQUID | 10 | 0.520 |
| Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID | 2 | 3.500 |
| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 1 | 3.500 |
| Yellow Fever, 10 dose(s) per vial, LYOPHILISED | 10 | 0.900 |
| Yellow Fever, 5 dose(s) per vial, LYOPHILISED | 5 | 0.900 |
| Rotavirus, 2-dose schedule | 1 | 2.550 |
| Rotavirus, 3-dose schedule | 1 | 3.500 |
| AD-SYRINGE | 0 | 0.047 |
| RECONSTIT-SYRINGE-PENTAVAL | 0 | 0.047 |
| RECONSTIT-SYRINGE-YF | 0 | 0.004 |
| SAFETY-BOX | 0 | 0.006 |

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised).

Table 7.10.2: Freight Cost

| Vaccine Antigens | VaccineTypes | No. Threshold | \$200,000 | | \$250,000 | | \$2,000,000 | |
|------------------|-----------------|---------------|-----------|---|-----------|--------|-------------|---|
| | | | <= | > | <= | > | <= | > |
| DTP-HepB | HEPBHIB | 2.00 % | | | | | | |
| DTP-HepB-Hib | HEPBHIB | | | | 15.00 % | 3.50 % | | |
| Measles | MEASLES | 10.00 % | | | | | | |
| Meningococcal | MENINACONJUGATE | 9.99 % | | | | | | |

| | | | | | | | | |
|----------------------|--------|--------|---------|--|--|--|---------|--------|
| Pneumococcal (PCV10) | PNEUMO | 1.00 % | | | | | | |
| Pneumococcal (PCV13) | PNEUMO | 5.00 % | | | | | | |
| Rotavirus | ROTA | 5.00 % | | | | | | |
| Yellow Fever | YF | | 20.00 % | | | | 10.00 % | 5.00 % |

7.11. Calculation of requirements

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

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|--|--------------------|----|-----------|---------|---------|---------|---------|-----------|
| | Number of surviving infants | Table 4 | # | 850,541 | 878,540 | 907,532 | 937,480 | 968,417 | 4,542,510 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 867,360 | 878,540 | 907,532 | 937,480 | 968,417 | 4,559,329 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 820,190 | 790,686 | 834,929 | 881,231 | 919,996 | 4,247,032 |
| | Immunisation coverage with the third dose | Table 4 | % | 96.43 % | 90.00 % | 92.00 % | 94.00 % | 95.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.02 | 1.05 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 1 January 2012 | | # | 1,508,230 | | | | | |
| | Number of doses per vial | Parameter | # | | 10 | 10 | 10 | 10 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.47 | 2.32 | 2.03 | 1.85 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 3.50 % | 3.50 % | 3.50 % | 3.50 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

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

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

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|
| Minimum co-financing | 0.15 | 0.20 | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2010 | | | 0.20 | 0.20 | 0.20 |
| Your co-financing | 0.20 | 0.20 | 0.20 | 0.20 | 0.20 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|------------------------------------|----|-----------|-----------|-----------|-----------|
| Number of vaccine doses | # | 1,186,800 | 2,641,600 | 2,693,300 | 2,753,700 |
| Number of AD syringes | # | 2,957,000 | 3,047,500 | 3,148,000 | 3,251,900 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 32,825 | 33,850 | 34,950 | 36,100 |
| Total value to be co-financed | \$ | 3,185,500 | 6,499,000 | 5,820,000 | 5,439,500 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--|----|---------|---------|---------|---------|
| Number of vaccine doses | # | 100,800 | 240,100 | 283,400 | 321,200 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 | 0 |
| Total value to be co-financed by country | \$ | 257,500 | 576,500 | 595,500 | 615,000 |

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

| | Formula | 2011 | 2012 | | | |
|---|---|--|-----------|------------|---------|-----------|
| | | Total | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 7.82 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 867,360 | 878,540 | 68,732 | 809,808 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | B X C | 2,602,080 | 2,635,620 | 206,195 | 2,429,425 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | 1 | | |
| F | Number of doses needed including wastage | D X E | 2,654,122 | 2,767,401 | 216,505 | 2,550,896 |
| G | Vaccine buffer stock | (F – F of previous year) * 0.25 | | 28,320 | 2,216 | 26,104 |
| H | Stock on 1 January 2012 | Table 7.11.1 | 1,508,230 | | | |
| I | Total vaccine doses needed | F + G – H | | 1,287,491 | 100,726 | 1,186,765 |
| J | Number of doses per vial | Vaccine Parameter | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 2,956,974 | 0 | 2,956,974 |
| L | Reconstitution syringes (+ 10% wastage) needed | I / J * 1.11 | | 0 | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | (K + L) / 100 * 1.11 | | 32,823 | 0 | 32,823 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 3,180,103 | 248,792 | 2,931,311 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 137,500 | 0 | 137,500 |
| 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) | | 191 | 0 | 191 |

| | | | | | | |
|---|---|--|--|-----------|---------|-----------|
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 111,304 | 8,708 | 102,596 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 13,770 | 0 | 13,770 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 3,442,868 | 257,499 | 3,185,369 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 257,499 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 7.82 % | | |

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

| | Formula | 2013 | | | 2014 | | |
|---|---|--|------------|---------|-----------|------------|-------------------|
| | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 8.33 % | | 9.52 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 907,532 | 75,590 | 831,942 | 937,480 | 89,240 848,240 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | |
| D | Number of doses needed | $B \times C$ | 2,722,596 | 226,770 | 2,495,826 | 2,812,440 | 267,718 2,544,722 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | | 1 | |
| F | Number of doses needed including wastage | $D \times E$ | 2,858,726 | 238,109 | 2,620,617 | 2,953,062 | 281,104 2,671,958 |
| G | Vaccine buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 22,832 | 1,902 | 20,930 | 23,584 | 2,245 21,339 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 2,881,558 | 240,010 | 2,641,548 | 2,976,646 | 283,349 2,693,297 |
| J | Number of doses per vial | Vaccine Parameter | 10 | | | 10 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 3,047,426 | 0 | 3,047,426 | 3,147,987 | 0 3,147,987 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 0 |
| M | Total safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 33,827 | 0 | 33,827 | 34,943 | 0 34,943 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 6,685,215 | 556,824 | 6,128,391 | 6,042,592 | 575,199 5,467,393 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 6,685,215 | 0 | 141,706 | 6,042,592 | 0 146,382 |
| 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 | $M \times \text{safety box price per unit (cs)}$ | 197 | 0 | 197 | 203 | 0 203 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 233,983 | 19,489 | 214,494 | 211,491 | 20,132 191,359 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 14,191 | 0 | 14,191 | 14,659 | 0 14,659 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 7,075,292 | 576,313 | 6,498,979 | 6,415,327 | 595,330 5,819,997 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 576,312 | | | 595,330 | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 8.33 % | | | 9.52 % | |

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

| | Formula | 2015 | | | |
|---|---|--|------------|---------|-----------|
| | | Total | Government | GAVI | |
| A | Country co-finance | V | 10.45 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 968,417 | 101,154 | 867,263 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 2,905,251 | 303,461 | 2,601,790 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 3,050,514 | 318,634 | 2,731,880 |
| G | Vaccine buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 24,363 | 2,545 | 21,818 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 3,074,877 | 321,179 | 2,753,698 |
| J | Number of doses per vial | Vaccine Parameter | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 3,251,872 | 0 | 3,251,872 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 36,096 | 0 | 36,096 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 5,688,523 | 594,180 | 5,094,343 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 151,213 | 0 | 151,213 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 210 | 0 | 210 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | 199,099 | 20,797 | 178,302 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 15,143 | 0 | 15,143 |
| T | Total funds needed | $(N+O+P+Q+R+S)$ | 6,054,188 | 614,976 | 5,439,212 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 614,976 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 10.45 % | | |

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

| ID | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL | |
|----|---|--------------------|------|---------|---------|---------|---------|---------|-----------|
| | Number of surviving infants | Table 4 | # | 850,541 | 878,540 | 907,532 | 937,480 | 968,417 | 4,542,510 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 878,540 | 907,532 | 937,480 | 968,417 | 3,691,969 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 0 | 790,686 | 834,929 | 881,231 | 919,996 | 3,426,842 |
| | Immunisation coverage with the third dose | Table 4 | % | 0.00 % | 90.00 % | 92.00 % | 94.00 % | 95.00 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.05 | 1.00 | 1.00 | 1.00 | |
| | Vaccine stock on 1 January 2012 | | # | 0 | | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 3.50 | 3.50 | 3.50 | 3.50 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.20 | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines' value | Table 7.10.2 | % | | 5.00 % | 5.00 % | 5.00 % | 5.00 % | |
| fd | Freight cost as % of devices' value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

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

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

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|
| Minimum co-financing | | 0.20 | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per the 2011 Proposal | | | 0.20 | 0.20 | 0.20 |
| Your co-financing | | 0.20 | 0.20 | 0.20 | 0.20 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|------------------------------------|----|------------|-----------|------------|------------|
| Number of vaccine doses | # | 3,271,000 | 2,574,500 | 2,680,700 | 2,769,100 |
| Number of AD syringes | # | 3,693,500 | 3,022,100 | 3,146,800 | 3,250,600 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 41,000 | 33,550 | 34,950 | 36,100 |
| Total value to be co-financed | \$ | 12,210,500 | 9,616,000 | 10,012,500 | 10,343,000 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--|----|---------|---------|---------|---------|
| Number of vaccine doses | # | 188,300 | 148,200 | 154,300 | 159,400 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 | 0 |
| Total value to be co-financed by country | \$ | 692,000 | 545,000 | 567,000 | 586,000 |

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

| | | Formula | 2011 | 2012 | | |
|---|---|---|--------|------------|------------|------------|
| | | | Total | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | 5.44 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 0 | 878,540 | 47,812 | 830,728 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | B X C | 0 | 2,635,620 | 143,436 | 2,492,184 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | 1 | | |
| F | Number of doses needed including wastage | D X E | 0 | 2,767,401 | 150,607 | 2,616,794 |
| G | Vaccine buffer stock | (F – F of previous year) * 0.25 | | 691,851 | 37,652 | 654,199 |
| H | Stock on 1 January 2012 | Table 7.11.1 | 0 | | | |
| I | Total vaccine doses needed | F + G – H | | 3,459,252 | 188,259 | 3,270,993 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 3,693,493 | 0 | 3,693,493 |
| L | Reconstitution syringes (+ 10% wastage) needed | I / J * 1.11 | | 0 | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | (K + L) / 100 * 1.11 | | 40,998 | 0 | 40,998 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 12,107,382 | 658,906 | 11,448,476 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 171,748 | 0 | 171,748 |
| 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) | | 238 | 0 | 238 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 605,370 | 32,946 | 572,424 |
| S | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices value (fd) | | 17,199 | 0 | 17,199 |
| T | Total funds needed | (N+O+P+Q+R+S) | | 12,901,937 | 691,851 | 12,210,086 |
| U | Total country co-financing | I x country co- | | 691,851 | | |

| | | | | | | |
|---|---|--------------------------------|--|--------|--|--|
| | | <i>financing per dose (cc)</i> | | | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 5.44 % | | |

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

| | Formula | 2013 | | | 2014 | | | |
|---|---|--|------------|---------|-----------|------------|---------|------------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 5.44 % | | 5.44 % | | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 907,532 | 49,390 | 858,142 | 937,480 | 51,020 | 886,460 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 2,722,596 | 148,169 | 2,574,427 | 2,812,440 | 153,059 | 2,659,381 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,722,596 | 148,169 | 2,574,427 | 2,812,440 | 153,059 | 2,659,381 |
| G | Vaccine buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 0 | 0 | 0 | 22,461 | 1,223 | 21,238 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 2,722,596 | 148,169 | 2,574,427 | 2,834,901 | 154,281 | 2,680,620 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 3,022,082 | 0 | 3,022,082 | 3,146,741 | 0 | 3,146,741 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 33,546 | 0 | 33,546 | 34,929 | 0 | 34,929 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 9,529,086 | 518,591 | 9,010,495 | 9,922,154 | 539,982 | 9,382,172 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 9,529,086 | 0 | 140,527 | 9,922,154 | 0 | 146,324 |
| 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 | $M \times \text{safety box price per unit (cs)}$ | 195 | 0 | 195 | 203 | 0 | 203 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | 476,455 | 25,930 | 450,525 | 496,108 | 27,000 | 469,108 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 14,073 | 0 | 14,073 | 14,653 | 0 | 14,653 |
| T | Total funds needed | $(N+O+P+Q+R+S)$ | 10,160,336 | 544,520 | 9,615,816 | 10,579,442 | 566,981 | 10,012,461 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 544,520 | | | 566,981 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 5.44 % | | | 5.44 % | | |

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

| | Formula | 2015 | | |
|---|--------------------|-------|------------|------|
| | | Total | Government | GAVI |
| A | Country co-finance | V | 5.44 % | |

| | | | | | |
|---|---|--|------------|---------|------------|
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 968,417 | 52,703 | 915,714 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | |
| D | Number of doses needed | $B \times C$ | 2,905,251 | 158,109 | 2,747,142 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 2,905,251 | 158,109 | 2,747,142 |
| G | Vaccine buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 23,203 | 1,263 | 21,940 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 2,928,454 | 159,372 | 2,769,082 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 3,250,584 | 0 | 3,250,584 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 36,082 | 0 | 36,082 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 10,249,589 | 557,801 | 9,691,788 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 151,153 | 0 | 151,153 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 210 | 0 | 210 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 512,480 | 27,891 | 484,589 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 15,137 | 0 | 15,137 |
| T | Total funds needed | $(N+O+P+Q+R+S)$ | 10,928,569 | 585,691 | 10,342,878 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 585,691 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 5.44 % | | |

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

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|--|--------------------|----|---------|---------|---------|---------|---------|-----------|
| | Number of surviving infants | Table 4 | # | 850,541 | 878,540 | 907,532 | 937,480 | 968,417 | 4,542,510 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 0 | 907,532 | 937,480 | 968,417 | 2,813,429 |
| | Number of children to be vaccinated with the second dose | Table 4 | # | 0 | 0 | 453,766 | 562,488 | 677,892 | 1,694,146 |
| | Immunisation coverage with the second dose | Table 4 | % | 0.00 % | 0.00 % | 50.00 % | 60.00 % | 70.00 % | |
| | Number of doses per child | Parameter | # | 2 | 2 | 2 | 2 | 2 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | |
| | Vaccine stock on 1 January 2012 | | # | 0 | | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | No | No | No | No | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 2.55 | 2.55 | 2.55 | 2.55 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.00 | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines' value | Table 7.10.2 | % | | 5.00 % | 5.00 % | 5.00 % | 5.00 % | |
| fd | Freight cost as % of devices' value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

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

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

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|---|------|------|------|------|------|
| Minimum co-financing | | | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per the 2011 Proposal | | | 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)

| | | 2012 | 2013 | 2014 | 2015 |
|------------------------------------|----|------|-----------|-----------|-----------|
| Number of vaccine doses | # | 0 | 2,099,400 | 1,748,800 | 1,806,500 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 25,200 | 21,000 | 21,675 |
| Total value to be co-financed | \$ | 0 | 5,621,500 | 4,682,500 | 4,837,000 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|--|----|------|---------|---------|---------|
| Number of vaccine doses | # | 0 | 169,500 | 141,200 | 145,900 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 | 0 |
| Total value to be co-financed by country | \$ | 0 | 454,000 | 378,000 | 390,500 |

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

| | Formula | 2011 | 2012 | | |
|---|--|--------|--------|------------|------|
| | | Total | Total | Government | GAVI |
| A Country co-finance | V | 0.00 % | 0.00 % | | |
| B Number of children to be vaccinated with the first dose | Table 5.2.1 | 0 | 0 | 0 | 0 |
| C Number of doses per child | Vaccine parameter (schedule) | 2 | 2 | | |
| D Number of doses needed | B X C | 0 | 0 | 0 | 0 |
| E Estimated vaccine wastage factor | Table 4 | 1 | 1 | | |
| F Number of doses needed including wastage | D X E | 0 | 0 | 0 | 0 |
| G Vaccines buffer stock | (F – F of previous year) * 0.25 | | 0 | 0 | 0 |
| H Stock on 1 January 2012 | Table 7.11.1 | 0 | | | |
| I Total vaccine doses needed | F + G – H | | 0 | 0 | 0 |
| J Number of doses per vial | Vaccine Parameter | | 1 | | |
| K Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | | 0 | 0 | 0 |
| L Reconstitution syringes (+ 10% wastage) needed | I / J * 1.11 | | 0 | 0 | 0 |
| M Total safety boxes (+ 10% of extra need) needed | (K + L) / 100 * 1.11 | | 0 | 0 | 0 |
| N Cost of vaccines needed | I x vaccine price per dose (g) | | 0 | 0 | 0 |
| O Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 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) | | 0 | 0 | 0 |
| S Freight cost for devices needed | (O+P+Q) x freight cost as % of devices' value (fd) | | 0 | 0 | 0 |
| T Total funds needed | (N+O+P+Q+R+S) | | 0 | 0 | 0 |
| U Total country co-financing | I x 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 **Rotavirus, 1 dose(s) per vial, ORAL** (part 2)

| | Formula | 2013 | | | 2014 | | |
|---|---|---|------------|---------|-----------|------------|-------------------|
| | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 7.47 % | | 7.47 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 907,532 | 67,790 | 839,742 | 937,480 | 70,027 867,453 |
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | | | 2 | |
| D | Number of doses needed | $B \times C$ | 1,815,064 | 135,579 | 1,679,485 | 1,874,960 | 140,054 1,734,906 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | | 1 | |
| F | Number of doses needed including wastage | $D \times E$ | 1,815,064 | 135,579 | 1,679,485 | 1,874,960 | 140,054 1,734,906 |
| G | Vaccine buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 453,766 | 33,895 | 419,871 | 14,974 | 1,119 13,855 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 2,268,830 | 169,474 | 2,099,356 | 1,889,934 | 141,172 1,748,762 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 0 | 0 | 0 | 0 | 0 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 0 |
| M | Total safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 25,185 | 0 | 25,185 | 20,979 | 0 20,979 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 5,785,517 | 432,159 | 5,353,358 | 4,819,332 | 359,988 4,459,344 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 5,785,517 | 0 | 0 | 4,819,332 | 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 | $M \times \text{safety box price per unit (cs)}$ | 147 | 0 | 147 | 122 | 0 122 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines' value (fv)}$ | 289,276 | 21,608 | 267,668 | 240,967 | 18,000 222,967 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices' value (fd)}$ | 15 | 0 | 15 | 13 | 0 13 |
| T | Total funds needed | $(N+O+P+Q+R+S)$ | 6,074,955 | 453,766 | 5,621,189 | 5,060,434 | 377,987 4,682,447 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 453,766 | | | 377,987 | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 7.47 % | | | 7.47 % | |

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

| | Formula | 2015 | | |
|---|---|-------------|------------|----------------|
| | | Total | Government | GAVI |
| A | Country co-finance | V | 7.47 % | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 968,417 | 72,338 896,079 |

| | | | | | |
|---|---|---|-----------|---------|-----------|
| C | Number of doses per child | Vaccine parameter (schedule) | 2 | | |
| D | Number of doses needed | $B \times C$ | 1,936,834 | 144,675 | 1,792,159 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 1,936,834 | 144,675 | 1,792,159 |
| G | Vaccine buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 15,469 | 1,156 | 14,313 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 1,952,303 | 145,831 | 1,806,472 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 0 | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 21,671 | 0 | 21,671 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 4,978,373 | 371,868 | 4,606,505 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 0 | 0 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 126 | 0 | 126 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines' value (fv)}$ | 248,919 | 18,594 | 230,325 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices' value (fd)}$ | 13 | 0 | 13 |
| T | Total funds needed | $(N+O+P+Q+R+S)$ | 5,227,431 | 390,461 | 4,836,970 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 390,461 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 7.47 % | | |

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

| ID | | Source | | 2011 | 2012 | 2013 | 2014 | 2015 | TOTAL |
|----|---|--------------------|----|---------|---------|---------|---------|---------|-----------|
| | Number of surviving infants | Table 4 | # | 850,541 | 878,540 | 907,532 | 937,480 | 968,417 | 4,542,510 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 582,849 | 773,115 | 90.00 % | 862,482 | 919,996 | 3,955,221 |
| | Number of doses per child | Parameter | # | 1 | 1 | 1 | 1 | 1 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.14 | 1.25 | 1.25 | 1.25 | 1.25 | |
| | Vaccine stock on 1 January 2012 | | # | 588,100 | | | | | |
| | Number of doses per vial | Parameter | # | | 10 | 10 | 10 | 10 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| g | Vaccine price per dose | Table 7.10.1 | \$ | | 0.90 | 0.90 | 0.90 | 0.90 | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.72 | 0.20 | 0.20 | 0.20 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | 0.0465 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0058 | 0.0058 | 0.0058 | 0.0058 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 10.00 % | 10.00 % | 10.00 % | 10.00 % | |

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

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

| | 2011 | 2012 | 2013 | 2014 | 2015 |
|--|------|------|------|------|------|
| Minimum co-financing | 0.72 | 0.20 | 0.20 | 0.20 | 0.20 |
| Recommended co-financing as per APR 2010 | | | 0.72 | 0.72 | 0.72 |
| Your co-financing | 0.72 | 0.72 | 0.20 | 0.20 | 0.20 |

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

| | | 2012 | 2013 | 2014 | 2015 |
|------------------------------------|----|---------|---------|---------|-----------|
| Number of vaccine doses | # | 123,800 | 825,700 | 871,800 | 932,100 |
| Number of AD syringes | # | 942,000 | 921,800 | 973,300 | 1,041,200 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 10,475 | 10,250 | 10,825 | 11,575 |
| Total value to be co-financed | \$ | 171,000 | 865,000 | 913,000 | 976,500 |

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

| 2012 | 2013 | 2014 | 2015 |
|------|------|------|------|
|------|------|------|------|

| | | | | | |
|--|----|---------|---------|---------|---------|
| Number of vaccine doses | # | 330,100 | 209,100 | 220,700 | 236,000 |
| Number of AD syringes | # | 0 | 0 | 0 | 0 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 0 | 0 | 0 |
| Total value to be co-financed by country | \$ | 327,000 | 207,000 | 218,500 | 234,000 |

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

| | Formula | 2011 | | 2012 | |
|---|---|---|---------|------------|---------|
| | | Total | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | 72.73 % | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 582,849 | 773,115 | 562,266 |
| C | Number of doses per child | Vaccine parameter (schedule) | 1 | 1 | |
| D | Number of doses needed | $B \times C$ | 582,849 | 773,115 | 562,266 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | 1 | |
| F | Number of doses needed including wastage | $D \times E$ | 664,448 | 966,394 | 702,833 |
| G | Vaccine buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | | 75,487 | 54,900 |
| H | Stock on 1 January 2012 | Table 7.11.1 | 588,100 | | |
| I | Total vaccine doses needed | $F + G - H$ | | 453,781 | 330,023 |
| J | Number of doses per vial | Vaccine Parameter | | 10 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | | 941,949 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | 10,456 | 0 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 408,403 | 297,021 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 43,801 | 0 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 61 | 0 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines' value (fv)}$ | | 40,841 | 29,703 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices' value (fd)}$ | | 4,387 | 0 |
| T | Total funds needed | $(N+O+P+Q+R+S)$ | | 497,493 | 326,723 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 326,723 | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | | 72.73 % | |

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

| | Formula | 2013 | | | 2014 | | | |
|---|---|--|------------|---------|---------|------------|---------|---------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 20.20 % | | | 20.20 % | | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 816,779 | 165,006 | 651,773 | 862,482 | 174,240 | 688,242 |
| C | Number of doses per child | Vaccine parameter (schedule) | 1 | | | 1 | | |
| D | Number of doses needed | B X C | 816,779 | 165,006 | 651,773 | 862,482 | 174,240 | 688,242 |
| E | Estimated vaccine wastage factor | Table 4 | 1 | | | 1 | | |
| F | Number of doses needed including wastage | D X E | 1,020,974 | 206,258 | 814,716 | 1,078,103 | 217,800 | 860,303 |
| G | Vaccine buffer stock | (F – F of previous year) * 0.25 | 13,645 | 2,757 | 10,888 | 14,283 | 2,886 | 11,397 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | F + G – H | 1,034,619 | 209,014 | 825,605 | 1,092,386 | 220,685 | 871,701 |
| J | Number of doses per vial | Vaccine Parameter | 10 | | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | (D + G – H) * 1.11 | 921,771 | 0 | 921,771 | 973,210 | 0 | 973,210 |
| L | Reconstitution syringes (+ 10% wastage) needed | I / J * 1.11 | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | (K + L) / 100 * 1.11 | 10,232 | 0 | 10,232 | 10,803 | 0 | 10,803 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | 931,158 | 188,113 | 743,045 | 983,148 | 198,617 | 784,531 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | 931,158 | 0 | 42,863 | 983,148 | 0 | 45,255 |
| P | Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | M x safety box price per unit (cs) | 60 | 0 | 60 | 63 | 0 | 63 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines' value (fv) | 93,116 | 18,812 | 74,304 | 98,315 | 19,862 | 78,453 |
| S | Freight cost for devices needed | (O+P+Q) x freight cost as % of devices' value (fd) | 4,293 | 0 | 4,293 | 4,532 | 0 | 4,532 |
| T | Total funds needed | (N+O+P+Q+R+S) | 1,071,490 | 206,925 | 864,565 | 1,131,313 | 218,478 | 912,835 |
| U | Total country co-financing | I x country co-financing per dose (cc) | 206,924 | | | 218,478 | | |
| V | Country co-financing % of GAVI supported proportion | U / (N + R) | 20.20 % | | | 20.20 % | | |

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

| | Formula | 2015 | | |
|---|---|------------------------------|------------|---------|
| | | Total | Government | GAVI |
| A | Country co-finance | V | 20.20 % | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 919,996 | 185,858 |
| C | Number of doses per child | Vaccine parameter (schedule) | 1 | |
| D | Number of doses needed | B X C | 919,996 | 185,858 |

| | | | | | |
|---|---|---|-----------|---------|-----------|
| E | Estimated vaccine wastage factor | Table 4 | 1 | | |
| F | Number of doses needed including wastage | $D \times E$ | 1,149,995 | 232,323 | 917,672 |
| G | Vaccine buffer stock | $(F - F \text{ of previous year}) * 0.25$ | 17,973 | 3,631 | 14,342 |
| H | Stock on 1 January 2012 | Table 7.11.1 | | | |
| I | Total vaccine doses needed | $F + G - H$ | 1,167,968 | 235,954 | 932,014 |
| J | Number of doses per vial | Vaccine Parameter | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) * 1.11$ | 1,041,146 | 0 | 1,041,146 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J * 1.11$ | 0 | 0 | 0 |
| M | Total safety boxes (+ 10% of extra need) needed | $(K + L) / 100 * 1.11$ | 11,557 | 0 | 11,557 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 1,051,172 | 212,359 | 838,813 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 48,414 | 0 | 48,414 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 68 | 0 | 68 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines' value (fv)}$ | 105,118 | 21,236 | 83,882 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices' value (fd)}$ | 4,849 | 0 | 4,849 |
| T | Total funds needed | $(N+O+P+Q+R+S)$ | 1,209,621 | 233,594 | 976,027 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 233,594 | | |
| V | Country co-financing % of GAVI supported proportion | $U / (N + R)$ | 20.20 % | | |

8. Injection Safety Support (INS)

Niger is not reporting on Injection Safety Support (INS) in 2012.

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 2011**. All countries are expected to report on:

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, 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 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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 activities and budget (reprogramming), please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 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 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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 **No**

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

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)\$

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|------|------|
| Original annual budgets (<i>as per the originally approved HSS proposal</i>) | | | | | | |
| Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>) | | | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | | | |
| Remaining funds (carry over) from | | | | | | |

| | | | | | | |
|---|--|--|--|--|--|--|
| previous year (B) | | | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | | | |
| Total expenditures 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] | | | | | | |

Table 9.1.3b (Local currency)

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--|------|------|------|------|------|------|
| Original annual budgets (<i>as per the originally approved HSS proposal</i>) | | | | | | |
| Revised annual budgets (<i>if revised by previous Annual Progress Reviews</i>) | | | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | | | |
| Remaining funds (carry over) from previous year (B) | | | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | | | |
| Total expenditures 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] | | | | | | |
|---|--|--|--|--|--|--|

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 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|--------------------------------------|------|------|------|------|------|------|
| Opening on January 1 st | | | | | | |
| Closing on December 31 st | | | | | | |

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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:)**

If any expenditures for the January April 2012 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:)**

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.

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

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 government's most recent fiscal year, this must also be attached. (Document Number:)

9.2. Progress on HSS activities in the 2011 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 2011 reporting year

| Major Activities (insert as many rows as necessary) | Planned Activity for 2011 | Percentage of Activity completed (annual) (where applicable) | Source of information/data (if relevant) |
|---|---------------------------|--|--|
|---|---------------------------|--|--|

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

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

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

9.2.3 If the 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?

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 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

| Name of Objective or Indicator (Insert as many rows as necessary) | Baseline | | Agreed target till end of support in original HSS application | 2011 Target | Data Source | Explanation if any targets were not achieved |
|---|----------------|----------------------|---|-------------|-------------|--|
| | Baseline value | Baseline source/date | | | | |

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program.

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

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

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.

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

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.

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

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012, please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

| Major Activities
(insert as many rows as necessary) | Planned Activity for 2012 | Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2012 actual expenditure (as at April 2012) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2012 (if relevant) |
|--|---------------------------|---|--|--------------------------------|--|---------------------------------------|
| Provide 14 districts with equipped vehicles | | 823,026 | | | | |
| Support to the preparation of an evaluation monitoring guide | | 50,000 | | | | |
| Support to the preparation of five year plans | | 170,000 | | | | |
| Conduct an evaluation of data quality | | 95,063 | | | | |
| Maintain the (42) existing BLU radios | | 5,526 | | | | |
| Develop a fleet system for the reference | | 17,851 | | | | |
| Carry out regular integrated supervisions | | 69,612 | | | | |
| Organise Social mobilisation before the fairground | | 12,281 | | | | |
| Organise Social mobilisation before the activity | | 92,105 | | | | |
| Organise health | | 66,316 | | | | |

| | | | | | | |
|--|--|-----------|---|--|--|---|
| communication sessions | | | | | | |
| Allocation of incentives to the performance | | 122,807 | | | | |
| Equip the CSI of 14 districts with equipment/materials | | 671,771 | | | | |
| Organise a day/week/CSI outing | | 198,527 | | | | |
| Organise an integrated mobile outing for 7 days/month | | 49,074 | | | | |
| Equip 156 CSI with vehicles for outing | | 855,263 | | | | |
| Support to the preparation and filling of canvas | | 140,000 | | | | |
| Support to the implementation of a finance mechanism | | 350,000 | | | | |
| Support to the preparation of expense heads | | 50,000 | | | | |
| | | 3,839,222 | 0 | | | 0 |

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming), please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

Please note that if the change in 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 2013

| Major Activities (insert as many rows as necessary) | Planned Activity for 2013 | Original budget for 2013 (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 2013 (if relevant) |
|---|---------------------------|---|--------------------------------|--|---------------------------------------|
| | | 0 | | | |

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision-making process for any proposed changes.

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress,

please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

| Name of Objective or Indicator (Insert as many rows as necessary) | Numerator | Denominator | Data Source | Baseline value and date | Baseline Source | Agreed target till end of support in original HSS application | 2013 Target |
|---|-----------|-------------|-------------|-------------------------|-----------------|---|-------------|
| | | | | | | | |

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6.

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets.

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 |
|-------|----------------|---------------------|---------------------------|
| | | | |

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

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 |
|----------------------------------|-------------------------------|------------------------------|
| | | |

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.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document Number: 23**)
2. The latest Health Sector Review report (**Document Number:)**

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

Niger is not reporting on GAVI TYPE A CSO support for 2012.

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

Niger is not reporting on GAVI TYPE B CSO support for 2012.

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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 expenditures for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc.)

d. Total expenditures during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditures 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 expenditures during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (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 2011 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 & expenditures

| Summary of income and expenditures – GAVI ISS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31 December 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 expenditures during 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012 and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| Detailed analysis of expenditures by economic classification ** – GAVI ISS | | | | | | |
|--|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditures | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditures | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overhead | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.3. 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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 expenditures for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditures is provided on the next page.
 - a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc.)
 - d. Total expenditures during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditures 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 expenditures during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (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 2011 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 & expenditures

| Summary of income and expenditures – GAVI HSS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31 December 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 expenditures during 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012 and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| Detailed analysis of expenditures by economic classification ** - GAVI HSS | | | | | | |
|--|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditures | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditures | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overhead | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.5. 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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
 - b. Income received from GAVI during 2011
 - c. Other income received during 2011 (interest, fees, etc)
 - d. Total expenditures during the calendar year
 - e. Closing balance as of 31 December 2011
 - f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditures 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 2011 (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 2011 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 & expenditures

| Summary of income and expenditures – GAVI CSO | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2010 (balance as of 31 December 2010) | 25,392,830 | 53,000 |
| Summary of income received during 2011 | | |
| 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 expenditures during 2011 | 30,592,132 | 63,852 |
| Balance as of 31 December 2011 (balance carried forward to 2012) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012 and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| Detailed analysis of expenditures by economic classification ** - GAVI CSO | | | | | | |
|--|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditures | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditures | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overhead | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2011 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

13. Attachments

| Document Number | Document | Section | Mandator y | File |
|-----------------|---|---------|-------------------------------------|--|
| 1 | Signature of the Minister of Health (or delegated authority) | 2.1 | <input checked="" type="checkbox"/> | Signatures Ministre.docx
File desc: Description du fichier...
Date/time: 5/17/2012 3:27:54 AM
Size: 131501 |
| 2 | Signature of the Minister of Finance (or delegated authority) | 2.1 | <input checked="" type="checkbox"/> | Signatures Ministre.docx
File desc: Description du fichier...
Date/time: 5/17/2012 3:28:26 AM
Size: 131501 |
| 3 | Signatures of the members of ICC | 2.2 | <input checked="" type="checkbox"/> | Signatures CCIA.docx
File desc: Description du fichier...
Date/time: 5/14/2012 6:40:33 AM
Size: 93015 |
| 4 | Signatures of the members of HSCC | 2.3 | <input type="checkbox"/> | Signatures CCSS.docx
File desc: Description du fichier...
Date/time: 5/14/2012 6:41:48 AM
Size: 93315 |
| 5 | Minutes of ICC meetings in 2011 | 2.2 | <input checked="" type="checkbox"/> | Rapport CCIA 26 avril 2012.docx
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| 6 | Minutes of ICC meeting in 2012 endorsing APR 2011 | 2.2 | <input checked="" type="checkbox"/> | Rapport CCIA 26 avril 2012.docx
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| 7 | Minutes of HSCC meetings in 2011 | 2.3 | <input type="checkbox"/> | Rapport CCIA 12 mai 2011.docx
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| 8 | Minutes of HSCC meeting in 2012 endorsing APR 2011 | 9.9.3 | <input type="checkbox"/> | Rapport CCIA 26 avril 2012.docx
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| 9 | Financial Statement for HSS grant APR 2011 | 9.1.3 | <input type="checkbox"/> | File desc: Description du fichier...
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| 10 | New cMYP APR 2011 | 7.7 | <input checked="" type="checkbox"/> | PPAC_Niger_2011- 2015 VF.doc
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| 11 | New cMYP costing tool APR 2011 | 7.8 | <input checked="" type="checkbox"/> | Outil PPAC Niger 2011-2015 VF Corrigée 26-04-2011.xls
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| 12 | Financial Statement for CSO Type B grant APR 2011 | 10.2.4 | <input type="checkbox"/> | NON APPLICABLE.docx
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| 13 | Financial Statement for ISS grant APR 2011 | 6.2.1 | <input type="checkbox"/> | NON APPLICABLE.docx
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| 14 | Financial Statement for NVS introduction grant in 2011 - APR 2011 | 7.3.1 | <input checked="" type="checkbox"/> | NON APPLICABLE.docx
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| 15 | EVSM/VMA/EVM report APR 2011 | 7.5 | <input checked="" type="checkbox"/> | Rapport Evaluation GEV_NIGER.doc
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| 16 | EVSM/VMA/EVM improvement plan APR 2011 | 7.5 | <input checked="" type="checkbox"/> | Plan d'amélioration GEV_NIGER.docx
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| 17 | EVSM/VMA/EVM improvement implementation status APR 2011 | 7.5 | <input checked="" type="checkbox"/> | Rapport situation Plan GEV.docx
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| 19 | External Audit Report (Fiscal Year 2011) for ISS grant | 6.2.3 | <input type="checkbox"/> | NON APPLICABLE.docx
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| 20 | Post-Introduction Evaluation Report | 7.2.2 | <input checked="" type="checkbox"/> | NON APPLICABLE.docx
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| 21 | Minutes from the ICC meeting endorsing the extension of vaccine support | 7.8 | <input checked="" type="checkbox"/> | NON APPLICABLE.docx
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| 22 | External Audit Report (Fiscal Year 2011) for HSS grant | 9.1.3 | <input type="checkbox"/> | NON APPLICABLE.docx
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| 23 | HSS Health Sector review report | 9.9.3 | <input type="checkbox"/> | NON APPLICABLE.docx
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| 24 | Report for Mapping Exercise CSO Type A | 10.1.1 | <input type="checkbox"/> | NON APPLICABLE.docx
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| 25 | External Audit Report (Fiscal Year 2011) for CSO Type B | 10.2.4 | <input type="checkbox"/> | NON APPLICABLE.docx
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