GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Zambia

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

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 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	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles, 10 dose(s) per vial, LYOPHILISED	Measles, 10 dose(s) per vial, LYOPHILISED	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	No	next tranche of HSS Grant Yes
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 Zambia 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 Zambia

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	Ministry of Community Development Mother and Child Health Minister: Honorable Dr Joseph Katema	**Name**	Honorable Alexander Chikwanda
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
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Ms Cheryl Ruddy	Manager	+260 969 320639	Cheryl.Rudd@cidrz.org

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Hon. Dr Joseph Katema, Minister	Ministry of Community Development Mother and Child Health		
Prof. Elwyn Chomba, Permanent Secretary	Ministry of Community Development Mother and Child Health		
Dr Olusegun Babaniyi, Country Representative	World Health Organisation		
Dr Uhaa Iyorlumun, Representative	UNICEF		
Sangita Patel, Director - PHN	USAID		
Dr Thiam Madani	CIDA		
Dr Nanthalile Mugala, President	Paediatric Association of Zambia		
Dr Meena Ghandi, Health Advisor	DFID		
Ms Kathleen Poer, Chief of Party	Zambia Integrated Systems Support Program		
Dr Michael Veitenhans, WVZ National Director	World Vision International		
Ms Anne Fiedler, Chief of Party	Communication Support for Health		
Mr Dev Babbar, Rotarian	Rotary International		

Mrs Karen Sichinga, Executive Director	CHAZ		

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

All comments will be treated confidentially

Comments from Partners:

It has been recognised that there are weaknesses in capacities for immunisation service delivery level and as such there is need to include strengthening capacities for both in service and pre sevice trainings. I

Comments from the Regional Working Group:

2.3. HSCC signatures page

Zambia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

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

3. Table of Contents

This APR reports on Zambia's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

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	670,591	670,591	689,367	689,367	708,669	708,669	728,512	728,512	748,910	748,910
Total infants' deaths	43,588	43,588	41,362	648,005	38,977	38,977	36,426	36,426	33,701	33,701
Total surviving infants	627003	627,003	648,005	41,362	669,692	669,692	692,086	692,086	715,209	715,209
Total pregnant women	737,650	737,650	758,304	758,304	779,536	779,536	801,363	801,363	823,801	823,801
Number of infants vaccinated (to be vaccinated) with BCG	637,061	592,365	661,792	661,792	680,322	680,322	706,657	706,657	726,443	726,443
BCG coverage	95 %	88 %	96 %	96 %	96 %	96 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	532,932	522,030	583,205	583,205	629,511	629,511	664,403	664,403	693,753	693,753
OPV3 coverage	85 %	83 %	90 %	1410 %	94 %	94 %	96 %	96 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	576,842	545,724	615,605	615,605	642,905	642,905	671,323	671,323	700,905	700,905
Number of infants vaccinated (to be vaccinated) with DTP3	539,223	509,465	583,205	583,205	629,511	629,511	664,403	664,403	693,753	693,753
DTP3 coverage	96 %	81 %	92 %	1410 %	94 %	94 %	96 %	96 %	97 %	97 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	610,941	545,724	615,605	615,605	636,208	636,208	671,323	671,323	700,905	700,905
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	604,770	509,465	596,164	596,164	626,511	626,511	664,403	664,403	700,905	700,905
DTP-HepB-Hib coverage	96 %	81 %	92 %	1441 %	94 %	94 %	96 %	96 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)		0	421,203	421,203	502,270	502,270	671,323	671,323	700,905	700,905
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)		0	388,803	388,803	468,785	468,785	664,403	664,403	693,753	693,753
Pneumococcal (PCV10) coverage		0 %	60 %	940 %	70 %	70 %	96 %	96 %	97 %	97 %
Wastage[1] rate in base-year and planned thereafter (%)		0	5	5	0	5	0	5	0	5

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
Wastage[1] factor in base-year and planned thereafter (%)		1	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 doses/vial, Liquid	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	601,922	519,507	622,085	622,085	649,602	649,602	671,323	671,323	693,753	693,753
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		0	550,804	550,804	589,329	589,329	629,782	629,782	679,449	679,449
Measles coverage	96 %	0 %	85 %	1332 %	97 %	88 %	97 %	91 %	97 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	25	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1	1	1.33	1	1	1	1	1	1	1
Maximum wastage rate value for Measles, 10 dose (s) per vial, LYOPHILISED	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %
Pregnant women vaccinated with TT+	502,943	498,901	591,477	591,477	615,833	615,833	641,090	641,090	700,231	700,231
TT+ coverage	68 %	68 %	78 %	78 %	79 %	79 %	80 %	80 %	85 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	615,605	615,605	636,208	636,208	671,323	671,323	700,905	700,905
Vit A supplement to infants after 6 months	297,826	0	307,802	307,802	318,104	318,104	328,741	328,741	339,724	339,724
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	7 %	7 %	5 %	5 %	2 %	2 %	1 %	1 %	1 %	1 %

*

** Number of infants vaccinated out of total surviving infants

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

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

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

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**

  Comment on Section 4:

  This sectionhas no provision for comments. It has been noted that when targets are inserted in the table the coverage in percentages that are automatically generated are not consistent with what the country calculates when the surviving infants is used as the denominator.

  Regarding changes in births, there are no changes in previously approved targets

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

  No changes in previously approved targets

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

  No changes in previously approved targets

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

  No changes in previously approved targets

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:

Comments on Achievements
- Targets not achieved

Key major activities:
- Procurement and distribution of vaccines and supplies, however, there was stock outs of Pentavalent vaccine at national level for three weeks
- The country has embarked on Cold chain expansion at all levels in preparation for new vaccines introduction.
- Reaching Every District (RED) strategy orientation of district health workers and RED evaluation
- Disease surveillance orientation for DMOs and Surveillance programme officers for vaccine preventable diseases
- Mid Level Managers (MLM) training for training institutions
- Bi-annual Child Health Weeks countrywide
- Polio supplemental immunisation in 8 districts; achieved and sutained polio free status during the year
- Sustaing neonatal tetanus elimination status
- Effective Vaccine Management (EVM) training and assessments
- Cold chain training for cold chain technicians
- Conducted EPI Cluster Coverage Survey by province
- Selective measles supplemental immunisation activities in three provinces
- University Teaching Hospital (UTH) approved to conduct PCR for polio confirmation
- Sentinel surveillance for Paediatric Bacterial Meningitis (PBM) surveillance
- Case based surveillance for vaccine preventable diseases (VPD) such as polio, rota and measles

Challenges:
- Inadequate funding
- Inadequate trained staff
- Disease outbreaks including measles

Actions taken:
- advocated for resources from local partners for funding gaps

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

The challenges listed below, targets were not reached due to:
- Inadequate funding resultiing in not suboptimal implementation of outreach immunisation services
- Inadequate trained staff negatively impacting on the implementation of immunisation services

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 barrier to immunisation access?

N/A

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? **No**

What action have you taken to achieve this goal?

Advocacy to relevant units and departments for inclusion of this data type

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)

A Data Quality Self Assessment in currently underway working in collaboration with the Department of Planning which is responsible for managing the Health Management Infomation System; the findings will be used to address any gaps that may be identified in the routine health information system. The report will be shared in the next APR

* 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? **No**

If Yes, please describe the assessment(s) and when they took place.

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

DQS to be conducted in Quarter 2012 and report will be shared next year

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.

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$ = 5200	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**	**CIDA**	**CIDRZ**	**MSF**
Traditional Vaccines*	1,390,642	1,390,642	0	0	0	0	0	0
New and underused Vaccines**	5,975,859	463,768	5,512,091	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	549,005	443,096	105,909	0	0	0	0	0
Cold Chain equipment	1,245,708	358,629	0	64,232	0	552,847	270,000	0
Personnel	5,000,000	5,000,000	0	0	0	0	0	0
Other routine recurrent costs	122,885	122,885	0	0	0	0	0	0
Other Capital Costs	192,308	0	0	0	0	192,308	0	0
Campaigns costs	1,123,837	0	0	23,837	100,000	0	0	1,000,000
Surveillance for Vaccine Preventable Diseases		120,000	0	0	348,000	0	0	0
Total Expenditures for Immunisation	15,600,244							
Total Government Health		7,899,020	5,618,000	88,069	448,000	745,155	270,000	1,000,000

* 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.

The action plans for the Ministry of Health and immunisation partners is based on the comprehensive multi year plan. The plans are development through a comprehensive mechanism and costed before they are approved for funding by parliament.

-Table 5.5a has no provision for inclusion additional funder beyond 3 columns. The country would like to indicate that other funders such as USAID USD325,000 and JICA USD104,000 for BCG Vaccine.
- Other funders whose expenditure was not available at the time of report writing: CSH, WVI, MVN-Z, etc

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

REASONS:
- Competeing priorities

AREAS:
- District level:
-- immunisation service delivery particularly to support outreach immunisation services and cold chain maintenance

- Central level:
-- Supervision and training of health workers

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

Not applicable

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*	1,537,021	1,619,708
New and underused Vaccines**	13,428,869	23,128,068
Injection supplies (both AD syringes and syringes other than ADs)	803,517	853,917
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	4,771,624	3,965,446
Personnel	13,005,534	13,271,637
Other routine recurrent costs	1,348,700	438,700
Supplemental Immunisation Activities	894,670	6,833,631
Total Expenditures for Immunisation	35,789,935	50,111,107

* 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.

Most probable

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, however campaign scheduled for 2013 hasbeen brought forward to 2012 due to increased measles outbreaks

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?

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

Not applicable

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

Not applicable

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

None

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

If Yes, which ones?

List CSO member organisations:
CHURCHES HEALTH ASSOCIATION OF ZAMBIA
WORLD VISION INTERNATIONAL
ROTARY INTERNATIONAL
CARE INTERNATIONAL
ZAMBIA ANGLICAN COUNCIL

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?

Priorities:
- Procurement of vaccines and supplies
- Cold chain expansion
- Introduction of new vaccines (Pneuomococcal, Rotavirus vaccine, and second dose measles)
- Demonstration for HPV implementation and Application for HPV introduction
- Surveillance for vaccine preventable disease - particularly that 2012 is emergency year for polio eradication
- RED strategy strengthening
- Measles Immunisation Campaign (Measles Mortality Reduction)
- Data management for immunisation such implementation of DQS
- Implementation of Communication strategy for Child Health

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 used in 2011 routine EPI	Funding sources of 2011
BCG	AD Syringes	Country and JICA
Measles	AD Syringes	Country
TT	AD Syringes	Country
DTP-containing vaccine	AD Syringes	Country and 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)

Yes, there are inadequate number of incinerators at health facilities

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

Sharps are collected in safety boxes and where incinerators are available sharps are disposed through incineration. The most common method of sharps waste disposal is by burn and bury method.

6. Immunisation Services Support (ISS)

Zambia is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	14,991	72,992,904
Remaining funds (carry over) from 2010 *(B)*	474,672	2,427,947,280
Total funds available in 2011 *(C=A+B)*	489,663	2,500,940,184
Total Expenditures in 2011 *(D)*	154,794	648,894,068
Balance carried over to 2012 *(E=C-D)*	334,869	1,852,046,116

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.

The EPI team developed a budget for GAVI funds and presented this to ICC. The committee endorsed the plans and the plans were then included in the national budget. The problems encountered in the used of these funds were that the funds it took some time for the seperation of ISS and HSS funds which were banked in the same account and no ledgers being maintained. This has now been addressed as the two funds are seperated.

1. The funds received during 2011 was interest earned in the Gavi kwacha account (A)

2. Total expenditure includes exchange loss of $20,946.00 while converting to kwacha funds to dollar reporting currency (D)

3. ISS funds were used to facilitate HSS activities and the expense was $27,873.00. Thus balance carried over to 2012(E) is supposed to reduce to $306,996 ($334,869 less $27,873).

4. Detailed expenditure and exchange rates used are explained in the Draft financial reports for 2010 and 2011

6.1.2. 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 ICC in this process

The funds are banked in a commercial bank account. No funds have been disbursed to lower levels in 2011.

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

Activities conducted were the servicing of central level motor vehicle for M/E activities and printing of under five cards.

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 Annexe 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 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/tscoveragedtp3.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**			515936	509465
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-6471
3	Calculating	$20	per additional child vaccinated with DTP3		0
4	**Rounded-up estimate of expected reward**				0

* 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 is 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**
DTP-HepB-Hib		2,023,000	0
Pneumococcal (PCV10)		0	0
Measles		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? ...)

  Relating to the table above 7.1 The stocks of pentavelant recevied in 2011 were shipped as follows:

  17.05.2011 188,300 doses

  31.05.2011 582,000 doses

  29.06.2011 124,300 doses

  07.12.2011 450,000 doses

  22.12.2012 336,700 doses

  17.01.2012 678 700 doses

  Stocks experienced were experienced in May 2011 for three weeks

- 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)

  Nil

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

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

<P>The stock out for Penta valent vaccine lasted three weeks</P>

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

According to the communication from the GAVI Alliance lats year, the country was informed that there was a global supply problem which would result in stock outs.

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	
Phased introduction	No	24/09/2012
Nationwide introduction	Yes	24/09/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	Introduction dates: Please note that the portal will not send if phased introduction date is not inserted. Although the country has filled this cell, the plans are to introduce nationwide.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **August 2013**

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))

PIE for 2009:
-- For future vaccine introductions, adequate resources should be mobilized for the required pre-implementation training of a large number of health workers who will be working with the new vaccine:
ACTION: This has been doce for the introduction on PCV, MCV and Rota where is as advance resource mobilisation.

-- The AEFI monitoring system should be assessed and strengthened prior to introduction of new vaccines. Training of HCW should include the specific side effects that require medical follow-up and the importance of continued monitoring after introduction
ACTION: AEFI is in place and AEFI guidelines, including notification forms, in place.

-- Build and sustain optimal communication on vaccines and vaccination between health workers and parents to increase awareness of mothers and boost demand.
ACTION::Communication strategy in place

-- Improve quality of training and supportive supervision at all levels including: instruction on how to calculate, analyze and use immunization coverage and drop-out data to guide immunization activities; and vaccine and cold chain management
ACTION: Conducted Mid Level Managers (MLM) courses both pre-service and in-service; Continouos RED strategy trainings; and Orientation in Disease Surveillance for District Medical Officers (DMOs)

-- Vaccine and cold chain management practices need to be strengthened particularly vaccine forecasting, maintenance fridges and freezers, procedures to follow in case of power failure,
and supportive supervision
ACTION: Effective Vaccine Management (EVM) assessment and training; Cold Chain Training. and EVM guidelines developed and disseminated to districts including response in case of power failure

-- An additional cold room should be purchased for the central store to increase the cold storage capacity for existing and future vaccines.
ACTION: 5 cold rooms procured for central store.

-- Strengthen waste disposal management at health facility level to protect communities from the dangers of used injection equipment
ACTION: Procured incinerators and guidelines on burn and bury disposal where there are no incinerators.

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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 **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

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$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	397,760	124,300
1st Awarded Vaccine Measles, 10 dose(s) per vial, LYOPHILISED	0	0
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government	
Donor	GAVI	
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	131,500	
	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, 1 dose(s) per vial, LIQUID	May	Government
1st Awarded Vaccine Measles, 10 dose(s) per vial, LYOPHILISED	May	Government
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	May	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	No	

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/

Not applicable

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? **July 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 for delay, if any
Temperature monitoring	· Procurement anduse of continuous temperature mo	All procured cold rooms will be fitted with tempe
Temperature monitoring	Procurement anduse of continuous temperature mo	Twice daily temperature monitoring continues
Storage capacity	Expansion ofcapacity at NVS, PVS, DVS and health f	Expansion strategy developed and has been implemen
Storage capacity	Expansion ofcapacity at NVS, PVS, DVS and health f	11 cold rooms procured: 1 installed; 10 pending
Storage capacity	Expansion ofcapacity at NVS, PVS, DVS and health f	60 fridges procured and being distributed to distr
Storage capacity	Expansion ofcapacity at NVS, PVS, DVS and health f	8 fridges for health facilities procured/distribut
Storage capacity	Expansion ofcapacity at NVS, PVS, DVS and health f	100 fridges being procured; tender procedures in p

Storage capacity	Expansion ofcapacity at NVS, PVS, DVS and health f	400 fridges - proposal submitted to JICA awaiting
Building, and equipment	Rehabilitationthe existing vaccines storage buildi	National vaccine store being rehabilitated where 5
Building, and equipment	Rehabilitationthe existing vaccines storage buildi	Province-1 building in one region rehabilitated an
Building, and equipment	Rehabilitationthe existing vaccines storage buildi	3 out of 4 buildings rehabilitation complete await
Stock control	Procurement ofcomputer & use of appropriate comp	Computers procured for the national and provincial
Maintenance	Institute plannedpreventive maintenance and its re	Bulky cold chain spares worth USD800,000 ordered
Maintenance	Institute plannedpreventive maintenance and its re	stock control system and will be installed togethe
Maintenance	Institute plannedpreventive maintenance and its re	Computer based stock monitoring tool installed but
Maintenance	Institute plannedpreventive maintenance and its re	a challenge
Distribution	Establish adistribution plan and monitoring system	Quarterly distribution being done, however, schedu
Distribution	Establish adistribution plan and monitoring system	led distribution requires strengthening
Vaccine management	Introduce system to collect data on vaccine wastag	-Sentinel surveillance previously implemented
Vaccine management	Introduce system to collect data on vaccine wastag	however, not rolled out
Key propriety areas identified are:	Integrate and use appropriate EVM criteria indicat	Still in process of resource mobilisation
Key propriety areas identified are:	the EPI supportive supervision activities	Still in process of resource mobilisation
Key propriety areas identified are:	Start implementingat NVS and PVS as first prior	Still in process of resource mobilisation

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

If yes, provide details

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Zambia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Zambia is not available in 2012

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

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

Confirm here below that your request for 2013 vaccines 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	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
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-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
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	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	627,003	41,362	669,692	692,086	715,209	2,745,352
	Number of children to be vaccinated with the first dose	Table 4	#	545,724	615,605	636,208	671,323	700,905	3,169,765
	Number of children to be vaccinated with the third dose	Table 4	#	509,465	596,164	626,511	664,403	700,905	3,097,448
	Immunisation coverage with the third dose	Table 4	%	81.25 %	1441.33 %	93.55 %	96.00 %	98.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	357,910					
	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	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.23	0.26	0.30	
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	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2010			0.23	0.26	0.30
Your co-financing	0.20	0.20	0.23	0.26	0.30

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,498,800	1,808,400	1,884,400	1,912,900
Number of AD syringes	#	1,933,600	1,912,500	1,993,400	2,023,300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	21,475	21,250	22,150	22,475
Total value to be co-financed by GAVI	$	3,565,500	3,964,500	4,069,500	4,023,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	137,600	212,000	258,000	318,300
Number of AD syringes	#	177,500	224,200	272,900	336,700
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	1,975	2,500	3,050	3,750
Total value to be co-financed by the Country	$	327,500	465,000	557,500	669,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.41 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	545,724	615,605	51,754	563,851
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,637,172	1,846,815	155,260	1,691,555
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	1,719,031	1,939,156	163,023	1,776,133
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		55,032	4,627	50,405
H	**Stock on 1 January 2012**	*Table 7.11.1*	357,910			
I	**Total vaccine doses needed**	*F + G – H*		1,636,278	137,561	1,498,717
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		2,111,051	177,474	1,933,577
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		23,433	1,970	21,463
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		3,570,359	300,157	3,270,202
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		98,164	8,253	89,911
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)*		136	12	124
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		214,222	18,010	196,212
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		9,830	827	9,003
T	**Total fund needed**	*(N+O+P+Q+R+S)*		3,892,711	327,256	3,565,455
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		327,256		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		8.41 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	10.49 %			12.04 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	636,208	66,750	569,458	671,323	80,833	590,490
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,908,624	200,249	1,708,375	2,013,969	242,497	1,771,472
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	2,004,056	210,262	1,793,794	2,114,668	254,622	1,860,046
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	16,225	1,703	14,522	27,653	3,330	24,323
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	2,020,281	211,964	1,808,317	2,142,321	257,951	1,884,370
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,136,583	224,166	1,912,417	2,266,201	272,867	1,993,334
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	23,717	2,489	21,228	25,155	3,029	22,126
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,074,907	427,531	3,647,376	4,254,650	512,290	3,742,360
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	4,074,907	10,424	88,928	4,254,650	12,689	92,690
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)*	138	15	123	146	18	128
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	244,495	25,652	218,843	255,279	30,738	224,541
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	9,949	1,044	8,905	10,553	1,271	9,282
T	Total fund needed	*(N+O+P+Q+R+S)*	4,428,841	464,665	3,964,176	4,626,007	557,004	4,069,003
U	Total country co-financing	*I x country co-financing per dose (cc)*	464,665			557,004		
V	Country co-financing % of GAVI supported proportion	*U / T*	10.49 %			12.04 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	14.26 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	700,905	99,980	600,925
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	2,102,715	299,938	1,802,777
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	2,207,851	314,935	1,892,916
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	23,296	3,324	19,972
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	2,231,147	318,258	1,912,889
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	2,359,873	336,620	2,023,253
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	26,195	3,737	22,458
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,312,808	615,192	3,697,616
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	109,735	15,653	94,082
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)*	152	22	130
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	258,769	36,912	221,857
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	10,989	1,568	9,421
T	Total fund needed	*(N+O+P+Q+R+S)*	4,692,453	669,346	4,023,107
U	Total country co-financing	*I x country co-financing per dose (cc)*	669,345		
V	Country co-financing % of GAVI supported proportion	*U / T*	14.26 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	627,003	41,362	669,692	692,086	715,209	2,745,352
	Number of children to be vaccinated with the first dose	Table 4	#	519,507	622,085	649,602	671,323	693,753	3,156,270
	Number of children to be vaccinated with the second dose	Table 4	#	0	550,804	589,329	629,782	679,449	2,449,364
	Immunisation coverage with the second dose	Table 4	%	0.00 %	1331.67 %	88.00 %	91.00 %	95.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	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	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.24	0.24	0.24	0.24	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.00	0.00	0.00	
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	%		14.00 %	14.00 %	14.00 %	14.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Recommended co-financing as per Proposal 2011			0.00	0.00	0.00
Your co-financing			0.00	0.00	0.00

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

		2012	2013	2014	2015
Number of vaccine doses	#	688,600	599,000	639,900	691,900
Number of AD syringes	#	764,300	664,900	710,300	768,000
Number of re-constitution syringes	#	76,500	66,500	71,100	76,800
Number of safety boxes	#	9,350	8,125	8,675	9,400
Total value to be co-financed by GAVI	$	229,500	200,000	213,500	231,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	0	0	0
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 the Country	$	0	0	0	0

Table 7.11.4: Calculation of requirements for Measles, 10 dose(s) per vial, LYOPHILISED (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	550,804	0	550,804
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	0	550,804	0	550,804
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	550,804	0	550,804
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		137,701	0	137,701
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		688,505	0	688,505
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		764,241	0	764,241
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		76,425	0	76,425
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		9,332	0	9,332
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		166,619	0	166,619
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		35,538	0	35,538
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		283	0	283
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		55	0	55
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		23,327	0	23,327
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		3,588	0	3,588
T	**Total fund needed**	*(N+O+P+Q+R+S)*		229,410	0	229,410
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		0		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		0.00 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %			0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	589,329	0	589,329	629,782	0	629,782
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	589,329	0	589,329	629,782	0	629,782
E	Estimated vaccine wastage factor	*Table 4*	1.00			1.00		
F	Number of doses needed including wastage	*D X E*	589,329	0	589,329	629,782	0	629,782
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	9,632	0	9,632	10,114	0	10,114
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	598,961	0	598,961	639,896	0	639,896
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	664,847	0	664,847	710,285	0	710,285
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	66,485	0	66,485	71,029	0	71,029
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	8,118	0	8,118	8,673	0	8,673
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	144,949	0	144,949	154,855	0	154,855
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	144,949	0	30,916	154,855	0	33,029
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	246	0	246	263	0	263
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	48	0	48	51	0	51
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	20,293	0	20,293	21,680	0	21,680
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	3,121	0	3,121	3,335	0	3,335
T	Total fund needed	*(N+O+P+Q+R+S)*	199,573	0	199,573	213,213	0	213,213
U	Total country co-financing	*I x country co-financing per dose (cc)*	0			0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %			0.00 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	679,449	0	679,449
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	679,449	0	679,449
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D X E*	679,449	0	679,449
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	12,417	0	12,417
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	691,866	0	691,866
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	767,972	0	767,972
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	76,798	0	76,798
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	9,377	0	9,377
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	167,432	0	167,432
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	35,711	0	35,711
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	285	0	285
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	55	0	55
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	23,441	0	23,441
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	3,606	0	3,606
T	Total fund needed	*(N+O+P+Q+R+S)*	230,530	0	230,530
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	627,003	41,362	669,692	692,086	715,209	2,745,352
	Number of children to be vaccinated with the first dose	Table 4	#	0	421,203	502,270	671,323	700,905	2,295,701
	Number of children to be vaccinated with the third dose	Table 4	#	0	388,803	468,785	664,403	693,753	2,215,744
	Immunisation coverage with the third dose	Table 4	%	0.00 %	940.00 %	70.00 %	96.00 %	97.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		2	2	2	2	
	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	0.23	0.26	0.30	
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	%		3.00 %	3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

Co-financing group	Intermediate

	2011	2012	2013	2014	2015
Minimum co-financing		0.20	0.23	0.26	0.30
Recommended co-financing as per Proposal 2011			0.23	0.26	0.30
Your co-financing		0.20	0.23	0.26	0.30

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,567,900	1,542,600	2,088,100	2,048,300
Number of AD syringes	#	1,674,100	1,633,900	2,214,000	2,166,400
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	18,600	18,150	24,575	24,050
Total value to be co-financed by GAVI	$	5,738,000	5,645,000	7,641,000	7,495,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	90,700	103,500	159,800	183,000
Number of AD syringes	#	96,800	109,600	169,400	193,500
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	1,075	1,225	1,900	2,150
Total value to be co-financed by the Country	$	332,000	379,000	584,500	669,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.46 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	0	421,203	23,019	398,184
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	0	1,263,609	69,056	1,194,553
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.05		
F	**Number of doses needed including wastage**	*D X E*	0	1,326,790	72,509	1,254,281
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		331,698	18,128	313,570
H	**Stock on 1 January 2012**	*Table 7.11.1*	0			
I	**Total vaccine doses needed**	*F + G – H*		1,658,488	90,636	1,567,852
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,770,791	96,773	1,674,018
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		19,656	1,075	18,581
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		5,804,708	317,225	5,487,483
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		82,342	4,500	77,842
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)*		115	7	108
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		174,142	9,517	164,625
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		8,246	451	7,795
T	**Total fund needed**	*(N+O+P+Q+R+S)*		6,069,553	331,698	5,737,855
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		331,698		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		5.46 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	6.29 %			7.11 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	502,270	31,570	470,700	671,323	47,699	623,624
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,506,810	94,710	1,412,100	2,013,969	143,096	1,870,873
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	1,582,151	99,446	1,482,705	2,114,668	150,251	1,964,417
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	63,841	4,013	59,828	133,130	9,460	123,670
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,645,992	103,458	1,542,534	2,247,798	159,710	2,088,088
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,743,423	109,582	1,633,841	2,383,280	169,337	2,213,943
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	19,352	1,217	18,135	26,455	1,880	24,575
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	5,760,972	362,103	5,398,869	7,867,293	558,985	7,308,308
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	5,760,972	5,096	75,974	7,867,293	7,875	102,948
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)*	113	8	105	154	11	143
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	172,830	10,864	161,966	236,019	16,770	219,249
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	8,119	511	7,608	11,098	789	10,309
T	Total fund needed	*(N+O+P+Q+R+S)*	6,023,104	378,579	5,644,525	8,225,387	584,428	7,640,959
U	Total country co-financing	*I x country co-financing per dose (cc)*	378,579			584,428		
V	Country co-financing % of GAVI supported proportion	*U / T*	6.29 %			7.11 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	8.20 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	700,905	57,465	643,440
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	2,102,715	172,393	1,930,322
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	2,207,851	181,013	2,026,838
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	23,296	1,910	21,386
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	2,231,147	182,923	2,048,224
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	2,359,873	193,476	2,166,397
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	26,195	2,148	24,047
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	7,809,015	640,229	7,168,786
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	109,735	8,997	100,738
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)*	152	13	139
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	234,271	19,207	215,064
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	10,989	901	10,088
T	**Total fund needed**	*(N+O+P+Q+R+S)*	8,164,162	669,345	7,494,817
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	669,345		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	8.20 %		

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

Zambia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Zambia 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

Zambia 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

1. Zambia has just received approval for the support of introduction of Rotavirus vaccine, a request is made for the supply for 2013. The country plans to introduce the vaccine in second quarter of 2013.

2. Although, the country has not reported on the HSS support, the country is aware that when the formalities of normalizing funding flow, the country will submit as revised plan of action with an appropriate monitoring framework through the ICC.

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 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 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 expenditure 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 expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 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 & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 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 expenditure 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 expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 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 purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 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 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 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 expenditure 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 expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 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 expenditure 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 expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 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 purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 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 expenditure 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 expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 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 & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 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 expenditure 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 expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 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 purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Ministers Signatures 15May 12.doc File desc: File description... Date/time: 5/21/2012 12:02:29 PM Size: 882176
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Ministers Signatures 15May 12.doc File desc: File description... Date/time: 5/21/2012 12:32:33 PM Size: 882176
3	Signatures of members of ICC	2.2	✓	Inter-Agency Coordinating Committee signatures 15May 12.doc File desc: File description... Date/time: 5/21/2012 12:05:34 PM Size: 711680
5	Minutes of ICC meetings in 2011	2.2	✓	2011 Inter Agency Coordinating Committee Meeting.doc File desc: File description... Date/time: 5/21/2012 12:12:31 PM Size: 114176
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	_ICC_meeting_held_on_09.05.2012 Final[1]_1.doc File desc: File description... Date/time: 5/21/2012 12:14:32 PM Size: 129536
10	new cMYP APR 2011	7.7	✓	Zambia cMYP 2011-2015 Revised.docx File desc: File description... Date/time: 5/21/2012 1:23:23 PM Size: 1824843
11	new cMYP costing tool APR 2011	7.8	✓	Zambia cMYP Costing tool for financial analysis_EN_2 5_Gaborone.xlsx File desc: File description... Date/time: 5/21/2012 1:22:01 PM Size: 1580032
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Gavi Management letter 2012 001.jpg File desc: File description... Date/time: 5/21/2012 1:28:34 PM Size: 561241
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	new vaccine introduction of pneumococcal vaccines.doc File desc: File description... Date/time: 5/21/2012 1:46:59 PM Size: 26112
				EVM_Zambia_report_Final_Aug28_2011 [1].doc

15	EVSM/VMA/EVM report APR 2011	7.5	✓	File desc: File description... Date/time: 5/21/2012 3:10:25 AM Size: 944128
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	EVM_Zambia_report_Final_Aug28_2011 [1].doc File desc: File description... Date/time: 5/21/2012 3:13:37 AM Size: 944128
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	ICC presentation 2011.ppt File desc: File description... Date/time: 5/21/2012 1:53:38 PM Size: 3930624
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	Gavi Management letter 2012 003.jpg File desc: File description... Date/time: 5/21/2012 1:47:53 PM Size: 525575
20	Post Introduction Evaluation Report	7.2.2	✓	Zambia PIE Report FINAL[1].pdf File desc: File description... Date/time: 5/21/2012 3:18:01 AM Size: 511779
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	_ICC_meeting_held_on_09.05.2012 Final[1] _1.doc File desc: File description... Date/time: 5/21/2012 12:23:05 PM Size: 129536