



GAVI Alliance

Annual Progress Report **2012**

Submitted by
The Government of
Zambia

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/22/2013 3:16:25 PM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** 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: **2012**

Requesting for support year: **2014**

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 second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2015
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** 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	Honorable Dr. Joseph Katema- Minister of Community Development Mother and Child Health	Name	Honorable Alexander Chikwanda
Date		Date	
Signature		Signature	

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

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2.2. ICC signatures page

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

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

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for 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		
Professor Elwyn Chomba, Permanent Secretary	Ministry of Community Development Mother and Child Health		
Dr Olusegun Babaniyi, Country Representative	World Health Organisation		
Dr Uhaa Iyorlunmun, representative	UNICEF		
Dr Nanthalille Mugala, President	Paediatric Association of Zambia		
Sangita Patel, Director - PHN	USAID		
Dr Meena Ghandi, Health Advisor	DFID		
Dr. Michael Veitenhans, National Director	World Vision Zambia		
Mrs Karen Sichinga	Churches Association of Zambia		

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

All comments will be treated confidentially

Comments from Partners:

Partners have recognized that there are weaknesses in the capacities for immunization service delivery and there is need to continue strengthening the capacities at both pre-service and in-service levels. There have been an improvement in capacity for vaccine storage at national and provincial levels but more still needs to be done at lower levels.

Partners would like to see that monitoring and evaluation in is strengthened for Immunisation

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 2013

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	689,367	689,367	708,669	708,669	728,512	728,512	748,910	748,910
Total infants' deaths	648,005	41,362	38,977	38,977	36,426	36,426	33,701	33,701
Total surviving infants	41362	648,005	669,692	669,692	692,086	692,086	715,209	715,209
Total pregnant women	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	661,792	557,015	680,322	680,322	706,657	706,657	726,443	726,443
BCG coverage	96 %	81 %	96 %	96 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	583,205	443,622	629,511	629,511	664,403	664,403	693,753	693,753
OPV3 coverage	1410 %	68 %	94 %	94 %	96 %	96 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with DTP1	615,605	543,385	642,905	642,905	671,323	671,323	700,905	700,905
Number of infants vaccinated (to be vaccinated) with DTP3	583,205	491,496	629,511	582,632	664,403	636,719	693,753	679,448
DTP3 coverage	1410 %	76 %	94 %	87 %	96 %	92 %	97 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	615,605	543,385	604,377	604,377	671,323	671,323	700,905	700,905
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	615,605	491,496	604,377	604,377	664,403	664,403	700,905	700,905
DTP-HepB-Hib coverage	1441 %	76 %	94 %	90 %	96 %	96 %	98 %	98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	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
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	140,401	0	361,869	361,869	671,323	671,323	700,905	700,905
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	140,401	0	361,869	361,869	664,403	636,719	693,753	679,448

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV10) coverage	940 %	0 %	70 %	54 %	96 %	92 %	97 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.05	1.11	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	275,402	600,106	589,329	649,602	671,323	671,323	693,753	693,753
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	550,804	0	589,329	589,329	629,782	629,782	679,449	679,449
Measles coverage	1332 %	0 %	88 %	88 %	91 %	91 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%) {0}	0	10	0	10	0	10	0	10
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.11	1.33	1.11	1	1.11	1	1.11
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %
Pregnant women vaccinated with TT+	591,477	487,903	615,833	615,833	641,090	641,090	700,231	700,231
TT+ coverage	78 %	64 %	79 %	79 %	80 %	80 %	85 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	615,605	326,414	636,208	636,208	671,323	671,323	700,905	700,905
Vit A supplement to infants after 6 months	307,802	310,080	318,104	318,104	328,741	328,741	339,724	339,724
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	10 %	2 %	9 %	1 %	5 %	1 %	3 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

No changes made

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

No changes made

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

The targets for DTP3 and PCV3 have been revised downwards as per Independent Review Committee recommendations in the Decision letter dated 6 December, 2012

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

Not applicable

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

Comments on Achievements

- Targets not achieved.

In the last quarter of 2011, the Government of the Republic of Zambia made a policy decision to realign the Maternal and Child Health functions from the Ministry of Health (MoH) to the Ministry of Community Development Mother and Child Health (MCDMCH) with the aim of improving the performance of maternal and child health interventions using strong community linkages. Following the realignment, the Immunization programme faced delayed implementation due to late release of funds from MoH which had the funds for MCDMCH, however this challenge has since been addressed in the 2013 national budget where the funds for immunization have been allocated to MCDMCH.

Key major activities:

- Procured and distributed vaccines and supplies;
- The national cold chain was expanded with 5 walk-in cold rooms and 5 provincial walk in cold rooms, in addition 60 districts were equipped with vaccine fridges
- Four provinces were supported to strengthen the Reaching Every District (RED) strategy by training district programme officers and health providers.
- Conducted one Mid Level Managers (MLM) training for 24 health training institutions
- Bi-annual Child Health Weeks conducted countrywide
- Bi-annual Polio supplemental immunisation in 30 high risk districts conducted which resulted in sustaining the polio free status during the year
- Cold chain technicians trained in 20 districts
- Conducted measles supplemental immunization activities country wide

Actions taken:

1. Successfully mobilised resources from Government and local partners to finance the funding gaps for Measles SIAs. Details are highlighted below:

*USD 1 million from government

*USD 1 million from UNICEF

*British Pounds 3.4 million from DFID

*USD 1.6 million from Measles Initiative

*In addition support in kind was given by JICA, World Vision and Zambia Integrated Systems Strengthening Programme (Printing of training materials, Vitamin A and Mebendazole and human resource support)

Following the recognition of declining coverage for child health indicators including immunisation services government and partners have made efforts for targeted interventions to reverse these trends. Some of the activities include:

1. Government has made a deliberate policy shift from 2013 onwards to allocate resources in the national budget lines for two major lines which are i) outreach services and ii) community level activities at district level. These plans were made in 2012 for the 2013 fiscal year to target funds to improve health outreach services as well as community services which include immunisation services.

These funds starting from 2013 will be dedicated for Health outreach activities which will include immunisation outreach services. Every districts has this dedicated budget line to support/ provide for funding at district level for outreach services in the health facilities. District have since started receiving these funds this year.

2. Secured USD 1 million from UNICEF to strengthen the RED strategy in 2013.

3. Through CIDA funds have also been mobilised to support the optimisation of RED implementation in targeted districts

4. Secured funding the United States Government for Immunisation for the period 2013-14

5. Through support from the European Union MCH Millenium Development Initiative, Zambia will receive a grant of upto Euro 33 million for MNCH. In this project which is currently targeting 2 provinces with large populations.

6. The balance of GAVI ISS funds remaining at the Ministry of Health have been approved for use by ICC and will also be used to Strengthen Immunisation activities that will contribute to improvement of coverage. The funds are estimated to be USD 203, 000

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

The targets for 2012 were not reached. There a number of challenges faced during the period under review.

Challenges:

The realignment process of the functions of mother and child health from the Ministry of Health to the Ministry of Community Development Mother and Child Health were not without challenges and teething problems:

a) In 2012, while the functions at national level for mother and child health were transferred, the corresponding funding budgeted for the same year did not automatically transfer personnel. As a result a number of national level activities were not funded or faced undue delay in release of funds from the Ministry of Health and this affected the programme.

b) While government has continued to address the human resource crisis through the Human Resource for Health Strategic plan through the recruitment of new health workers and improvement of salaries for health workers, the staffing gaps still remain large and the distribution of these health workers skewed to urban settings. The government again in this years budget has still planned to increase health workers salaries as from September 2013. There is deliberate effort to ensure that health workers are distributed equitably through out the country.

c) Inadequate transport for outreach services at district level

d) Inadequate Cold Chain capacity at the district and facility levels

e) Measles outbreaks which resulted in significant time spent in planning and implementing a Under 15 years campaign

f) Delayed release of funds for the procurement of vaccines (July 2012) which resulted in delayed shipments of 2012 vaccine consignment and also stock out of antigens

Efforts to address challenges

Following the recognition of declining coverage for child health indicators including immunization services government and partners have made efforts for targeted interventions to reverse these trends. Some of the activities include:

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4. Secured funding the United States Government for Immunization for the period 2013-14

5. Through support from the European Union MCH Millennium Development Initiative, Zambia will receive a grant of upto Euro 33 million for MNCH. In this project which is currently targeting 2 provinces with large populations.

6. Cold Chain inadequacies - While progress has been made in expanding cold chain at the national and provincial levels as well as the district level, it has been noted that there have been new health facilities built and a number that have none functional or old equipment. In response to this government and partners have procured cold chain equipment. The JICA proposal which was submitted will now be administered through UNICEF and targets only health service delivery levels which the health center. The beneficiary facilities will be those that are new and without vaccine fridges, those with none functional fridges and those with old and obsolete equipment. The World bank is also finalizing the processes of the procurement of 100 vaccine fridges for health centers in the districts that are implementing the Results Based Financing project.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

Not applicable			
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5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

Not applicable as there has been no survey in the last five years disaggregating data by sex

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

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

No gender focused package in the immunization programme. There are no immediate plans to have sex- disaggregated data on immunisation through routine administrative systems as the recently revised HMIS still does not include sex disaggregated data.

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)

Discrepancies between immunization coverage data from the different sources measured are due to ;

- HMIS Immunization coverage data is always more compared to the data collected through systems such as the Central Statistical Office (CSO) (viz ZDHS, Census Reports). This is partly due to the following issues:-
- (1) Difference in mapping coverage areas :- Census Enumeration Areas, Ward, constituencies for CSO which has a fixed population vs the catchment areas for the Health sector
- (2) Mobile populations and preferences in health seeking behavior
- (3) Cross boarder flow from neighbouring countries

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

A DQS was conducted in 2012

However there was a population census

Zambia CENSUS in 2010 disseminated in March 2013
Zambia Demographic Health Survey for 2012 is in progress

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Recommendations for 2012 DQS

- Train & retrain in the RED strategy
- Print and distribute under-5 cards
- Print and distribute HMIS data collection tools
- Train provinces/districts on how to conduct DQS
- Improve on Transport for outreach activities
- Improve on cold chain equipment

Activities to address the recommendations included:

Training in RED approach for selected districts, print and distribute under five cards, print and distribute HMIS Data collection tools and improvement of cold chain equipment for selected districts and provinces.

- Government has developed a strategic plan that will enhance Civil Registration and Vital Statistics(CRVS) to improve documentation of birth and deaths registration

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.

- ZDHS will collect data at district level unlike in the past when data was collected at provincial level
- Strengthen the ICT systems at the CSO linking Ministries of Home Affairs, Health, Local Government and Community Development Mother and Child Health (USG support through the Department of Demography at the University of Zambia.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 5.3	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	DFID	Measles Initiative	Lions Club
Traditional Vaccines*	1,160,095	1,160,095	0	0	0	0	0	0
New and underused Vaccines**	5,894,312	1,180,312	4,714,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	9,989,096	581,496	9,407,600	0	0	0	0	0
Cold Chain equipment	4,202,000	3,706,000	0	496,000	0	0	0	0
Personnel	13,005,534	13,005,534	0	0	0	0	0	0
Other routine recurrent costs	3,562,004	3,562,004	0	0	0	0	0	0
Other Capital Costs	52,122	52,122	0	0	0	0	0	0
Campaigns costs	17,847,200	9,370,935	0	1,106,604	1,434,940	4,225,366	1,609,355	100,000
Under five cards		188,679	0	0	0	0	0	0

Total Expenditures for Immunisation	55,712,363							
Total Government Health		32,807,177	14,121,600	1,602,604	1,434,940	4,225,366	1,609,355	100,000

* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Please note that in table 5.5a. it very difficult to get disaggregated information of specific immunisation expenditure for personnel and other routine recurrent costs as these costs are integrated with other program costs.

For t5.5.1 This is not applicable to Zambia

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Not applicable as FMA not yet conducted	No

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

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 2012? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 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](#)

No comments made on targets and expenditure in the APR

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

If Yes, which ones?

List CSO member organisations:
WORLD VISION INTERNATIONAL
ROTARY INTERNATIONAL
CARE INTERNATIONAL
ZAMBIA ANGLICAN COUNCIL
CHURCHES HEALTH ASSOCIATION OF ZAMBIA
CENTER FOR INFECTIOUS DISEASE RESEARCH IN ZAMBIA

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Major Objectives

- To improve and sustain immunization coverage of DTP3 at 80% in 80% of the districts
- Improve and sustain vaccine availability in the country
- Improve and sustain Cold Chain System in the Country.
- To equip health workers with up to date knowledge and skills in EPI
- To strengthen EPI disease surveillance.
- To Strengthen social mobilization.
- To strengthen the capacity to prepare for introduction of additional vaccines.

Priorities

a) Procurement of Vaccines and Injection safety materials

b) Procurement Vaccine fridges and improve effective vaccine management

c) capacity building of Health providers for introduction of Pnuemococol Conjugate Vaccine (PCV 10), Measles Second Dose (MSD) and Rota Vavaccine, Orientation of health service providers to HMIS data collection tools, Social mobilization and Vaccine supply and logistics management for new vaccines

d) Monitoring and evaluation

e) Conduct RED Strategy training in 20 districts that are low performing based on a three year trend analysis.

e) Conduct EPI disease surveillance through out the year.

f) Conduct Behaviour Change Communication activities for immunization

e) Print and distribute under five cards

□□□□□□□

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD Syringes	Government of Zambia
Measles	AD Syringes	Government of Zambia
TT	AD Syringes	Government of Zambia
DTP-containing vaccine	AD Syringes	Government of Zambia and GAVI

PCV10	AD Syringes	Government of Zambia and GAVI
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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)

Inadequate incineration facilities for injection waste disposal

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

Sharps are are collected in injection safety boxes at static and outreach points, they are then disposed of by incineration and through burn and bury in pits where there are no incinerators..

The problems being encountered are that:-

- 1) the pits being used are shallow
- 2) the pits are not secured to avoid easy access,
- 3) In some instances the pits are not buried after use
- 4) The fuel for burning the waste in the pit is usually not available

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	1,141	5,904,209
Remaining funds (carry over) from 2011 (B)	310,898	1,590,242,832
Total funds available in 2012 (C=A+B)	312,039	1,596,147,041
Total Expenditures in 2012 (D)	43,724	225,059,525
Balance carried over to 2013 (E=C-D)	268,315	1,371,087,516

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.

For table 6.1 Please note that the (b) comprises funds from both the dollar as well as the kwacha GAVI accounts.

On 6.1.1 The ISS funds are kept in the Ministry of Health GAVI Account. There is both a dollar and a Local Currency account. These funds have not been used since the alledged misuse of funds as the program awaited the Office of the Auditor General ascertain as to whether the balance of funds in this account were ISS or HSS funds. With the OAG 's indication that HSS funds in the account had been exhausted, the program assumes that the balance in the account now is ISS. A proposed budget for the use of these funds has been submitted to the Inter Agency Coordinating Committee for endorsement.

The funds received in 2012 was interest earned on the GAVI kwacha account.

Total expenditure includes exchange losses of US\$242 while converting kwacha expenditure to dollar reporting currency.

The balance carried forward to 2012 was supposed to be US\$306,996 but the opening balance in the 2012 APR is 310,898. This discrepancy is due to fact that the 2011 APR was done before Audit was finalised by the Office of the Auditor General. The gain was due to exchange difference after making adjustments.

Expenditure in 2012 was retired imprest. Copies were founds and and verified by Auditor General before being expensed.

The detailed expenditure and exchange rates used are explained in the Audited financial Statements for 2012 and **will be ready by the end of May 2012. As such it is not possible to submit the audited reports along with the APR**

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 GAVI Bank Account is a commercial one. Following the endorsement by ICC on the utilisation of the remaining GAVI funds, application for the use of these funds will be from the Permanent Secretary at the Ministry of Community Development Mother and Child Health to the Office of the Permanent Secretary. The minuted endorsement by ICC will also be sent to MOH to guide disbursement of these funds.

It is worth noting that since the program had been moved to another ministry, the Ministry of Health has inquired informally as to whether it was possible to move the funds to the ministry which is now responsible for immunisation, this has not occurred as GAVI TAP team indicated the need to first resolve outstanding issues of re-imburement of alledgely misused GAVI funds, the conducting of an FMA and any necessary processes GAVI deemed necessary. The Ministry of Health has been liaising with the Ministry of Finance and National Planning to effect re-imburement.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

No activities were implemented with the use of ISS funds

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (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 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Zambia is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	1,942,829	998,000	766,129	Yes
Pneumococcal (PCV10)	584,420	584,400	0	Yes
Measles	457,900	720,920	0	Yes

**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? ...)

Pentavalent doses received in 2012

The reconciliation of vaccine doses between the UNICEF, GAVI and government records have been challenging.

1. It is noted that according to **UNICEF** records the number of Pentavalent doses received are as follows:

*1,794,900 doses (GAVI financed) were approved for Zambia and of these only 850,000 doses were shipped while all the government co- financed 148,000 doses approved for Zambia, were shipped. This makes a total of 998,000 doses of Pentavalent vaccine allocated for 2012 that were shipped.

*According to the APR of 2011, the country reported one shipment of 678,700 doses that were allocated for 2011 that arrived in the country on 17.01.2012

*Adding the 2012 allocation and the 2011 shipment received in 2012 brings the total of pentavalent doses received in 2012 to 1,676,700 doses.

2. **GAVI** records indicate that 1,942,829 doses were allocated to the country and this figure is higher than what is reflected in the UNICEF country office records

3. **Government** records indicate that 1,176,700 doses of Pentavalent vaccines were received in 2012

Challenges faced:

Delay release of funding for vaccine procurement from central treasury. Released in July as opposed to the usually May of the year (Government being the sole source of funding locally). 2012 Shipments started to arrive in September of 2012 leading to a stock out situation of vaccines in the country.

As at the time of this submission of the report Government is still working to address the discrepancy in the figures of number of doses received in 2012 with stakeholders involved. It is unclear as to whether there are any outstanding shipments for Zambia from 2012 allocation or whether the allocation was readjusted downwards from global level (UNICEF/GAVI).

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

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

Cold Chain had been expanded which has facilitated bulk procurement reducing to two shipment per year.

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

The Country experienced vaccine stock outs of DPT, BCG and Polio vaccines with an average of three Months at all levels. This was due to delayed procurement of vaccines as funds were not released on time. According to the 2012 Joint Reporting Format (JRF) the immunization coverage has seemingly reduced.

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Already in the immunization schedule
Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Total funds received in 2012 from GAVI were US\$1,030,864 to support the introduction of PCV10 & MSD Vaccines in 2012 were sent in December of 2012. This lead to several postponements in 2012of the introduction of the new vaccines. Planned to introduce in 2013.
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Total funds received in 2012 from GAVI were US\$1,030,864 to support the introduction of PCV10 & MSD Vaccine in 2012 were sent in December of 2012. This lead to several postponements in 2012of the introduction of the new vaccines. Planned to introduce in 2013.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2012**

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

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

**Baseline survey of Intersusception incidence rates in Nine
Zambian Hospitals, 2007 - 2012; Pre - Rotavirus Vaccine Introduction.** Intersusception is common in infants with a peak age of 5 - 6 months, and of particular concern is the group of 2 - 4 months the age of Rota Virus vaccination. The high Case Fatality Rate (CFR) of 32.6% is due to both delayed presentation and diagnosis in hospital. Delayed diagnosis was partly because of similar symptoms and signs of intersusception in initial stages to dysentery, a common condition in Zambia.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	1,103,000	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	1,103,000	0
Total Expenditures in 2012 (D)	100,584	0
Balance carried over to 2013 (E=C-D)	1,002,416	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

UNICEF reported that US\$ 1,103,000 was received from GAVI in 2012. A significant portion of these funds were received in December 2012. UNICEF reports that its currency exchange rate is KR 5.31 to the US\$ as of May 2013

Major activities implemented in 2012 were the updating of HMIS tools with the use of other partner funds. GAVI funds supported to training of three of the ten provinces in the new updates of the revised HMIS tools through the Ministry of Health. This activity took place starting from December 2012.

Due to the delay in receipt of funds many pre-introduction activities were postponed numerous times as well as the fact that Measles campaign funds were mobilised earlier than the receipt of GAVI VIG in the country it was decided that we conduct the Measles SIA s first and this to be followed by the Introduction. The country went through cycles of providing tentative dates for the introduction but frustrated by delay in release of funding. Given the time at which the GAVI funds were finally released, it was not possible for us to introduce the vaccines in 2012.

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

Since the new vaccines are being introduced in 2013, the implementation of the introduction of the new vaccines will be reported in the next APR including the challenges encountered.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards
UNICEF will provide these details of any remaining funds after all activities of the introduction of the new vaccines are completed. If any savings are made, proposed utilisation of funds will be tabled before ICC and communicated to GAVI.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	432,400	204,850
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	109,309	31,300
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	All funds for co-financing were from the Government of Zambia	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	Government of Zambia
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	June	Government of Zambia
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	June	Government of Zambia
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

	The EPI faced a challenge in completing the New Vaccine sections. Table 7.4 could not be filled in adequately as the EPI colleague in UNICEF is away for medical reasons. Kindly note that injection materials were adjusted as there were large quantities of this commodity in the country. Details of the quantities as well as amounts spent on new vaccines will be worked out once the UNICEF EPI colleague is back in office. Technical Assistance for the Reprogramming of GAVI HSS fund
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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/>

N/A

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

- (a) EVM assessment **(Document No 12)**
- (b) Improvement plan after EVM **(Document No 13)**
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

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

If yes, provide details

N/A

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

Renewal of multi-year vaccines support for Zambia is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for **2014** vaccination do the following

		2013	2014	2015
Number of vaccine doses	#	1,749,900	1,913,900	1,922,700
Number of AD syringes	#	1,852,100	2,025,700	2,033,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	20,575	22,500	22,575
Total value to be co-financed by GAVI	\$	3,889,000	4,253,500	4,170,500

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

		2013	2014	2015
Number of vaccine doses	#	202,100	253,600	308,600
Number of AD syringes	#	213,900	268,400	326,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	2,375	3,000	3,625
Total value to be co-financed by the Country ^[1]	\$	449,000	564,000	669,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	10.35 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	543,385	604,377	62,550	541,827
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B \times C$	1,630,155	1,813,131	187,650	1,625,481
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$	1,711,663	1,903,788	197,033	1,706,755
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		48,032	4,972	43,060
H	Stock on 1 January 2013	Table 7.11.1	750,920			
I	Total vaccine doses needed	$F + G - H$		1,951,870	202,009	1,749,861
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		2,065,891	213,810	1,852,081
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		22,932	2,374	20,558
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		3,974,008	411,290	3,562,718
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		96,064	9,943	86,121
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		13,301	1,377	11,924
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		254,337	26,323	228,014
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		4,337,710	448,931	3,888,779
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		448,931		
V	Country co-financing % of GAVI supported proportion	U / T		10.35 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	11.70 %			13.83 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	671,323	78,541	592,782	700,905	96,940	603,965
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	2,013,969	235,623	1,778,346	2,102,715	290,820	1,811,895
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	2,114,668	247,404	1,867,264	2,207,851	305,361	1,902,490
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	52,720	6,168	46,552	23,296	3,222	20,074
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	2,167,438	253,578	1,913,860	2,231,197	308,590	1,922,607
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,294,025	268,388	2,025,637	2,359,873	326,387	2,033,486
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	25,464	2,980	22,484	26,195	3,623	22,572
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	4,412,904	516,284	3,896,620	4,431,158	612,859	3,818,299
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,412,904	12,481	94,192	4,431,158	15,178	94,557
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	14,770	1,729	13,041	15,194	2,102	13,092
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	282,426	33,043	249,383	283,595	39,224	244,371
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	4,816,773	563,534	4,253,239	4,839,682	669,360	4,170,322
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	563,534			669,360		
V	Country co-financing % of GAVI supported proportion	U / T	11.70 %			13.83 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	648,005	669,692	692,086	715,209	2,724,992
	Number of children to be vaccinated with the first dose	Table 4	#	600,106	649,602	671,323	693,753	2,614,784
	Number of children to be vaccinated with the second dose	Table 4	#	0	589,329	629,782	679,449	1,898,560
	Immunisation coverage with the second dose	Table 4	%	0.00 %	88.00 %	91.00 %	95.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	750,920				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	750,920				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.27	0.29	0.30	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.00	0.00	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		14.00 %	14.00 %	14.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

N/A

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

Co-financing group	Intermediate			
	2012	2013	2014	2015
Minimum co-financing	0.00	0.00	0.00	0.00
Recommended co-financing as per APR 2011			0.00	0.00
Your co-financing	0.00	0.00	0.00	0.00

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

		2013	2014	2015
Number of vaccine doses	#	817,800	710,400	768,100
Number of AD syringes	#	835,700	711,600	769,500
Number of re-constitution syringes	#	90,800	78,900	85,300
Number of safety boxes	#	10,300	8,775	9,500
Total value to be co-financed by GAVI	\$	308,000	277,000	308,500

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

		2013	2014	2015
Number of vaccine doses	#	0	0	0
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	0	0	0

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

		Formula	2012	2013		
			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	589,329	0	589,329
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	B X C	0	589,329	0	589,329
E	Estimated vaccine wastage factor	Table 4	1.11	1.11		
F	Number of doses needed including wastage	D X E	0	654,156	0	654,156
G	Vaccines buffer stock	(F – F of previous year) * 0.25		163,539	0	163,539
H	Stock on 1 January 2013	Table 7.11.1	750,920			
I	Total vaccine doses needed	F + G – H		817,795	0	817,795
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		835,684	0	835,684
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		90,776	0	90,776
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		10,284	0	10,284
N	Cost of vaccines needed	I x vaccine price per dose (g)		223,259	0	223,259
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		38,860	0	38,860
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		3,359	0	3,359
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		5,965	0	5,965
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		31,257	0	31,257
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		4,819	0	4,819
T	Total fund needed	(N+O+P+Q+R+S)		307,519	0	307,519
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 second dose, 10 dose(s) per vial, LYOPHILISED** (part 2)

		Formula	2014			2015		
			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	629,782	0	629,782	679,449	0	679,449
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	629,782	0	629,782	679,449	0	679,449
E	Estimated vaccine wastage factor	Table 4	1.11			1.11		
F	Number of doses needed including wastage	$D \times E$	699,059	0	699,059	754,189	0	754,189
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	11,226	0	11,226	13,783	0	13,783
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	710,385	0	710,385	768,072	0	768,072
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	711,519	0	711,519	769,488	0	769,488
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	78,853	0	78,853	85,256	0	85,256
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	8,774	0	8,774	9,488	0	9,488
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	203,171	0	203,171	227,350	0	227,350
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	203,171	0	33,086	227,350	0	35,782
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	2,918	0	2,918	3,155	0	3,155
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	5,089	0	5,089	5,504	0	5,504
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of \% of vaccines value (fv)}$	28,444	0	28,444	31,830	0	31,830
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	4,110	0	4,110	4,445	0	4,445
T	Total fund needed	$(N+O+P+Q+R+S)$	276,818	0	276,818	308,066	0	308,066
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0			0		
V	Country co-financing % of GAVI supported proportion	U / T	0.00 %			0.00 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	648,005	669,692	692,086	715,209	2,724,992
	Number of children to be vaccinated with the first dose	Table 4	#	0	361,869	671,323	700,905	1,734,097
	Number of children to be vaccinated with the third dose	Table 4	#	0	361,869	636,719	679,448	1,678,036
	Immunisation coverage with the third dose	Table 4	%	0.00 %	54.04 %	92.00 %	95.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	584,400				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	584,400				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.23	0.26	0.30	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

N/A

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

Co-financing group	Intermediate			
	2012	2013	2014	2015
Minimum co-financing	0.20	0.23	0.26	0.30
Recommended co-financing as per APR 2011			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)

		2013	2014	2015
Number of vaccine doses	#	1,335,800	2,191,300	2,048,700
Number of AD syringes	#	1,425,800	2,328,100	2,166,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	15,850	25,850	24,050
Total value to be co-financed by GAVI	\$	4,891,000	8,023,000	7,500,500

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

		2013	2014	2015
Number of vaccine doses	#	89,600	167,600	182,900
Number of AD syringes	#	95,600	178,000	193,400
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	1,075	2,000	2,150
Total value to be co-financed by the Country ^[1]	\$	328,000	613,500	669,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	6.28 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	361,869	22,732	339,137
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	0	1,085,607	68,194	1,017,413
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	0	1,139,888	71,603	1,068,285
G	Vaccines buffer stock	(F – F of previous year) * 0.25		284,972	17,901	267,071
H	Stock on 1 January 2013	Table 7.11.1	584,400			
I	Total vaccine doses needed	F + G – H		1,425,260	89,529	1,335,731
J	Number of doses per vial	Vaccine Parameter		2		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		1,521,343	95,565	1,425,778
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		16,887	1,061	15,826
N	Cost of vaccines needed	I x vaccine price per dose (g)		4,988,410	313,351	4,675,059
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		70,743	4,444	66,299
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)		9,795	616	9,179
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		149,653	9,401	140,252
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		5,218,601	327,811	4,890,790
U	Total country co-financing	I x country co-financing per dose (cc)		327,810		
V	Country co-financing % of GAVI supported proportion	U / T		6.28 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	7.10 %			8.19 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	671,323	47,674	623,649	700,905	57,436	643,469
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	2,013,969	143,021	1,870,948	2,102,715	172,308	1,930,407
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	2,114,668	150,172	1,964,496	2,207,851	180,924	2,026,927
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	243,695	17,306	226,389	23,296	1,909	21,387
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	2,358,763	167,506	2,191,257	2,231,547	182,865	2,048,682
J	Number of doses per vial	Vaccine Parameter	2			2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	2,506,008	177,963	2,328,045	2,359,873	193,381	2,166,492
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	27,817	1,976	25,841	26,195	2,147	24,048
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	8,255,671	586,270	7,669,401	7,810,415	640,027	7,170,388
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,255,671	8,276	108,254	7,810,415	8,993	100,742
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	16,134	1,146	14,988	15,194	1,246	13,948
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	247,671	17,589	230,082	234,313	19,201	215,112
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	8,636,006	613,279	8,022,727	8,169,657	669,465	7,500,192
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	613,279			669,465		
V	Country co-financing % of GAVI supported proportion	U / T	7.10 %			8.19 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	U / T

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Zambia is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

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

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 has NOT received GAVI TYPE A CSO support

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

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

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Minister's signature 20130001.pdf File desc: Date/time: 5/15/2013 1:45:25 AM Size: 1129997
2	Signature of Minister of Finance (or delegated authority)	2.1		MOF APR sign.pdf File desc: Date/time: 5/21/2013 3:09:06 PM Size: 1070135
3	Signatures of members of ICC	2.2		ICC Signatures 20001.pdf File desc: Date/time: 5/15/2013 1:46:05 AM Size: 968107
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Minutes of ICC meeting held on 8th May 2013.doc File desc: Date/time: 5/15/2013 1:47:00 AM Size: 78848
5	Signatures of members of HSCC	2.3		ICC signatures 20130001.pdf File desc: Date/time: 5/15/2013 1:48:13 AM Size: 987239
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Minutes of ICC meeting held on 8th May 2013.doc File desc: Date/time: 5/15/2013 1:48:47 AM Size: 78848
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		submission of short-term clarifications on global alliance for vaccines and immunization (GAVI) 2010 Annual Progress Report.pdf File desc: Date/time: 5/13/2013 2:31:13 AM Size: 7924759
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		submission of short-term clarifications on global alliance for vaccines and immunization (GAVI) 2010 Annual Progress Report.pdf File desc: Date/time: 5/13/2013 2:31:13 AM Size: 7924759
9	Post Introduction Evaluation Report	7.2.2		PIE.doc File desc:

				Date/time: 5/15/2013 2:18:38 AM Size: 22016
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	GAVI Funds_Utilization_Report.doc File desc: Date/time: 5/13/2013 1:53:00 AM Size: 78848
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	GAVI 2012 - 9052013 Funds_Utilization_Report[1].doc File desc: Date/time: 5/13/2013 1:53:00 AM Size: 79360
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_Zambia_report_Final_Aug28_2011.doc File desc: Date/time: 5/13/2013 1:52:13 AM Size: 869888
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Zambia's EVM Improvement Plan.docx File desc: Date/time: 5/13/2013 1:50:13 AM Size: 34806
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Zambia's EVM Improvement Plan.docx File desc: Date/time: 5/13/2013 1:51:15 AM Size: 34806
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Preventive campaigns.docx File desc: Date/time: 5/15/2013 2:18:38 AM Size: 9981
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	cMYP.doc File desc: Date/time: 5/15/2013 2:24:29 AM Size: 22016
17	Valid cMYP if requesting extension of support	7.8	✗	cMYP.doc File desc: Date/time: 5/15/2013 2:24:29 AM Size: 22016
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP.doc File desc:

				Date/time: 5/15/2013 2:24:29 AM Size: 22016
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	HSS support on hold.docx File desc: Date/time: 5/15/2013 2:25:25 AM Size: 9973
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	HSS support on hold.docx File desc: Date/time: 5/15/2013 2:25:25 AM Size: 9973
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	HSS support on hold.docx File desc: Date/time: 5/15/2013 2:25:25 AM Size: 9973
22	HSS Health Sector review report	9.9.3	X	HSS support on hold.docx File desc: Date/time: 5/15/2013 2:25:25 AM Size: 9973
23	Report for Mapping Exercise CSO Type A	10.1.1	X	CSO support.doc File desc: Date/time: 5/15/2013 2:22:17 AM Size: 22016
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	X	CSO support.doc File desc: Date/time: 5/15/2013 2:21:12 AM Size: 22016
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	X	CSO support.doc File desc: Date/time: 5/15/2013 2:21:12 AM Size: 22016
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	GAVI Bank Statement20001.pdf File desc: Date/time: 5/15/2013 1:51:18 AM Size: 3707794

