GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Zambia

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **15/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	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
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranch of HSFP Grant N/A	N/A
VIG	Yes	Not applicable	N/A
COS	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

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

By signing this page, the Government of 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 Emerine Kabanshi	**Name**	Honorable Alexander Chikwanda
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
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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
Prof. Elwyn Chomba; Permanent Secretary	Ministry of Community Development Mother and Child Health		
Dr. Luula Mariano; Deputy Representative	UNICEF		
Dr. Olusegun Babaniyi; Country Representative	WHO		
Dr.Meena Ghandi; Health Advisor	DFID		
Dr Sangita Patel; Health Advisor	USAID		
Dr Nanthalile Mugala; Country Director	PATH		
Dr Elijah Sinyinza; Country Director	ZISSP		
Ms Karen Sichinga	CHAZ		
Dr Izukanji Sikazwe	CIDRZ		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

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

3. Table of Contents

This APR reports on Zambia's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	708,669	710,191	728,512	730,007	748,910	750,519
Total infants' deaths	38,977	49,713	36,426	51,105	33,701	52,536
Total surviving infants	669692	660,478	692,086	678,902	715,209	697,983
Total pregnant women	779,536	767,007	801,363	786,892	823,801	808,925
Number of infants vaccinated (to be vaccinated) with BCG	680,322	579,244	706,657	706,657	726,443	726,443
BCG coverage	96 %	82 %	97 %	97 %	97 %	97 %
Number of infants vaccinated (to be vaccinated) with OPV3	629,511	491,899	664,403	664,403	693,753	693,753
OPV3 coverage	94 %	74 %	96 %	98 %	97 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	642,905	572,278	671,323	621,323	700,905	700,905
Number of infants vaccinated (to be vaccinated) with DTP3	582,632	523,941	636,719	600,312	679,448	648,337
DTP3 coverage	87 %	79 %	92 %	88 %	95 %	93 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	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
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	604,377	572,278	595,194	621,323	700,905	700,905
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	604,377	523,941	595,194	600,312	700,905	648,337
DTP-HepB-Hib coverage	90 %	79 %	86 %	88 %	98 %	93 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	361,869	246,847	534,122	595,194	700,905	700,905
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	361,869	156,767	534,122	534,122	679,448	619,072

Pneumococcal (PCV10) coverage	54 %	24 %	77 %	79 %	95 %	89 %
Wastage*[1]* rate in base-year and planned thereafter (%)	10	5	10	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.11	1.05	1.11	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 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus	435,300	108,720	588,273	595,194		700,905
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus	435,300	48,028	588,273	562,793		619,072
Rotavirus coverage	65 %	7 %	85 %	83 %		89 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5	5	5		5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05		1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	5 %	5 %	5 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	589,329	527,361	629,782	629,782	693,753	693,753
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	589,329	83,267	629,782	264,191	679,449	290,610
Measles coverage	88 %	13 %	91 %	39 %	95 %	42 %
Wastage*[1]* rate in base-year and planned thereafter (%) *{0}*	25	10	25	10	10	10
Wastage*[1]* factor in base-year and planned thereafter (%)	1.33	1.11	1.33	1.11	1.11	1.11
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	40.00 %	40.00 %	40.00 %	40.00 %	50.00 %	40.00 %
Pregnant women vaccinated with TT+	615,833	268,922	641,090	641,090	700,231	700,231
TT+ coverage	79 %	35 %	80 %	81 %	85 %	87 %
Vit A supplement to mothers within 6 weeks from delivery	636,208	347,766	671,323	617,323	700,905	700,905
Vit A supplement to infants after 6 months	318,104	2,300,328	328,741	328,714	339,724	339,724
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	9 %	8 %	5 %	3 %	3 %	8 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  The final census report for 2010 was released in June 2012 and disseminated in 2013. Previous targets were based on the estimates in the preliminary 2010 country census report.

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

  The final census report for 2010 was released in June 2012 and disseminated in 2013. Previous targets were based on the estimates in the preliminary 2010 country census report.

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

  Not Applicable

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

  Not Applicable

5.2. Immunisation achievements in 2013

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

5.2.1.1 Comments on Achievements

The Immunisation programme did not achieve its targets. DPT3 coverage attained in 2013 was 79% as against a set target of 86%. Although, the target was not attained, there was a marginal increase of 1% on 2012 coverages.

5.2.1.2 Key major activities

5.2.1.2.1 Cold chain & Logistics

-Procured and distributed vaccines and supplies; Servicing of the National level EPI utility vehicles and trucks for vaccine distribution.

-The national cold chain was expanded with 3 provincial walk in cold rooms, in addition 76 solar fridges were procured through government funds; through JICA funds additional 50 electric district level fridges, 300 solar fridges but yet to be received in country.

-Improved vaccine management at national level through the employment of one EPI logistician by government and secondment of another by CIDRZ which has led to Introduction and updating of Stock Management Tool for tracking of stock movement at national level which was previously not done.

5.2.1.2.2 New vaccine introduction

- Introduction of two New vaccines (MCV2, PCV 10)- 9 July 2013

- Introduced Rotavirus vaccine- 27 November 2013

- Piloted first year of HPV vaccine in three districts of Lusaka province- April 2013 (three original districts have since been split into 5 by government pronouncement)

For all the above introductions training manuals for health care workers, monitoring tools, updating of cards,development of IEC materials was done. In the case of PCV 10 and Rotavirus vaccines training DVDs were developed. Training manuals printed were to be provided at least one copy per health facility (1,956) facilities. Each district received two DVDs for the zonal trainings for health workers at facility level.

Cascade training for TOTs was conducted where 2 district programme managers from each district were trained to train district health facility staff who would in turn orient community health workers. The training of facility staff included the training of health workers from the private clinics. At the end of the 3 national level TOT which conducted back to back, the districts were expected to train the health facility staff in their districts and communities. A community training package was also developed for community health workers. Messages for community health workers were included in the Training manual for health workers.

A number of IEC materials were developed including print, electronic to widen reach and demand for the new vaccines. Social mobilisation for the introduction of new vaccines was done at all levels through electronic, print media, interpersonal, Public Address system to create awareness and demand. Enhance interpersonal activities took place at community level through community health workers to create awareness.

The Health Management information system monitoring tools were updated to include the new vaccines in 2012. Although the PIE was not yet done at the time of rota introduction, Lessons learnt from the PCV10 and MSD introduction were applied to improve planning and training in the rota introduction. This was in addition to lessons learnt from the rotavirus demonstration which has been running since 2012 in Lusaka province to inform national roll out.

The HPV demonstration in Zambia was conducted through a donation of vaccines from Gardasil Axios. Implementation was designed to be line with GAVI guidelines for HPV demonstrations in order to meet requirements for applications for support for national roll out to GAVI. This demonstration provided the three dose schedule through a school based strategy for girls in grade 4 in the three districts. The mode of delivery was over a 10 day period during the school calendar where nurses visited schools during the school calendar year. Out of school girls were reached through the local health centers in the different localities.This was also conducted with support from a number of partners such as UNICEF, Catholic Medical Mission Board, CIDRZ, PATH and the government.

5.2.1.2.3 Social Mobilisation

- Commemorated African vaccination week to accelerate vaccination activities.

5.2.1.2.4 Service delivery

-Conducted on site training in the Reaching Every District (RED) approach for four districts for health providers.

-Conducted (RED) approach targeting community health workers in 5 districts

-Bi-annual Child Health Weeks conducted countrywide along Bi-annual Polio supplemental

immunisation in 30 high risk districts conducted which resulted in sustaining the polio free status during the year

-Printed and distributed EPI job aids for health workers were printed and disseminated .

5.2.1.2.5 Surveillance

- National quarterly meetings were held regularly to review performance of immunisation, IDSR related laboratory activities for measles, polio, Hib, Rotavirus, *Strep. Pneumoniae* (including genotyping towards migration of change of PCV 10 vaccine to PCV 13) and harmonization of surveillance and laboratory reports.

5.2.1.3.Challenges

Realignment of PHC functions to MCDMCH

-The teething problems of the realignment still persists such that significant funds for primary health care implementation are still being held by MOH despite PHC functions and mandate being in the new Ministry and delay of release of funds by treasury in disbursement of funds. In addition the creation of new districts has resulted in increased requirements for human resource and transport in order for the districts to be functional.

Finances

Funding for routine immunisation was a challenge. Districts did not get all the funds that were budgeted for in 2013. Activities that could not be optimally implemented in light of irregular grants were primarily those that required health workers travelling out of station (DSA) and funds for fuel. In addition to this, there was an upward revision of DSA rates which impacted negatively (more than trebled) on the planned activities as this came during the course of the year, thus budgetary allocations were not sufficient to allow for increased implementation of activities. This upward revision of DSA rate was not accompanied by increase in district budget allocations.

Introduction of multiple vaccines over a short period of time

-Whereas multiple introduction of new vaccines was good in itself, the strategy met some challenges, among others; work overload on the limited number of staff available given competing priorities and delayed materials development. Validation processes by cooperating partners could not be done as some critical partners were not available to offer such needed technical support. This led to further delay.

-The country was approved to introduce PCV10 and measles second dose in 2012 while Rota virus was approved for 2013. However, due to competing priorities (measles outbreak) and also and tight global supplies of PCV-10 vaccine, the introduction of PCV and measles second dose were postponed to 2013. Simultaneous introduction of PCV and Measles second dose was in July following several postponements. In addition to the above reasons for postponements included delayed disbursement of new vaccine introduction grant from global level, national to districts. The increase in newly created districts coupled with increased DSA rates for all civil servants created a funding gap as the costs went up (training, distribution and supervision) and therefore there was a scaling down of quantities of no of staff and for training, supportive supervision e.t.c.

Inadequate transport -Inadequate transport for distribution of vaccines, supportive supervision and outreach activities at district and health centre level. The programme still faces challenges regarding appropriate transport to undertake the above activities.

Persistent human resource crisis

Zambia currently, operates with less than half the required and WHO recommended human resource for health workforce in all categories. The continuing inadequate availability of skilled health personnel has resulted in low access to health services in communities and health facilities. there is also maldistribution of health workers in health facilities.

Actions taken to address challenges:

1. Developed revitalization immunisation improvement plan as part of the year one and two in the cMYP
2. Successfully mobilised resources from Government and local partners (World Bank, UNICEF, ZISSP and EU) to strengthen routine immunisation selected district level
3. Partial mplementation of the vaccine cold chain expansion strategy and EVM recommendations
4. To address the HRH challenge, Ministry of Health, and Ministry of Community Development Mother and Child Health (MCDMCH) have developed a work plan to scale up training of appropriate health workers, introduce retention packages, and improved workforce management system. In addition to this, the recruitment of community health assistants that graduated from the first intake in 2013
5. There is a dedicated budget line for procurement of district level of vehicles though inadequate
6. Inter ministerial and high level discussions with MOF are ongoing to move all PHC related budget lines to MCDMCH.

Responses to 2012 IRC Monitoring report

The 2012 IRC Monitoring report dated 18 July, 2013 was reviewed and country responses provided as per attached document 21 September, 2013. As at the time of response, the only outstanding clarification was to resolve the 2012 Penta and measles second dose deliveries.

The details of the 2012 deliveries are as follows:

1. Pentavalent vaccine

GAVI 2012 approved Pentavalent vaccine doses: 1,942,900

Pentavalent Doses delivered in 2012: 998,000

Pentavalent Doses deferred to 2013: 944,900

2. Measles second dose

GAVI Approved Measles second dose: 915,800

Measles doses delivered in 2012:457,900

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

-**Inadequate/ appropriate transport** has remained a challenge over the years. Many districts do not have appropriate and adequate transport for distribution of vaccines, undertaking supportive

supervision and conducting outreach activities at district and health centre level. This challenge is faced by all levels but the greatest impact is at the district level.

-Inadequate financing at district level to conduct outreach services- despite the introduction of a budget line in the government budget for all districts outreach and community activities, this is inadequate. The irregular funding experienced last year resulted in districts accumulation debts for utility services. Further, the disbursement of funds from treasury was irregular thus accumulation of debts by the districts. As a result, districts prioritised curative services which were percieved to be more urgent as compared to preventive and health promotive interventions including the ceasation of outreach activities in many cases. In addition, the accruing of debt for staff allowances discouraged district managers and in order to limit these debts, staff were not supported to conduct outreach services.

- Inadequate orientation for strengthened Routine EPI at district managerial level- There has been significant staff turn over and the new district managers and sometimes the old staff have not been well oriented in the RED approach. Even when staff have been oriented, because of the reasons above, prioritisation of routine outreach services has been weak. The last major orientation for district managers in the RED approach as was last conducted over five years ago. Thus the saturation levels of staff trained in the RED approach has remained low.

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
NA	NA	NA	NA

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

The last DHS in 2007 indicated no significant discrepancy in reaching boys as compared to girls. Analysis of results of DHS conducted in 2013 still under way. Data is not disaggregated 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 exist.

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)

There has been no discrepancies between the administrative data systems and the WHO/UNICEF estimates.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

Zambia undertook a Data Quality Self Assessment with support from CIDA in 2012. EPI cluster survey was conducted in 2011.

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

1. Monthly data harmonization for immunisation programme and laboratory

2. Quarterly IDSR meetings

3. Post campaign population surveys

4. Government has developed a strategic plan that will enhance Civil Registration and Vital Statistics(CRVS) to improved documentation of birth and deaths registration (still in progress)

5. Upgraded the HMIS from the former access based to web based DHIS2. This has rolled out to all districts. This web based system is expected to significantly improve the management of health information at all levels.

-There are however teething problems which in the last three years included delays in reporting, incomplete reporting denominator problems particularly for the newly created districts which have not all been enumerated by the Central Statistical Office, inadequate supportive supervision of health information officers, inadequate feedback between districts and national level HMIS on status of reporting.

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.

Plans to improve administrative data systems

-Improved internet connectivity for users of HMIS in all districts to facilitate timely online submissions

-The has been an upgrading of the HMIS to web based system. There are plans to further improve administrative data systems through further strengthening the capacity of the Monitoring and evaluation unit to manage the web based system (administrator rights) as well as increasing capacity on access rights to programme officers (previously only limited to MOH M/E staff; development of alerts, warning, dashboards to improve efficiency of the system.

-The programme is partnering with a Bill and Melinda Gates Foundation funded project four years; Better Immunisation Data to explore and implement feasible scalable solutions/ innovations to improve quality of data and its utilisation and local level. This support is in its final development phase and earmarked to start in the second half of 2014 in one province to learn lessons in its first year and there after adopted solutions and innovations to be scaled up in a phased manner.

-The European Union has in 2014 provided funding to strengthen capacity for HMIS which will be operationalised in the second half of 2014.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 5.51	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	JICA	NA	NA
Traditional Vaccines*	1,617,791	1,617,791	0	0	0	0	0	0
New and underused Vaccines**	15,339,942	941,204	14,398,738	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	388,808	196,143	192,665	0	0	0	0	0
Cold Chain equipment	1,662,968	313,528	0	0	0	1,349,440	0	0
Personnel	8,900,000	8,900,000	0	0	0	0	0	0
Other routine recurrent costs	2,570,000	2,570,000	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
Revitalisation of RI, Surveillance		0	0	685,000	656,325	0	0	0
Total Expenditures for Immunisation	30,479,509							
Total Government Health		14,538,666	14,591,403	685,000	656,325	1,349,440	0	0

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

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

Not applicable

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?

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 2013? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and

annual targets to 5.5 Overall Expenditures and Financing for Immunisation

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

If Yes, which ones?

List CSO member organisations:
Churches Health Association in Zambia
Centre for Infectious Dieseases Research in Zambia
PATH
World Vision International
Catholioc Relief Services

5.8. Priority actions in 2014 to 2015

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

Major Objectives

To improve and sustain immunization DTP3 coverage at 80% in 80% of the districts

- Improve and sustain quality vaccine availability in the country
- Improve and sustain effective 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 improve data quality

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD syringe for BCG 0.05ml, Reconstitution syringe	Government
Measles	AD syringe 0.5ml, Reconstitution syringe 5.0 ml	Government and GAVI (MSD)
TT	AD syringe 0.5 ml	Government
DTP-containing vaccine	AD syringe 0.5 ml	Government and GAVI
PCV 10	AD syringe 0.5 ml	Government and GAVI

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

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

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

No major obstacle encountered.

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

As in the past, sharps were disposed of through incineration where these exist. Where they don't pits dug as per prescribed standards were used for the burn and bury methods. Prior to disposal in the incinerators or pits, the sharps are collected in safety boxes.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	11,833	64,037
Remaining funds (carry over) from 2012 *(B)*	267,748	1,368,188
Total funds available in 2013 *(C=A+B)*	279,581	1,432,225
Total Expenditures in 2013 *(D)*	75,386	307,110
Balance carried over to 2014 *(E=C-D)*	204,195	1,125,115

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.

Please note that the ISS funds in-country (MOH) have remained unused since 2009 for any programme activities as per recommendations from GAVI. Above are notes related to the table above on Use of ISS funds

1 The funds received during 2013 was interest earned on the GAVI Kwacha account and Exchange gain resulting from converting the Dollar bank balance to Kwacha.

2. Total expenditure includes

- Exchange loss of while converting kwacha expenditure to the reporting currency US Dollar.

- Bank charges for the year

- Refund to GAVI Alliance by Ministry of Health, this comprised of unretired imprests and other Debtors refer to the 2012 Financial Statements.

3. The discrepancy balance brought forward was due to the fact that the APR 2012 was done before the audit was finalized by Auditor General.

2 Exchange rates used are :-

- Average rate of $1 to K5.41

- Closing rate of $1 to K5.51

3 Detailed expenditure and exchange rates used will be in the Audited Financial Statements for 2013 which are not yet finalized.

t G**overnment notes with concern that it continues to report on funds in GAVI accounts which have remained dormant for over five years. In its reporting it has continued to send audited financial statements. Recognising the time and effort put into preparing such reports on funds that are not in use, this is not an economically viable option. Government is of the opinion that it is in its best interest that these funds are reimbursed to GAVI.**

In view of the above, government requests for banking details for which these funds can be sent to GAVI so as to close the previous GAVI ISS support window.

Th

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

Not applicable

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

Not applicable

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 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 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? **No**

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 2013

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	1,903,800	1,915,950	0	No
Measles	888,200	888,200	0	No
Pneumococcal (PCV10)	1,389,600	1,389,600	0	No
Rotavirus	381,000	381,000	0	No

**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? ...)

  The DTP doses received were in excess of the approved amount as the co-financing doses procured was more than that approved in the Decision letter by 12,150 doses.

- 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.

  Historically, the Immunisation programme has had challenges in recruiting an EPI Logistician. In 2013, a partner supported the recruitment of a Logistician while Government filled the vacant position following treasury approval. Consequently, a number of challenges have been eased resulting in a number of interventions being undertaken following these recruitments.

  The first was the updating of the WHO Stock Management Tool used by countries for vaccine management as well as regular stock counts being undertaken. There has also been an improvement in stock management practices particularly the packing, adherence to fefo as well as documentation of stocks. This is now accompanied by regular updating of the SMT since December 2013.

  A rapid assessment of current vaccine stock, vaccine management and cold chain status was conducted in March 2014 at national and provincial levels. Following these activities, the vaccine shipment plan has been adjusted to reflect a more realistic scheduling that is responsive to both vaccine needs as well as storage capacities. During the assessments, provincial staff were provided with hands on technical support in standard vaccine management and cold chain practices. Weaknesses identified have resulted in the developemtn of standard operating procedures that will be printed as job aids/ training manuals or guides for the staff for use in order improve management prctices. Provicial medical officers are being engaged more actively to be better oversight on the management f the equipment and commodities. Plans are underway to conduct re- orientation/ training for

provincial Pharmacists and Medical Equipment Officer who are currently performing the role of cold chain as well as Pharmacists were they exist or the Environmental Health Technicians in vaccine and cold chain management. This activity however is pending due to financial limitations.

This is in addition to efforts by the county to expand its old chain capacity at central and provicial levels. In 2013 three additional 30-40m3 WICRs were installed . Orders for the procurement of district level and health centre level vaccine frides were ordered through UNICEF have been made. The vaccine delivery shipments following the increase in capacity central level have reduced to about 3 times a 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.

NA

7.2. Introduction of a New Vaccine in 2013

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	31/01/2005
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	Yes	09/07/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV and Measles Second dose introduction was faced with numerous postponements. Initial plans were to introduce the vaccines in 2012. This did not occur due to a nationwide measles outbreak with case fatalities that required a national response through an under 15 years measles campaign. In 2013, the delays were associated with unclear processes for the disbursement of funds from Global level through to the country. This included signing of MOU between GAVI and UNICEF HQ (the fund holders), to delay of transfer to the country delays in transfer of funds from UNICEF to provincial health offices

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	09/07/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	PCV and Measles Second dose introduction was faced with numerous postponements. Initial plans were to introduce the vaccines in 2012. This did not occur due to a nationwide measles outbreak with case fatalities that required a national response through an under 15 years measles campaign. In 2013, the delays were associated with unclear processes for the disbursement of funds from Global level through to the country. This included signing of MOU between GAVI and UNICEF HQ (the fund holders), to delay of transfer to the country delays in transfer of funds from UNICEF to provincial health offices

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	Yes	27/11/2013
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The country wanted to be sure that funds were in the UNICEF country office before committing to introduction dates after learning lessons of high probabilities of delayed disbursements from global level.

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

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

The PIE is scheduled for June 2014 as combined PIE for all the three vaccines introduced in 2013.

Please note that while section 7.7 on Change of Vaccine presentation for Zambia is predetermined by GAVI as not requiring any change, the country wishes to request for change in the presentation of PCV vaccines. This discussion comes out of study findings (PERCH) that indicates that the serotypes that PCV 10 covers is inadequate for the serotypes circulating and causing morbidity among young children. Evidence shows that of the 18 serotypes identified in the PBM surveillance sentinel site at the University teaching Hospital, 11 of these (including serotype 3, 6A and 19A not found in PCV 10 vaccine) are covered by PCV13 while 8 are covered by PCV10 vaccine. Attached is the Abstract for publication of genotyping results.

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? **No**

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

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

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? **No**

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

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

Pre introduction intussusception pre Rota vaccine e surveillance in nine selected provincial hospitals. Post introduction surveillance has continued including future plans to assess vaccine effectiveness.

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	567,000	3,124,170
Remaining funds (carry over) from 2012 (B)	1,103,000	6,077,530
Total funds available in 2013 (C=A+B)	1,670,000	9,201,700

Total Expenditures in 2013 (D)	951,988	5,245,454
Balance carried over to 2014 (E=C-D)	718,012	3,956,246

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

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

7.3.2. Programmatic Reporting

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

The GAVI grant supported activities for the introduction of PCV, MSD and Rota virus vaccines at all levels from national right down to health facility and community levels. The relative contribution of GAVI to the introduction budget was 69%. The grant was used to implement various activities in the sub- categories of service delivery, social mobilization (at all levels), logistics management and monitoring and evaluation. The GAVI funds were used to support all the sub-national introduction activities and were supplemented by Government funds.

GAVI funds were used for the printing of manuals for all districts. For most of the national level activities, other funding sources included government (Allowances/fuel for TOTs for all district and provincial participants); GSK funded accommodation, production of training DVD, printing of under five cards) and co-funded the national launches for the July and November launches that took place in the year. CIDRZ supported the TOT training for Rota, the printing of training materials.

The Post Introduction Evaluation for the vaccines will be conducted in June, 2014 and is still within the recommended time for implementation. This will be an integrated PIE for all the three vaccines introduced through GAVI support namely PCV 10, MSD and Rotavirus vaccines. Support from WHO regional office has been communicated to concerning the dates.

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

The challenges encountered were the upward revision of DSA rates for civil servants which large funding gap in the Vaccine Introduction Grant budget.

1. Some solutions employed were the reduction on numbers of health workers to be trained for the training budget; reduced number of days for activities that required travel and fuel

2. A few partners covered some areas such as training which was initially funded by government.

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

The untilised funds relate to activities for Rotavirus vaccine introduction which was introduced on 27 November, 2013 and as such had not been reported on by 31st December, 2013. Carry over funds from PCV and MSD vaccine introduction were utilised to procure additional under five cards in January, 2014 as well as targeted to support the Post Introduction Evaluation which is planned for June 2014.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	564,200	217,000
Awarded Vaccine #2: Measles	0	0

second dose, 10 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	323,424	88,800
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	53,580	28,500
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	914204	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
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
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	June	Government
Awarded Vaccine #3: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	June	Government
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	June	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Yes, Technical Assistance is required for the Mobilisation of resources for the revitalisation efforts in order to revers the declining immunisation trends to get more than the traditional partners on board and more investments from tradition partners	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Not Applicable

Is 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

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

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

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

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

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

Not Applicable

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

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

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

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	669,692	692,086	697,983	2,059,761
	Number of children to be vaccinated with the first dose	Table 4	#	604,377	595,194	700,905	1,900,476
	Number of children to be vaccinated with the third dose	Table 4	#	604,377	595,194	648,337	1,847,908
	Immunisation coverage with	Table 4	%	90.25 %	86.00 %	92.89 %	

	the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,823,202			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,823,202			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.40	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

NA

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

Not defined

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

Co-financing group	Intermediate

	2013	**2014**	**2015**
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.30
Your co-financing	0.23	0.26	0.40

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

		2014	**2015**
Number of vaccine doses	#	1,633,200	1,858,100
Number of AD syringes	#	1,710,500	1,953,300

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	18,825	21,500
Total value to be co-financed by GAVI	$	3,422,500	3,941,500

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

		2014	2015
Number of vaccine doses	#	231,400	431,900
Number of AD syringes	#	242,400	454,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	2,675	5,000
Total value to be co-financed by the Country [1]	$	485,000	916,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	12.41 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	604,377	595,194	73,853	521,341
B1	Number of children to be vaccinated with the third dose	*Table 4*	604,377	595,194	73,853	521,341
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	1,813,131	1,785,582	221,559	1,564,023
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		1,874,862	232,637	1,642,225
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		- 10,330	- 1,281	- 9,049
H	Stock to be deducted	*H1 - F of previous year x 0.375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	1,823,202		
H3	Shipment plan	*UNICEF shipment report*		761,000		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,864,550	231,358	1,633,192
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		1,952,778	242,305	1,710,473
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		21,481	2,666	18,815
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		3,589,259	445,363	3,143,896
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		87,876	10,904	76,972
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)*		108	14	94
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		229,713	28,504	201,209
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		3,906,956	484,783	3,422,173
U	Total country co-financing	*I x country co-financing per dose (cc)*		484,783		
V	Country co-financing % of GAVI supported proportion	*U / T*		12.41 %		

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

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	18.86 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	700,905	132,178	568,727
B1	Number of children to be vaccinated with the third dose	*Table 4*	648,337	122,265	526,072
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	2,028,595	382,555	1,646,040
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	2,130,025	401,683	1,728,342
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	95,687	18,045	77,642
H	Stock to be deducted	*H1 - F of previous year x 0.375*	- 64,132	- 12,094	- 52,038
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	658,141	124,114	534,027
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,289,850	431,823	1,858,027
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	2,407,255	453,964	1,953,291
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	26,480	4,994	21,486
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	4,462,918	841,623	3,621,295
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	108,327	20,429	87,898
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)*	133	26	107
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	285,627	53,864	231,763
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)*	4,857,005	915,940	3,941,065
U	Total country co-financing	*I x country co-financing per dose (cc)*	915,940		
V	Country co-financing % of GAVI supported proportion	*U / T*	18.86 %		

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

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

The programme has been making efforts to rapidly improve immunisation through the Reaching every district approach and it is envisaged that through these efforts particularly in the two provinces supported by the EU (which accounts for the significant proportion of target population - Lusaka and Copperbelt provinces).

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	669,692	692,086	697,983	2,059,761
	Number of children to be vaccinated with the first dose	Table 4	#	589,329	629,782	693,753	1,912,864
	Number of children to be vaccinated with the second dose	Table 4	#	589,329	629,782	290,610	1,509,721
	Immunisation coverage with the second dose	Table 4	%	88.00 %	91.00 %	41.64 %	
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.33	1.33	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	2,174,890			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	2,174,890			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.00	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		14.00 %	14.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	

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

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

NA. however, the stocks of measles include the traditional vaccines that are procured by the government of Zambia. A system to differentiate the two stocks is to be worked out since government has employed a full time EPI logistician who is supported by a CIDRZ funded logistician. It is hoped that in the next report this information shall be dissagregated.

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

Co-financing group	Intermediate

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

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

		2014	2015
Number of vaccine doses	#	- 1,323,800	- 1,179,400
Number of AD syringes	#	- 1,684,800	- 1,381,300
Number of re-constitution syringes	#	- 145,600	- 129,700

Number of safety boxes	#	- 20,125	- 16,600
Total value to be co-financed by GAVI	$	- 453,500	- 417,000

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

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

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	589,329	629,782	0	629,782
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B x C*	589,329	629,782	0	629,782
E	Estimated vaccine wastage factor	*Table 4*	1.33	1.33		
F	Number of doses needed including wastage	*D X E*		837,611	0	837,611
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		13,451	0	13,451
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		- 1,323,800	0	- 1,323,800
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		- 1,684,822	0	- 1,684,822
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		- 145,618	0	- 145,618
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		- 20,134	0	- 20,134
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		- 324,331	0	- 324,331
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		- 75,816	0	- 75,816
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		- 582	0	- 582
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		- 100	0	- 100
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		- 45,406	0	- 45,406
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		- 7,649	0	- 7,649
T	Total fund needed	*(N+O+P+Q+R+S)*		- 453,884	0	- 453,884
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	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	693,753	0	693,753
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	693,753	0	693,753
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	770,066	0	770,066
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	15,993	0	15,993
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	1,965,487	0	1,965,487
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	- 1,179,400	0	- 1,179,400
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	- 1,381,316	0	- 1,381,316
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	- 129,734	0	- 129,734
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	- 16,621	0	- 16,621
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	- 305,464	0	- 305,464
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	- 62,159	0	- 62,159
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	- 518	0	- 518
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	- 83	0	- 83
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	- 42,764	0	- 42,764
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	- 6,276	0	- 6,276
T	Total fund needed	*(N+O+P+Q+R+S)*	- 417,264	0	- 417,264
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / T*	0.00 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	669,692	692,086	697,983	2,059,761
	Number of children to be vaccinated with the first dose	Table 4	#	361,869	534,122	700,905	1,596,896
	Number of children to be vaccinated with the third dose	Table 4	#	361,869	534,122	619,072	1,515,063
	Immunisation coverage with the third dose	Table 4	%	54.04 %	77.18 %	88.69 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	556,716			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	556,716			
	Number of doses per vial	Parameter	#		2	2	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.26	0.40	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

NA

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

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.23	0.26	0.30
Recommended co-financing as per APR 2012			0.30
Your co-financing	0.23	0.26	0.40

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

		2014	2015
Number of vaccine doses	#	1,265,200	1,968,700
Number of AD syringes	#	1,211,800	2,062,800
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	13,350	22,700

Total value to be co-financed by GAVI	$	4,474,000	6,926,500

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

		2014	2015
Number of vaccine doses	#	100,500	252,600
Number of AD syringes	#	96,200	264,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,075	2,925
Total value to be co-financed by the Country [1]	$	355,500	888,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	7.35 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	361,869	534,122	39,275	494,847
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	1,085,607	1,602,365	117,825	1,484,540
E	Estimated vaccine wastage factor	*Table 4*	1.11	1.11		
F	Number of doses needed including wastage	*D X E*		1,778,626	130,786	1,647,840
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		143,401	10,545	132,856
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,365,600	100,416	1,265,184
J	Number of doses per vial	*Vaccine Parameter*		2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		1,307,956	96,177	1,211,779
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		14,388	1,058	13,330
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		4,630,750	340,508	4,290,242
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		58,859	4,329	54,530
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)*		72	6	66
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		138,923	10,216	128,707
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)*		4,828,604	355,056	4,473,548
U	Total country co-financing	*I x country co-financing per dose (cc)*		355,056		
V	Country co-financing % of GAVI supported proportion	*U / T*		7.35 %		

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	11.37 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	700,905	79,687	621,218
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	2,102,715	239,060	1,863,655
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	2,207,851	251,013	1,956,838
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	125,088	14,222	110,866
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	112,060	12,741	99,319
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	2,221,200	252,531	1,968,669
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	2,327,318	264,596	2,062,722
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	25,601	2,911	22,690
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	7,485,444	851,028	6,634,416
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	104,730	11,907	92,823
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)*	129	15	114
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	224,564	25,531	199,033
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)*	7,814,867	888,480	6,926,387
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	888,480		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	11.37 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	669,692	692,086	697,983	2,059,761
	Number of children to be vaccinated with the first dose	Table 4	#	435,300	588,273	700,905	1,724,478
	Number of children to be vaccinated with the second dose	Table 4	#	435,300	588,273	619,072	1,642,645
	Immunisation coverage with the second dose	Table 4	%	65.00 %	85.00 %	88.69 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	195,255			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	195,255			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.23	0.40	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

NA

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

Co-financing group	Intermediate

	2013	2014	2015
Minimum co-financing	0.20	0.23	0.26
Your co-financing	0.20	0.23	0.40

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

		2014	2015
Number of vaccine doses	#	1,024,700	1,303,000
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	$	2,755,500	3,493,000

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

		2014	2015
Number of vaccine doses	#	95,900	228,600
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	258,000	613,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	8.55 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	435,300	588,273	50,317	537,956
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B x C*	870,600	1,176,546	100,633	1,075,913
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		1,235,374	105,665	1,129,709
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		80,311	6,870	73,441
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		1,120,500	95,839	1,024,661
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*		0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		2,869,601	245,443	2,624,158
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		143,481	12,273	131,208
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		3,013,082	257,715	2,755,367
U	Total country co-financing	*I x country co-financing per dose (cc)*		257,715		
V	Country co-financing % of GAVI supported proportion	*U / T*		8.55 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	14.92 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	700,905	104,588	596,317
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	1,401,810	209,175	1,192,635
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	1,471,901	219,634	1,252,267
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	59,132	8,824	50,308
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	1,531,500	228,527	1,302,973
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	3,909,920	583,429	3,326,491
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	195,496	29,172	166,324
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)*	4,105,416	612,600	3,492,816
U	Total country co-financing	*I x country co-financing per dose (cc)*	612,600		
V	Country co-financing % of GAVI supported proportion	*U / T*	14.92 %		

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 2014

Please complete and attach the HSS Reporting Form to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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 2013

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 2013

11. Comments from ICC/HSCC Chairs

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

1. The ICC discussed the need for change in presentation of PCV 10 vaccine to the 13 valent vaccine. Evidence was presented from a multi-country study and surveillance data indicating the pnuemococcal serotypes in circulation. It has been noted that PCV 10 cover about 50% of the serotypes while PCV 13 covers about 68%. Given this back ground the country wish to request a change of presentation. The ICC endorsed this submission for change of presentation. Attachements have been provided as basis for the request.

2. The issue of existing funds of ISS that have remained in MOH and continue to be reported on was discussed in the ICC meeting. It was resolved that these funds be reimbursed base on the following:

- funds have remained dormant for over five years
- ICC in 2012 endorsed a budget for utilisation of the funds which was submitted to the IRC Monitoring and not approved for execution by the programme
-
- On an annual basis the program is mandated to provide audit reports as per GAVI guidelines and it has been a challenge to get these timely
- the immunisation programme has been realigned along with all other primary health care function to the Ministry of Community Development Mother and Child Health

In view of the above, the ICC endorsed that the funds be reimbursed to GAVI and requests that the process for disbursement of further funding from GAVI be commenced with the new ministry. Further a request is made that banking details for which these funds can be sent back to GAVI.

3. The ICC also endorsed an Expression for support from GAVI for HSS, IPV, MR and HPV.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	APR MINISTERS SIGNED LETTER 2014.pdf **File desc:** , **Date/time :** 14/05/2014 04:55:05 **Size:** 1 MB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Minister of Finance Signature.pdf **File desc:** **Date/time :** 15/05/2014 06:38:21 **Size:** 1 MB
3	Signatures of members of ICC	2.2	✓	ICC signatures updated.pdf **File desc:** ,,, **Date/time :** 14/05/2014 08:40:06 **Size:** 236 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	ICC MEETING HELD ON 13th May 2014-edited.doc **File desc:** **Date/time :** 15/05/2014 06:43:28 **Size:** 107 KB
5	Signatures of members of HSCC	2.3	✗	HSCCMinutes.docx **File desc:** **Date/time :** 14/05/2014 05:03:18 **Size:** 12 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	HSCCMinutes.docx **File desc:** **Date/time :** 14/05/2014 05:04:18 **Size:** 12 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	ISS Financial statement.docx **File desc:** **Date/time :** 14/05/2014 05:05:31 **Size:** 12 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	ISS Financial statement.docx **File desc:** **Date/time :** 14/05/2014 05:12:57 **Size:** 12 KB
9	Post Introduction Evaluation Report	7.2.2	✓	PIE report.docx **File desc:** **Date/time :** 14/05/2014 04:58:10

				Size: 12 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	GAVI VIG [PCV, MSD] FINANCIAL STATEMENT ZAMBIA 2013.pdf **File desc:** **Date/time :** 15/05/2014 03:07:34 **Size:** 55 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	UNICEF audit.pdf **File desc:** **Date/time :** 14/05/2014 08:42:47 **Size:** 198 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM_Zambia_report_Final_Aug28_2011[1].pdf **File desc:** **Date/time :** 14/05/2014 05:10:00 **Size:** 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Zambia's%20EVM%20Improvement%20Plan[2].doc **File desc:** **Date/time :** 14/05/2014 05:14:42 **Size:** 93 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Status Zambia's EVMImprovement Plan-14 May 2014-1[1].doc **File desc:** **Date/time :** 14/05/2014 05:36:25 **Size:** 89 KB
16	Valid cMYP if requesting extension of support	7.8	✗	cMYP.docx **File desc:** **Date/time :** 14/05/2014 05:18:14 **Size:** 12 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	cMYP.docx **File desc:** **Date/time :** 14/05/2014 05:19:30 **Size:** 12 KB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	cMYP.docx **File desc:** **Date/time :** 14/05/2014 05:20:38 **Size:** 12 KB
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent	9.1.3	✗	No file loaded

	Secretary in the Ministry of Health			
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	No file loaded
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✗	No file loaded
22	HSS Health Sector review report	9.9.3	✗	No file loaded
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	GAVI_statements0001.pdf **File desc:** **Date/time :** 14/05/2014 05:39:09 **Size:** 8 MB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	ABSTRACT Streptococcus pneumoniae for ICID conf edited.pdf **File desc:** **Date/time :** 14/05/2014 09:08:00 **Size:** 91 KB

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