



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Gambia

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles, 10 dose(s) per vial, LYOPHILISED	Measles, 10 dose(s) per vial, LYOPHILISED	2016

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Gambia** 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 **Gambia**

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	Ms. Fatim Badjie	Name	Mr. Mamburay Njie
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
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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
Ms. Fatim Badjie Minister of Health and Social Welfare	Ministry of Health and Social welfare		

Dr. Mamadi Cham, Director of Health Services	Ministry of Health and Social Welfare		
Yaya Sireh Jallow, Permanent Secretary	Ministry of Health and Social Welfare		
Dr. Thomas Sukwa, WHO Representative	WHO Country Office		
Aichatou DiawaraFlambert, UNICEF Representative	UNICEF Country Office		
Professor Tumani Corra, Director, MRC	MRC, The Gambia		
Dr. Kujay Manneh, Director	ActionAid, The Gambia		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
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No HSCC Committe is available in the country	Not available		
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HSCC 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:

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

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

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	77,584	77,584	79,678	79,678	81,830	81,830	84,039	84,039	86,308	86,308
Total infants' deaths	5,742	5,742	5,896	5,896	6,055	6,055	6,219	6,219	6,387	6,387
Total surviving infants	71842	71,842	73,782	73,782	75,775	75,775	77,820	77,820	79,921	79,921
Total pregnant women	71,842	71,842	73,782	73,782	75,775	75,775	77,820	77,820	79,921	79,921
Number of infants vaccinated (to be vaccinated) with BCG	72,929	70,306	75,695	75,695	78,557	78,557	80,678	80,678	84,582	84,582
BCG coverage	94 %	91 %	95 %	95 %	96 %	96 %	96 %	96 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	70,406	68,084	72,307	72,307	74,259	74,259	77,042	77,042	79,122	79,122
OPV3 coverage	98 %	95 %	98 %	98 %	98 %	98 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	70,406	71,210	73,045	73,045	75,017	75,017	77,821	77,821	79,122	79,122
Number of infants vaccinated (to be vaccinated) with DTP3	70,406	68,670	72,307	72,307	74,259	74,259	77,042	77,042	79,122	79,122
DTP3 coverage	98 %	96 %	98 %	98 %	98 %	98 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	76,032	71,210	73,045	73,045	75,017	75,017	77,821	77,821	79,122	79,122
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	70,406	68,670	72,307	72,307	74,259	74,259	77,042	77,042	79,122	79,122
DTP-HepB-Hib coverage	98 %	96 %	98 %	98 %	98 %	98 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%)	5	0	15	15	15	15	15	15	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1	1.18	1.18	1.18	1.18	1.18	1.18	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	44,352	71,126	72,307	72,307	74,259	74,259	77,042	77,042	79,122	79,122
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	41,070	68,252	72,307	72,307	74,259	74,259	77,042	77,042	79,122	79,122
Pneumococcal (PCV13) coverage	57 %	95 %	98 %	98 %	98 %	98 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	5	5	5	5	5	5

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	66,841	65,542	67,880	67,880	70,471	70,471	73,152	73,152	75,926	75,926
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles		0	67,880	67,880	70,471	70,471	73,152	73,152	75,926	75,926
Measles coverage	93 %	0 %	92 %	92 %	93 %	93 %	94 %	94 %	95 %	95 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0	20	20	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1	1	1.25	1.25	1	1	1	1	1	1
Maximum wastage rate value for Measles, 10 dose (s) per vial, LYOPHILISED	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %	50.00 %
Pregnant women vaccinated with TT+	54,600	46,191	56,813	56,813	59,104	59,104	61,478	61,478	63,937	63,937
TT+ coverage	76 %	64 %	77 %	77 %	78 %	78 %	79 %	79 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	4 %	1 %	1 %	1 %	1 %	1 %	1 %	0 %	0 %

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Total births		88,639
Total infants' deaths		6,648
Total surviving infants		81,991
Total pregnant women		82,080
Number of infants vaccinated (to be vaccinated) with BCG	86,866	87,753
BCG coverage	98 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	81,259	81,171
OPV3 coverage	99 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	81,259	81,171

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
Number of infants vaccinated (to be vaccinated) with DTP3	81,259	81,171
DTP3 coverage	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		
DTP-HepB-Hib coverage		0 %
Wastage[1] rate in base-year and planned thereafter (%)		
Wastage[1] factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		
Pneumococcal (PCV13) coverage		0 %
Wastage[1] rate in base-year and planned thereafter (%)		
Wastage[1] factor in base-year and planned thereafter (%)		1
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	78,797	77,072
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	78,797	77,072
Measles coverage	96 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)	0	0
Wastage[1] factor in base-year and planned thereafter (%)	1	1
Maximum wastage rate value for Measles, 10 dose (s) per vial, LYOPHILISED	50.00 %	50.00 %
Pregnant women vaccinated with TT+	0	69,692

Number	Targets (preferred presentation)	
	2016	
	Previous estimates in 2011	Current estimation
TT+ coverage	0 %	85 %
Vit A supplement to mothers within 6 weeks from delivery	0	0
Vit A supplement to infants after 6 months	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %

*

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

There are no changes in the number of births for The Gambia in 2011. The figures are the same as the ones provided to GAVI in 2011.

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

There are no changes in the number of surviving infants for The Gambia in 2011. The figure are the same as the ones provided to GAVI in 2011

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

No change in targets

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

No changes in vaccine wastage

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

The country had achieved set targets for 2011 in terms of immunization coverages (i.e. OPV3-97%, DPT/Hib 3- 97%, Measles-91% & Yellow Fever-91%)

Key Activities Conducted were:

- Provision of uninterrupted vaccines and other supplies at all levels
- Quarterly monitoring of the cold chain system country wide
- Training of health staff on immunization activities
- Regularly conducted supportive supervision at regional and health facility levels
- Conducted two bi-monthly surveillance meetings at central level where EPI focal persons at the regions, hospitals and labs attended. These are fora where immunization activities (successes, challenges and way forward) are discussed including surveillance
- Conducted joint monthly surveillance meetings for EPI, Lab and EDC Units to discuss surveillance and data management issues
- Quarterly review of the immunization data and provide feedback to the health staff
- Quarterly transportation of vaccines and other supplies to the regions
- Conducted three rounds of Polio NIDs and a Measles Mass Vaccination campaign for children aged 0-59 months
- Conducted EVMA and the recommendations are being implemented for improved vaccine management at all levels.

CHALLENGES

- Denominator problems in some of the facilities
- Inadequate review of immunization data at regional and health facility levels
- High staff turn over
- Inadequate waste management facilities at all levels
- Untimely submission of routine immunization and surveillance data
- Delay in giving feedback on immunization activities from central to lower levels

SOLUTIONS/ HOW ARE THEY ADDRESSED

In the light of the above challenges, the EPI Unit embarked on the following activities with a view to improve and sustain the immunization coverage rates:

- Conducted Data Quality Assessment for the regional and health facility staff
- Encouraged Regional Health Teams and facilities to establish data verification committees
- Strengthened supportive supervision at regional and facility levels
- Conducted training of health staff on immunization activities. In addition, Data Entry Clerks were trained on proper data management.
- Supported the regions to conduct monthly in-service meetings where immunization activities are discussed

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

All targets were reached

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Timeframe of the data	Coverage estimate

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

In The Gambia, there is no gender-related barrier to immunization services. However, the EPI data collection tools (tally books, registers etc) have been reviewed to capture gender-related data. It is envisaged that these tools would be used in the third quarter of 2012.

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

What action have you taken to achieve this goal?

These tools have just been reviewed and would be used in the third quarter of 2012

5.4. Data assessments

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

The country has not conducted surveys for the past five years and as such relies on the routine immunization coverage data collected and analysed monthly. However, a coverage survey has been conducted in 2012 and the results are being analysed

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

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

The EPI Unit Conducted training on Data Quality Assessment in all the regions in 2010 where regional and health facility staff attended

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

The country conducted Data Quality Assessment with a view to improve immunization data at service delivery level

In 2011, the EPI conducted training of health staff, where data management formed part of the modules with a view of improving data quality

The EPI Unit attended monthly in-service meetings at regional level where immunization activities are discussed including data management.

During supportive supervisory visits, data quality issues are discussed with regional and health facility staff.

The Data focal persons (Data Entry Clerks and Regional Public Health Officers) were trained on data management

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.

As part of efforts to improve data management, the EPI Unit would establish a committee for data management and verification at national level. The major role is to advise the EPI programme on data management and quality issues. This committee will review regional and health facility data on a monthly basis before being sent to WHO Sub-regional Office.

Regional Health Management Teams have been advised to establish similar committees to help improve data management and quality

The EPI Team will conduct regular monitoring and supportive supervision at all levels with partners on general immunization service delivery including data management. During such visits feedback on both routine immunization and surveillance data would be provided to the health staff.

The health facility staff would be urged to be routinely updating immunization monitoring graphs and drop-out charts and take action(s) where necessary.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 28	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	To be filled in by country	To be filled in by country	To be filled in by country
Traditional Vaccines*	321,428	321,428	0	0	0	0	0	0
New and underused Vaccines**	1,216,000	77,000	1,139,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	144,659	129,095	15,564	0	0	0	0	0
Cold Chain equipment	135,054	0	1,225	133,829	0	0	0	0
Personnel	8,543	8,543	0	0	0	0	0	0
Other routine recurrent costs	3,421	0	3,421	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	473,891	30,357	0	107,142	336,392	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	2,302,996							
Total Government Health		566,423	1,159,210	240,971	336,392	0	0	0

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

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

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

At the beginning of the year, the EPI Unit developed a costed annual plan of action with stakeholders. This includes activities supported by

all the stakeholders. Over 90% of the activities were funded and implemented

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

About 10% of the activities were not funded and these are in the areas of capacity building for programme staff

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

The government provided adequate funds for the procurement of traditional vaccines and injection materials

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	357,012	360,512
New and underused Vaccines**	81,000	82,000
Injection supplies (both AD syringes and syringes other than ADs)	20,000	21,500
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	50,000	35,000
Personnel	8,500	9,000
Other routine recurrent costs	17,590	20,890
Supplemental Immunisation Activities	296,895	150,012
Total Expenditures for Immunisation	830,997	678,914

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

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

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

Yes. Already the first tranche amounting to about US\$ 150,000 has been received for the procurement of traditional vaccines and injection materials. The balance of funds are expected as the year progresses

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

Yes we are expecting a funding gap in the 2013 budget. The Gambia is seriously affected by the ongoing food crisis and a meningitis outbreak. All these are top priorities competing for scarce government resources. The MoH&SW is undertaking a vigorous fundraising activities to raise funds from bilateral, multilateral and the private sector to bridge the expected funding gap.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
Aide Memoire not yet signed	No

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

Not implemented

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

Aide Memoire is yet to be signed and therefore implementation has not started.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

There were no major concerns from the ICC members regarding the above sections.

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

If Yes, which ones?

List CSO member organisations:
The Gambia Red Cross Society
Action -Aid-The Gambia
Child Fund, The Gambia
Catholic Relief Services
Rotary International

5.8. Priority actions in 2012 to 2013

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

The main objectives for the EPI Programme for 2012 and 2013 are:

- To build the capacity of health staff in immunization services
- To increase immunization coverage by raising awareness of Gambians on the benefits of immunization
- To ensure sustainable supply and safety of vaccines and consumables in the programme
- To introduce new vaccines, technologies and policies in a sustainable manner
- To reduce drop-out and wastage rates

The main priorities for the Programme are :

- Strengthening the immunization services (training, retraining, expanding outreach services, strengthening supportive supervision etc)
- Improving surveillance and accelerated disease control (integration, eradication and elimination of Measles)
- Advocate for increased financial commitment, community involvement and participation
- Introducing new vaccines such as Measles Second Dose into routine immunization services
- Conducting operational research on EPI activities and other relevant technologies

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	0.05 ml AD	Government
Measles	0.5 ml AD	Government
TT	0.5 ml AD	Government
DTP-containing vaccine	0.5 ml AD	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)

The country had not encountered obstacles as the government is providing all injection safety materials as well as routine vaccines.

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

Incinerators have been built, one in each of the six health regions exclusively for the management of sharp wastes. Sharps are initially disposed off in safety boxes at the site of injection and are later transported to the incineration sites by the respective health facility staff and in some instances by the regional health teams during routine supervision. There are incinerator attendants in each region for the management of the sharp wastes under the supervision of the regional health teams. Furthermore, in a bid to improve waste management, there are plans to build additional incinerators.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	100,000	2,982,000
Remaining funds (carry over) from 2010 (B)	428,171	11,890,519
Total funds available in 2011 (C=A+B)	528,171	14,872,519
Total Expenditures in 2011 (D)	88,923	2,332,473
Balance carried over to 2012 (E=C-D)	439,248	12,540,046

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.

ISS funds are received and lodged into a Central Bank Account. The mechanisms are not cumbersome as they are jointly co-managed by the Ministries of Finance and Health. The funds are paid into a special account called "Below the Line Account" at the Central Bank.

Each year the National EPI Programme develops a costed annual work-plan which is reviewed by ICC for approval. Once approved, EPI prepares requests to access funds through the Permanent Secretary who forwards these requests to the national treasury. Cheques are prepared from the treasury and handed over to EPI for activity implementation. These funds are liquidated when activities are fully implemented.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

The ISS funds are kept at the Central bank which is a government account. The disadvantage with this account is that it is managed by the national treasury and updates from the account are not sent to the programme. The annual plan for all GAVI activities is approved by the ICC and requests sent to the Permanent Secretary for approval. Upon receipt of funds these are transferred to the regional level for implementation, .

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

- conducted routine maintenance of cold system country-wide on a quarterly basis.
- Training of health staff on EPI services
- Provided fuel support to the regional cold room
- maintenance of EPI vehicles for effective service delivery
- Payment of allowances to central and regional staff
- Regularly conducted supportive supervision to regional and health facilities
- Printing of data collection tools
- Expansion of the cold store at service delivery level

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 2011 calendar year

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

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

6.3. Request for ISS reward

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

- a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at

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

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

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

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) specify			67720	68670
2	Number of additional infants that are reported to be vaccinated with DTP3				950
3	Calculating	\$20	per additional child vaccinated with DTP3		19000
4	Rounded-up estimate of expected reward				19000

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

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

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

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

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

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

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

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		221,700	0
Pneumococcal (PCV13)		214,300	0
Measles		0	0

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

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

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

The country had not encountered any problems. All shipments were sent as scheduled.

- 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)

The country carried out monthly physical counts of all the vaccines at the national level. If the stock is below the critical level then the UNICEF supply Division is requested to sent in the shipment in advance.

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

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

There was no stockout for the whole year.

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

No stock out realised during 2011

7.2. Introduction of a New Vaccine in 2011

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

Vaccine introduced	None	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	No new vaccine was introduced in 2011

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **April 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° 20))

The country conducted PIE in 2010 after the introduction of PCV-7. The recommendations of the PIE are being implemented and the following activities are carried out:

- Supportive supervision is being strengthened
- Staff training conducted on all aspects of EPI
- Conducted MLM training for regional and central levels
- Conducted DQA at all levels
- Training of regional and health facility staff on DVD-MT
- Conducted joint surveillance meetings with EDC and Labs where surveillance and data management issues are discussed

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	100,000	2,982,000
Remaining funds (carry over) from 2010 (B)	428,171	11,890,519
Total funds available in 2011 (C=A+B)	528,171	14,872,519
Total Expenditures in 2011 (D)	88,923	2,332,473
Balance carried over to 2012 (E=C-D)	439,248	12,540,046

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

No new vaccine was introduced in 2011

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

No major problems were encountered in the implementation of the planned activities in 2011. Most of the planned activities were successfully implemented for the reporting period.

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

The following activities would be conducted using the balance of ISS funds:

-Conducting supportive supervision

- Printing of data collection tools
- Payment of allowances to staff
- Training of health staff involve in immunization services
- Maintenance of regional incinerators
- Purchase of office equipment eg. computers
- Construction of offices and stores
- Purchase of a cold van for vaccine transportation
- Maintenance of cold chain equipment
- Purchase of fuel for EPI office and the regional cold room
- Maintenance of EPI vehicles
- Rehabilitation of one of the regional vaccine stores

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	49,894	20,000
1st Awarded Vaccine Measles, 10 dose(s) per vial, LYOPHILISED	0	0
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	13,400	46,900
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	The Gambia Government	
Donor	None	
Other	None	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	The Gambia Government
1st Awarded Vaccine Measles, 10 dose(s) per vial, LYOPHILISED		
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	The Gambia Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

The programme does not foresee any need for technical assistance in terms of developing financial sustainability strategies and fundraising including co-financing

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

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

The country has been able to fully meet its co-financing commitment since its inception.

Is GAVI's new vaccine support reported on the national health sector budget? **No**

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? **March 2011**

Please attach:

(a) EVM assessment (**Document No 15**)

(b) Improvement plan after EVM (**Document No 16**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

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

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
CENTRAL	CENTRAL	CENTRAL
Lack of continuous temperature monitoring devices	Procure temp. monitoring devices	Equipment procured and would be installed in 2012
No temperature mapping study conducted	Conduct temp. mapping study	This would be carried in this cMYP lifespan
No refrigerated vehicle for vaccine transportation	Procure refrigerated vehicle for vaccine transport	This is being processed
No functional alarm system	Procure alarm system for the cold rooms	Procured and would be installed in 2012
The cold rooms have one functional chiller unit	Procure and install additional chiller unit	Procured and would be installed in 2012
REGIONAL	REGIONAL	REGIONAL
No complete set of temp. records in 3 out of 5	Provide proper filling system for the 3 regions	They would be procured in 2012
Physical count of vaccines not carried out monthly	RHTs to carry out physical count of vaccines	RHTs are urged to carry physical count monthly
DVD-MT not being used	Train RHTs on DVD-MT	RHT trained on DVD-MT in 2012
HEALTH FACILITY	HEALTH FACILITY	HEALTH FACILITY
No ladders for cleaning of panels in some facilities	Procure ladders for solar cleaning	Ladders already procured and distributed
Fridge tags not being used	Procure fridge tags for the facilities	Fridge tags procured and distributed
Inadequate knowledge on shake test and VVM	Staff training on shake test and VVM	This is done in 2 of the regions
FIFO is not being adhered to	Staff training on FIFO	This is done in 2 of the regions
Inadequate storage capacity in some facilities	Procure and install cold chain equipment	equipment procured and would be installed in 2012

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? **March 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Gambia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

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

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

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

Confirm here below that your request for **2013** vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	71,842	73,782	75,775	77,820	79,921	379,140
	Number of children to be vaccinated with the first dose	Table 4	#	71,210	73,045	75,017	77,821	79,122	376,215
	Number of children to be vaccinated with the third dose	Table 4	#	68,670	72,307	74,259	77,042	79,122	371,400
	Immunisation coverage with the third dose	Table 4	%	95.58 %	98.00 %	98.00 %	99.00 %	99.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.18	1.18	1.18	1.11	
	Vaccine stock on 1 January 2012		#	116,540					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	140,100	242,400	251,600	237,800
Number of AD syringes	#	255,800	251,800	261,900	263,500
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	2,850	2,800	2,925	2,925
Total value to be co-financed by GAVI	\$	337,000	531,000	543,000	501,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	13,300	25,100	26,500	25,800
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	\$	31,000	53,500	56,000	53,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	8.65 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	71,210	73,045	6,317	66,728
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	213,630	219,135	18,949	200,186
E	Estimated vaccine wastage factor	Table 4	1.00	1.18		
F	Number of doses needed including wastage	D X E	213,630	258,580	22,360	236,220
G	Vaccines buffer stock	(F – F of previous year) * 0.25		11,238	972	10,266
H	Stock on 1 January 2012	Table 7.11.1	116,540			
I	Total vaccine doses needed	F + G – H		153,278	13,255	140,023
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		255,715	0	255,715
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		2,839	0	2,839
N	Cost of vaccines needed	I x vaccine price per dose (g)		334,453	28,921	305,532
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		11,891	0	11,891
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)		17	0	17
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		20,068	1,736	18,332
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		1,191	0	1,191
T	Total fund needed	(N+O+P+Q+R+S)		367,620	30,657	336,963
U	Total country co-financing	I x country co-financing per dose (cc)		30,656		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		8.65 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	75,017	7,018	67,999	77,821	7,394	70,427
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	225,051	21,053	203,998	233,463	22,181	211,282
E	Estimated vaccine wastage factor	Table 4	1.18			1.18		
F	Number of doses needed including wastage	$D \times E$	265,561	24,842	240,719	275,487	26,173	249,314
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,746	164	1,582	2,482	236	2,246
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	267,307	25,006	242,301	277,969	26,409	251,560
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	251,745	0	251,745	261,899	0	261,899
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	2,795	0	2,795	2,908	0	2,908
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	539,159	50,436	488,723	552,047	52,448	499,599
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	539,159	0	11,707	552,047	0	12,179
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	17	0	17	17	0	17
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	32,350	3,027	29,323	33,123	3,147	29,976
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,173	0	1,173	1,220	0	1,220
T	Total fund needed	$(N+O+P+Q+R+S)$	584,406	53,462	530,944	598,586	55,594	542,992
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	53,462			55,594		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.35 %			9.50 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	79,122	7,724	71,398
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	237,366	23,170	214,196
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	263,477	25,719	237,758
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	263,477	25,719	237,758
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	263,477	0	263,477
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	2,925	0	2,925
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	509,302	49,714	459,588
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	12,252	0	12,252
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	17	0	17
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	30,559	2,983	27,576
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,227	0	1,227
T	Total fund needed	$(N+O+P+Q+R+S)$	553,357	52,696	500,661
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	52,696		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.76 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	71,842	73,782	75,775	77,820	79,921	461,131
	Number of children to be vaccinated with the first dose	Table 4	#	65,542	67,880	70,471	73,152	75,926	430,043
	Number of children to be vaccinated with the second dose	Table 4	#	0	67,880	70,471	73,152	75,926	364,501
	Immunisation coverage with the second dose	Table 4	%	0.00 %	92.00 %	93.00 %	94.00 %	95.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.25	1.00	1.00	1.00	
	Vaccine stock on 1 January 2012		#	55,380					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.24	0.24	0.24	0.24	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.00	0.00	0.00	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		14.00 %	14.00 %	14.00 %	14.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

ID		Source		2016	TOTAL
	Number of surviving infants	Table 4	#	81,991	461,131
	Number of children to be vaccinated with the first dose	Table 4	#	77,072	430,043
	Number of children to be vaccinated with the second dose	Table 4	#	77,072	364,501
	Immunisation coverage with the second dose	Table 4	%	94.00 %	
	Number of doses per child	Parameter	#	1	
	Estimated vaccine wastage factor	Table 4	#	1.00	
	Number of doses per vial	Parameter	#	10	
	AD syringes required	Parameter	#	Yes	
	Reconstitution syringes required	Parameter	#	Yes	
	Safety boxes required	Parameter	#	Yes	
g	Vaccine price per dose	Table 7.10.1	\$	0.24	
cc	Country co-financing per dose	Co-financing table	\$	0.00	
ca	AD syringe price per unit	Table 7.10.1	\$	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$	0	
cs	Safety box price per unit	Table 7.10.1	\$	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%	14.00 %	
fd	Freight cost as % of devices value	Parameter	%	10.00 %	

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

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

	2016
Minimum co-financing	0.00
Recommended co-financing as per Proposal 2011	0.00
Your co-financing	0.00

2016
0.00
0.00
0.00

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

		2012	2013	2014	2015
Number of vaccine doses	#	50,700	70,500	73,900	76,700
Number of AD syringes	#	98,900	78,300	82,000	85,100
Number of re-constitution syringes	#	5,700	7,900	8,200	8,600
Number of safety boxes	#	1,175	975	1,025	1,050
Total value to be co-financed by GAVI	\$	19,500	23,500	25,000	26,000

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

		2016
Number of vaccine doses	#	77,400
Number of AD syringes	#	85,900
Number of re-constitution syringes	#	8,600
Number of safety boxes	#	1,050
Total value to be co-financed by GAVI	\$	26,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	\$	0	0	0	0

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

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

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	67,880	0	67,880
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	$B \times C$	0	67,880	0	67,880
E	Estimated vaccine wastage factor	Table 4	1.00	1.25		
F	Number of doses needed including wastage	$D \times E$	0	84,850	0	84,850
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		21,213	0	21,213
H	Stock on 1 January 2012	Table 7.11.1	55,380			
I	Total vaccine doses needed	$F + G - H$		50,683	0	50,683
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		98,894	0	98,894
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		5,626	0	5,626
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		1,161	0	1,161
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		12,266	0	12,266
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		4,599	0	4,599
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		21	0	21
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		7	0	7
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		1,718	0	1,718
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		463	0	463
T	Total fund needed	$(N+O+P+Q+R+S)$		19,074	0	19,074
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		0.00 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	0.00 %			0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	70,471	0	70,471	73,152	0	73,152
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	70,471	0	70,471	73,152	0	73,152
E	Estimated vaccine wastage factor	Table 4	1.00			1.00		
F	Number of doses needed including wastage	$D \times E$	70,471	0	70,471	73,152	0	73,152
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	671	0	671
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	70,471	0	70,471	73,823	0	73,823
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	78,223	0	78,223	81,944	0	81,944
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	7,823	0	7,823	8,195	0	8,195
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	956	0	956	1,001	0	1,001
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	17,054	0	17,054	17,866	0	17,866
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	17,054	0	3,638	17,866	0	3,811
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	29	0	29	31	0	31
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	6	0	6	6	0	6
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	2,388	0	2,388	2,502	0	2,502
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	368	0	368	385	0	385
T	Total fund needed	$(N+O+P+Q+R+S)$	23,483	0	23,483	24,601	0	24,601
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0			0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %			0.00 %		

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

		Formula	2015			2016		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	0.00 %			0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	75,926	0	75,926	77,072	0	77,072
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	75,926	0	75,926	77,072	0	77,072
E	Estimated vaccine wastage factor	Table 4	1.00			1.00		
F	Number of doses needed including wastage	$D \times E$	75,926	0	75,926	77,072	0	77,072
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	694	0	694	287	0	287
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	76,620	0	76,620	77,359	0	77,359
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	85,049	0	85,049	85,869	0	85,869
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	8,505	0	8,505	8,587	0	8,587
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,039	0	1,039	1,049	0	1,049
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	18,543	0	18,543	18,721	0	18,721
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,955	0	3,955	3,993	0	3,993
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	32	0	32	32	0	32
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	7	0	7	7	0	7
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	2,597	0	2,597	2,621	0	2,621
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	400	0	400	404	0	404
T	Total fund needed	$(N+O+P+Q+R+S)$	25,534	0	25,534	25,778	0	25,778
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0			0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %			0.00 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	71,842	73,782	75,775	77,820	79,921	379,140
	Number of children to be vaccinated with the first dose	Table 4	#	71,126	72,307	74,259	77,042	79,122	373,856
	Number of children to be vaccinated with the third dose	Table 4	#	68,252	72,307	74,259	77,042	79,122	370,982
	Immunisation coverage with the third dose	Table 4	%	95.00 %	98.00 %	98.00 %	99.00 %	99.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	134,750					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

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

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

		2012	2013	2014	2015
Number of vaccine doses	#	88,900	222,800	231,700	237,400
Number of AD syringes	#	241,900	249,000	259,000	265,300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	2,700	2,775	2,875	2,950
Total value to be co-financed by GAVI	\$	342,500	839,500	873,000	894,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	5,100	12,700	13,300	13,600
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	\$	19,000	47,500	49,000	50,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	5.39 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	71,126	72,307	3,898	68,409
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	213,378	216,921	11,694	205,227
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	224,047	227,768	12,279	215,489
G	Vaccines buffer stock	(F – F of previous year) * 0.25		931	51	880
H	Stock on 1 January 2012	Table 7.11.1	134,750			
I	Total vaccine doses needed	F + G – H		93,949	5,065	88,884
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		241,816	0	241,816
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		2,685	0	2,685
N	Cost of vaccines needed	I x vaccine price per dose (g)		328,822	17,727	311,095
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		11,245	0	11,245
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)		16	0	16
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		19,730	1,064	18,666
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		1,127	0	1,127
T	Total fund needed	(N+O+P+Q+R+S)		360,940	18,790	342,150
U	Total country co-financing	I x country co-financing per dose (cc)		18,790		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		5.39 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	74,259	4,004	70,255	77,042	4,154	72,888
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	222,777	12,010	210,767	231,126	12,460	218,666
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	233,916	12,611	221,305	242,683	13,083	229,600
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,537	83	1,454	2,192	119	2,073
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	235,453	12,693	222,760	244,875	13,201	231,674
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	248,989	0	248,989	258,983	0	258,983
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	2,764	0	2,764	2,875	0	2,875
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	824,086	44,426	779,660	857,063	46,203	810,860
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	824,086	0	11,578	857,063	0	12,043
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	17	0	17	17	0	17
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	49,446	2,666	46,780	51,424	2,773	48,651
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,160	0	1,160	1,206	0	1,206
T	Total fund needed	$(N+O+P+Q+R+S)$	886,287	47,091	839,196	921,753	48,975	872,778
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	47,091			48,975		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %			5.39 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	5.39 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	79,122	4,266	74,856
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	237,366	12,797	224,569
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	249,235	13,436	235,799
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,638	89	1,549
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	250,873	13,525	237,348
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	265,295	0	265,295
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	2,945	0	2,945
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	878,056	47,335	830,721
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	12,337	0	12,337
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	18	0	18
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	52,684	2,841	49,843
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,236	0	1,236
T	Total fund needed	$(N+O+P+Q+R+S)$	944,331	50,175	894,156
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	50,175		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %		

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities. **Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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

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

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

- a. Minutes of all the HSCC meetings held in 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

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

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in 2011

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

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

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0	0	
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	
Total funds received from GAVI during the calendar year (A)	0	0	0	0	0	
Remaining funds (carry over) from previous year (B)	0	0	0	0	0	
Total Funds available during the calendar year (C=A+B)	0	0	0	0	0	
Total expenditure during the calendar year (D)	0	0	0	0	0	
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	0	0	0	
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0	0	
Total funds received from GAVI during the calendar year (A)	0	0	0	0	0	

Remaining funds (carry over) from previous year (B)	0	0	0	0	0	
Total Funds available during the calendar year (C=A+B)	0	0	0	0	0	
Total expenditure during the calendar year (D)	0	0	0	0	0	
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	0	0	0	0	
Closing on 31 December	0	0	0	0	0	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

No HSS funds was received in 2011

Has an external audit been conducted? **No**

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
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9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

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

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

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

9.4. Programme implementation in 2011

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

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

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

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

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

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

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

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2012

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

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2012 actual expenditure (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
		0	0			0

9.6. Planned HSS activities for 2013

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

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

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
		0			

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

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

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

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

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

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
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9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

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

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

Please attach:

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

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

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

Gambia is not reporting on GAVI TYPE A CSO support for 2012

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

Gambia is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		ICC SIGNATURES.doc File desc: File description... Date/time: 5/17/2012 11:22:40 AM Size: 576000
2	Signature of Minister of Finance (or delegated authority)	2.1		ICC SIGNATURES.doc File desc: File description... Date/time: 5/17/2012 11:23:40 AM Size: 576000
3	Signatures of members of ICC	2.2		ICC SIGNATURES.doc File desc: File description... Date/time: 5/17/2012 11:24:28 AM Size: 576000
4	Signatures of members of HSCC	2.3		HSCC SIGNATURES.doc File desc: File description... Date/time: 5/22/2012 12:30:14 PM Size: 576000
5	Minutes of ICC meetings in 2011	2.2		ICC Minutes October 2011.doc File desc: File description... Date/time: 5/22/2012 10:36:16 AM Size: 292352
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		ICC Minutes 2012.pdf File desc: File description... Date/time: 5/22/2012 11:34:12 AM Size: 1225455
7	Minutes of HSCC meetings in 2011	2.3		GAMBIA GAVI HSS.doc File desc: File description... Date/time: 5/17/2012 11:26:05 AM Size: 35840
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3		GAMBIA GAVI HSS.doc File desc: File description... Date/time: 5/17/2012 11:26:38 AM Size: 35840
9	Financial Statement for HSS grant APR 2011	9.1.3		GAMBIA GAVI HSS.doc File desc: File description... Date/time: 5/17/2012 11:27:10 AM Size: 35840
10	new cMYP APR 2011	7.7		THE GAMBIA cMYP FOR 2011.doc File desc: File description... Date/time: 5/17/2012 12:34:02 PM

				Size: 815104
11	new cMYP costing tool APR 2011	7.8	✓	The Gambia_cMYP_Costing_Tool_2011.xls File desc: File description... Date/time: 5/17/2012 12:32:06 PM Size: 3523072
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	CSO.doc File desc: File description... Date/time: 5/22/2012 12:18:31 PM Size: 26112
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	ISS Financial Statement.doc File desc: File description... Date/time: 5/22/2012 10:51:58 AM Size: 41984
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	NVS.doc File desc: File description... Date/time: 5/17/2012 12:08:08 PM Size: 26112
15	EVSM/VMA/EVM report APR 2011	7.5	✓	The Gambia EVM REPORT 2011.doc File desc: File description... Date/time: 5/22/2012 11:25:01 AM Size: 2077184
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	EVM Improvement Plan.doc File desc: File description... Date/time: 5/17/2012 11:50:07 AM Size: 26112
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	EVM Improvement Plan.doc File desc: File description... Date/time: 5/17/2012 11:50:40 AM Size: 26112
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	External Audit.doc File desc: File description... Date/time: 5/17/2012 12:14:17 PM Size: 26112
20	Post Introduction Evaluation Report	7.2.2	✓	PIE REPORT.doc File desc: File description... Date/time: 5/17/2012 12:27:07 PM Size: 600064
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	ICC Minutes 2012.pdf File desc: File description... Date/time: 5/22/2012 11:30:51 AM Size: 1225455

22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	X	GAMBIA GAVI HSS.doc File desc: File description... Date/time: 5/17/2012 11:47:28 AM Size: 35840
23	HSS Health Sector review report	9.9.3	X	GAMBIA GAVI HSS.doc File desc: File description... Date/time: 5/17/2012 11:44:32 AM Size: 35840
24	Report for Mapping Exercise CSO Type A	10.1.1	X	CSO Mapp.doc File desc: File description... Date/time: 5/22/2012 11:46:02 AM Size: 26112
25	External Audit Report (Fiscal Year 2011) for CSO Type B	10.2.4	X	CSO.doc File desc: File description... Date/time: 5/22/2012 11:43:48 AM Size: 26112