



GAVI Alliance

Annual Progress Report **2012**

Submitted by
The Government of
Gambia

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/14/2013 10:23:38 AM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 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 second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

By signing this page, the Government of **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	Balla Garba Jahumpa	Name	Abdou Kolley
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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Mr. Mathew Baldeh	UNICEF EPI Officer	(220) 3360087	mbaldeh@unicef.org

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Mr. Sanna Jawara, Chief Public Health Officer	Ministry of Health		
Mr. Bai Cham, Secretary General	The Gambia Red Cross Society		

Mrs. Oumou Tall, Chir person, Polioplus	Rotary International		
Mr. Austell Cassell, Country Director	Child Fund		
Dr. Kujay Manneh, Country Director	Action Aid-The Gambia		
Dr. Tumani Corrah, Unit Director	Medical Research Council		
Mrs. Aichatou Diawara-Flambert, Country Representative	UNICEF Country Office		
Dr. Thomas Sukwa, Country Representative	WHO Country Office		
Dr. Adama Demba, Director of Health Services	Ministry of Health & Social Welfare		
Mrs. Matilda Bouy, Permanent Secretary	Ministry of Health & Social Welfare		

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

All comments will be treated confidentially

Comments from Partners:

Nil

Comments from the Regional Working Group:

Nil

2.3. HSCC signatures page

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

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

Gambia is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on **Gambia's** activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

[2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

[2.4. Signatures Page for GAVI Alliance CSO Support \(Type A & B\)](#)

[3. Table of Contents](#)

[4. Baseline & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Immunisation achievements in 2012](#)

[5.3. Monitoring the Implementation of GAVI Gender Policy](#)

[5.4. Data assessments](#)

[5.5. Overall Expenditures and Financing for Immunisation](#)

[5.6. Financial Management](#)

[5.7. Interagency Coordinating Committee \(ICC\)](#)

[5.8. Priority actions in 2013 to 2014](#)

[5.9. Progress of transition plan for injection safety](#)

[6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2012](#)

[6.2. Detailed expenditure of ISS funds during the 2012 calendar year](#)

[6.3. Request for ISS reward](#)

[7. New and Under-used Vaccines Support \(NVS\)](#)

[7.1. Receipt of new & under-used vaccines for 2012 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2012](#)

[7.3. New Vaccine Introduction Grant lump sums 2012](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2012](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2012](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013](#)

[7.9. Request for continued support for vaccines for 2014 vaccination programme](#)

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health Systems Strengthening Support \(HSS\)](#)
 - [9.1. Report on the use of HSS funds in 2012 and request of a new tranche](#)
 - [9.2. Progress on HSS activities in the 2012 fiscal year](#)
 - [9.3. General overview of targets achieved](#)
 - [9.4. Programme implementation in 2012](#)
 - [9.5. Planned HSS activities for 2013](#)
 - [9.6. Planned HSS activities for 2014](#)
 - [9.7. Revised indicators in case of reprogramming](#)
 - [9.8. Other sources of funding for HSS](#)
 - [9.9. Reporting on the HSS grant](#)
- [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](#)
 - [10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
 - [12.1. Annex 1 – Terms of reference ISS](#)
 - [12.2. Annex 2 – Example income & expenditure ISS](#)
 - [12.3. Annex 3 – Terms of reference HSS](#)
 - [12.4. Annex 4 – Example income & expenditure HSS](#)
 - [12.5. Annex 5 – Terms of reference CSO](#)
 - [12.6. Annex 6 – Example income & expenditure CSO](#)
- [13. Attachments](#)

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	79,678	79,678	81,830	81,830	84,039	84,039	86,308	86,308	88,639	88,639
Total infants' deaths	5,896	5,896	6,055	6,055	6,219	6,219	6,387	6,387	6,648	6,648
Total surviving infants	73,782	73,782	75,775	75,775	77,820	77,820	79,921	79,921	81,991	81,991
Total pregnant women	73,782	73,782	75,775	75,775	77,820	77,820	79,921	79,921	82,080	82,080
Number of infants vaccinated (to be vaccinated) with BCG	75,695	78,147	78,557	78,557	80,678	80,678	84,582	84,582	87,753	87,753
BCG coverage	95 %	98 %	96 %	96 %	96 %	96 %	98 %	98 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	72,307	72,132	74,259	74,259	77,042	77,042	79,122	79,122	81,171	81,171
OPV3 coverage	98 %	98 %	98 %	98 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with DTP1	73,045	73,612	75,017	75,017	77,821	77,821	79,122	79,122	81,171	81,171
Number of infants vaccinated (to be vaccinated) with DTP3	72,307	72,132	74,259	74,259	77,042	77,042	79,122	79,122	81,171	81,171
DTP3 coverage	98 %	98 %	98 %	98 %	99 %	99 %	99 %	99 %	99 %	99 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05	1.00	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	73,045	73,612	75,017	75,017	77,821	77,821	79,122	79,122		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	73,045	72,112	75,017	75,017	77,042	77,042	79,122	79,122		
DTP-HepB-Hib coverage	98 %	98 %	98 %	99 %	99 %	99 %	99 %	99 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	10	0	13	15	15	10	10		
Wastage[1] factor in base-year and planned thereafter (%)	1.18	1.11	1.18	1.15	1.18	1.18	1.11	1.11	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	72,307	73,184	74,259	74,259	77,042	77,042	79,122	79,122		
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	72,307	72,011	74,259	74,259	77,042	77,042	79,122	79,122		

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Pneumococcal (PCV13) coverage	98 %	98 %	98 %	98 %	99 %	99 %	99 %	99 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5	5	5		
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	67,880	69,942	70,471	70,471	73,152	73,152	75,926	75,926	77,072	77,072
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	67,880	25,708	70,471	70,471	73,152	73,152	75,926	75,926	77,072	77,072
Measles coverage	92 %	35 %	93 %	93 %	94 %	94 %	95 %	95 %	94 %	94 %
Wastage[1] rate in base-year and planned thereafter (%) {0}	0	15	0	13	0	13	0	12	0	12
Wastage[1] factor in base-year and planned thereafter (%)	1.25	1.18	1.25	1.15	1	1.15	1	1.14	1	1.14
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %
Pregnant women vaccinated with TT+	56,813	49,103	59,104	59,104	61,478	61,478	63,937	63,937	69,692	69,692
TT+ coverage	77 %	67 %	78 %	78 %	79 %	79 %	80 %	80 %	85 %	85 %
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	0	0	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	2 %	1 %	1 %	1 %	1 %	0 %	0 %	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.

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

There are no changes in the number of births for The Gambia in 2012. 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 in The Gambia in 2012. The figure are the same as the ones provided to GAVI in 2011

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

No changes in the targets

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

No changes in vaccine wastage

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

There has been an increase in all the infant vaccination coverage rates against the targets (eg. BCG-98%, Penta 3 -98%, Measles 1st Dose-95% and yellow Fever-95%)

MAIN ACTIVITIES CONDUCTED WERE:

- Maintenance of an uninterrupted supply of vaccines and devices at all levels
- Conducting of quarterly monitoring of the cold chain system country wide
- Expansion of the cold chain at regional and health facility levels through the installation of ten sets of solar refrigerators
- Training of health staff on immunization services particularly at field level
- Conducted two bi-monthly meetings at central level where EPI Focal persons at the regions, hospitals and lab attended. These are fora where immunization activities (successes, challenges and wayforward) are discussed including surveillance
- Conducted joint bi-monthly surveillance meetings for EPI, Lab and EDC Unit to discuss surveillance and data management issues
- Conducted joint bi-monthly supportive supervisory treks by EPI, EDC and WHO to all health facilities and Regional health management Teams in the country
- Quarterly review of the immunization data and provide feedback to the health staff
- Quarterly transportation of vaccines and other supplies to the regions
- Conducted one round of Polio NIDs for children aged 0-5 years old with a national coverage of 102%

CHALLENGES

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

SOLUTION/HOW ARE THEY ADDRESSED

- Conducting data quality assessment for the regional and health levels
- Encouraged RHTs and health facilities to establish data verification committees
- Strengthen supportive supervision at regional and health facility levels
- Conducted training for health facility staff on immunization activities. In addition, data entry clerks were trained on proper data management
- Supported the RHTs to conduct bi-monthly 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 are met

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

In The Gambia, there is no gender related barrier to immunisation services. In 2012, the EPI data collection tools (tally books registers etc) were reviewed to capture gender related data. The EPI national data template (DVD-MT) however this DVD-MT is not capturing sex-disaggregated data.

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

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

There are no gender-related barriers to immunization services in The Gambia.

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 conducted an immunization evaluation survey in 2012 to validate the routine immunization data and the results have not shown significant differences with the routine data. In addition, MICS IV was conducted and the results are similar to that of the routine data. For example, MICS IV results indicated BCG - 99%, DPT - 93% and Measles 95% for 2010.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

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

The country conducted Data Quality Assessment with a view to improve immunisation data at service delivery level. In 2011 and 2012, the EPI conducted training of health staff, where data management formed part of the modules with a view to improving data quality. The EPI Unit attended monthly in-service meetings at regional level, where immunisation 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 in 2011.

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 tasked 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 will be urged to be routinely updating immunisation monitoring graphs and drop-out charts to take necessary action(s) where necessary.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 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 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	Rotary International	Nil	Nil
Traditional Vaccines*	267,000	267,000	0	0	0	0	0	0
New and underused Vaccines**	1,488,050	88,050	1,400,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	33,090	10,000	23,090	0	0	0	0	0
Cold Chain equipment	193,019	5,089	0	187,930	0	0	0	0
Personnel	12,869	12,869	0	0	0	0	0	0
Other routine recurrent costs	82,969	0	18,790	6,789	57,390	0	0	0
Other Capital Costs	50,177	10,980	0	15,300	23,897	0	0	0
Campaigns costs	252,443	30,875	0	42,980	165,909	12,679	0	0
Nil		0	0	0	0	0	0	0
Total Expenditures for Immunisation	2,379,617							
Total Government Health		424,863	1,441,880	252,999	247,196	12,679	0	0

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

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

There is a budget line for the procurement of vaccines and consumables and government is purchasing all traditional vaccines

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 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?
Not yet developed	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

The Aide Memoire is yet to be signed by Government and GAVI. The Ministry has started the process of establishing a Project coordination unit, and GAVI is expected to conduct an assessment on the capacity of the PCU. A project accountant is not yet recruited.

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

The Aide Memoire has not yet been signed

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

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

Nil

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

If Yes, which ones?

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

5.8. Priority actions in 2013 to 2014

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

The main objectives of the EPI programme for 2012 and 2013 are:

- To build the capacity of health staff on immunization activities
- 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

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	0.05ml	Government
Measles	0.5 ml	Government
TT	0.5 ml	Government
DTP-containing vaccine	0.5 ml	Government
nil	nil	nil

Does the country have an injection safety policy/plan? **No**

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 does not have a stand-alone injection policy/plan. However, safe injection practices forms an integral part of the EPI training manuals and has always been given due attention during annual EPI trainings.

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

Incinerators have been built, one in each of the six (6) regions exclusively for the management of sharp wastes. Sharps are initially disposed of in safety boxes at the site of injection and are later transported to the incineration sites by the respective health staff and in some instances by the regional health teams during routine supervision. There are incinerator attendants in each region for the management of sharp wastes under the supervision of the regional health teams.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	487,504	13,055,372
Total funds available in 2012 (C=A+B)	487,504	13,055,372
Total Expenditures in 2012 (D)	110,000	3,501,318
Balance carried over to 2013 (E=C-D)	377,504	9,554,054

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 of The Gambia.

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 2012

- Conducted routine maintenance of the cold chain 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 the regional and health facility levels
- Printing of data collection tools
- Expansion of the cold chain system 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 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	263,350	263,350	0	No
Pneumococcal (PCV13)	249,783	249,783	0	No
Measles	106,100	106,100	0	No

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

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

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

No problems were encountered. All shipments were received 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)

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

The country conducts physical count of vaccines monthly 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.

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

No vaccine stock-out was experienced

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	13/04/2013
Nationwide introduction	Yes	02/03/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	The Country switched to Penta vaccine in 2009 country wide and the following achievements were made: There was high community sensitization The Cold chain system was expanded Staff at all levels were trained on the new vaccine Incinerators were built

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	14/05/2013
Nationwide introduction	Yes	01/08/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	nil

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	14/05/2013
Nationwide introduction	Yes	07/08/2009
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	This was delayed for one month due to delay in the completion of the incinerators

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

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

The country conducted PIE in 2010 after the introduction of Pneumo Vaccine in 2009.

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**

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

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

The country is currently conducting sentinel surveillance on rota virus and this is being conducted by the National Public Health Laboratories. Results of this study are not yet available .

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	487,504	13,055,372
Total funds available in 2012 (C=A+B)	487,504	13,055,372
Total Expenditures in 2012 (D)	110,000	110,000
Balance carried over to 2013 (E=C-D)	377,504	12,945,372

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

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

7.3.2. Programmatic Reporting

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

The following major activities were implemented in relation to Measles Second Dose (MSD) introduction:

- Review and finalise the data collection tools to capture Measles Second Dose
- Printing of data collection tools
- Conducting community sensitization
- Conducting radio and television programmes on Measles Second Dose
- Orienting health staff on Measles Second Dose
- Expanding the cold chain system before the introduction of MSD
- Conducting preventive maintenance on the cold chain system
- Conducting both pre-and post introduction monitoring visits

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

No major problems were encountered in the implementation of planned activities.

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

The following activities would be conducted in 2013 onwards using the balance of ISS funds:

- Conducting supportive supervision
- Payment of staff allowances at central and regional levels
- Maintenance of the regional incinerators
- Construction of vaccines stores
- Purchase of office equipment and furniture
- Purchase of fuel for office use and the stand-by generators
- Maintenance of EPI Vehicles
-

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	53,000	20,200
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	50,000	13,400
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	103000	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	GOVERNMENT
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	June	GOVERNMENT
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	GOVERNMENT
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	The country does not plan to develop Financial Sustainability Plan and as such will not require a technical assistance	

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 fulfilling all its co-financing obligations

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in 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? **May 2010**

Please attach:

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

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

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

If yes, provide details

nil

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

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

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

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

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

The request for support of New Vaccines is based the target population ie. Surviving infants.

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	73,782	75,775	77,820	79,921	307,298
	Number of children to be vaccinated with the first dose	Table 4	#	73,612	75,017	77,821	79,122	305,572
	Number of children to be vaccinated with the third dose	Table 4	#	72,112	75,017	77,042	79,122	303,293
	Immunisation coverage with the third dose	Table 4	%	97.74 %	99.00 %	99.00 %	99.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.15	1.18	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	44,590				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	44,590				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

The stock balance for the country as of 31st December 2012 is the same as the opening stock balance at the beginning of the year - 01st January 2013.

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

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

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

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

		2013	2014	2015
Number of vaccine doses	#	238,500	254,300	239,000
Number of AD syringes	#	253,700	263,800	263,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	2,825	2,950	2,925
Total value to be co-financed by GAVI	\$	530,500	565,000	519,000

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

		2013	2014	2015
Number of vaccine doses	#	24,300	25,900	25,000
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	53,000	56,500	53,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	9.23 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	73,612	75,017	6,926	68,091
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	220,836	225,051	20,778	204,273
E	Estimated vaccine wastage factor	Table 4	1.11	1.15		
F	Number of doses needed including wastage	D X E	245,128	258,809	23,895	234,914
G	Vaccines buffer stock	(F – F of previous year) * 0.25		3,421	316	3,105
H	Stock on 1 January 2013	Table 7.11.1	44,590			
I	Total vaccine doses needed	F + G – H		262,730	24,257	238,473
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		253,604	0	253,604
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		2,816	0	2,816
N	Cost of vaccines needed	I x vaccine price per dose (g)		534,919	49,386	485,533
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		11,793	0	11,793
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)		1,634	0	1,634
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		34,235	3,161	31,074
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		582,581	52,546	530,035
U	Total country co-financing	I x country co-financing per dose (cc)		52,546		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		9.23 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	77,821	7,185	70,636	79,122	7,489	71,633
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	233,463	21,555	211,908	237,366	22,467	214,899
E	Estimated vaccine wastage factor	Table 4	1.18			1.11		
F	Number of doses needed including wastage	$D \times E$	275,487	25,435	250,052	263,477	24,938	238,539
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	4,170	385	3,785	0	0	0
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	280,157	25,866	254,291	263,977	24,985	238,992
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	263,773	0	263,773	263,477	0	263,477
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	$(K + L) / 100 \times 1.11$	2,928	0	2,928	2,925	0	2,925
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	570,400	52,662	517,738	524,259	49,621	474,638
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	570,400	0	12,266	524,259	0	12,252
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	$M \times \text{safety box price per unit (cs)}$	1,699	0	1,699	1,697	0	1,697
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	36,506	3,371	33,135	33,553	3,176	30,377
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	620,871	56,032	564,839	571,761	52,796	518,965
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	56,032			52,796		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID		Source		2012	2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	73,782	75,775	77,820	79,921	81,991	389,289
	Number of children to be vaccinated with the first dose	Table 4	#	69,942	70,471	73,152	75,926	77,072	366,563
	Number of children to be vaccinated with the second dose	Table 4	#	25,708	70,471	73,152	75,926	77,072	322,329
	Immunisation coverage with the second dose	Table 4	%	34.84 %	93.00 %	94.00 %	95.00 %	94.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.18	1.15	1.15	1.14	1.14	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	55,890					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	55,890					
	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	\$		0.27	0.29	0.30	0.32	
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	\$		0.5800	0.5800	0.5800	0.5800	
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 %	

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

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

The stock balance at the end of the year -31st December 2012 is the same as the stock balance as of 01st January 2013

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

Co-financing group	Low
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	2012	2013	2014	2015	2016
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Recommended co-financing as per APR 2011			0.00	0.00	0.00
Your co-financing	0.00	0.00	0.00	0.00	0.00

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

		2013	2014	2015	2016
Number of vaccine doses	#	93,900	85,000	87,300	88,300
Number of AD syringes	#	92,300	82,100	85,000	86,000
Number of re-constitution syringes	#	10,500	9,500	9,700	9,900
Number of safety boxes	#	1,150	1,025	1,075	1,075
Total value to be co-financed by GAVI	\$	35,500	33,000	35,000	38,000

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

		2013	2014	2015	2016
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 ^[1]	\$	0	0	0	0

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	25,708	70,471	0	70,471
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	$B \times C$	25,708	70,471	0	70,471
E	Estimated vaccine wastage factor	Table 4	1.18	1.15		
F	Number of doses needed including wastage	$D \times E$	30,336	81,042	0	81,042
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		12,677	0	12,677
H	Stock on 1 January 2013	Table 7.11.1	55,890			
I	Total vaccine doses needed	$F + G - H$		93,819	0	93,819
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		92,295	0	92,295
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		10,414	0	10,414
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		1,141	0	1,141
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		25,613	0	25,613
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		4,292	0	4,292
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		386	0	386
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		662	0	662
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		3,586	0	3,586
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		534	0	534
T	Total fund needed	$(N+O+P+Q+R+S)$		35,073	0	35,073
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 second dose, 10 dose(s) per vial, LYOPHILISED** (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	0.00 %			0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	73,152	0	73,152	75,926	0	75,926
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	73,152	0	73,152	75,926	0	75,926
E	Estimated vaccine wastage factor	Table 4	1.15			1.14		
F	Number of doses needed including wastage	$D \times E$	84,125	0	84,125	86,556	0	86,556
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	771	0	771	608	0	608
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	84,996	0	84,996	87,264	0	87,264
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	82,055	0	82,055	84,953	0	84,953
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	9,435	0	9,435	9,687	0	9,687
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,016	0	1,016	1,051	0	1,051
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	24,309	0	24,309	25,831	0	25,831
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	24,309	0	3,816	25,831	0	3,951
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	350	0	350	359	0	359
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	590	0	590	610	0	610
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	3,404	0	3,404	3,617	0	3,617
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	476	0	476	492	0	492
T	Total fund needed	$(N+O+P+Q+R+S)$	32,945	0	32,945	34,860	0	34,860
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 second dose, 10 dose(s) per vial, LYOPHILISED** (part 3)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	77,072	0	77,072
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	77,072	0	77,072
E	Estimated vaccine wastage factor	Table 4	1.14		
F	Number of doses needed including wastage	$D \times E$	87,863	0	87,863
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	327	0	327
H	Stock on 1 January 2013	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	88,290	0	88,290
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	85,913	0	85,913
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	9,801	0	9,801
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,063	0	1,063
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	28,430	0	28,430
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	3,995	0	3,995
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	363	0	363
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	617	0	617
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	3,981	0	3,981
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	498	0	498
T	Total fund needed	$(N+O+P+Q+R+S)$	37,884	0	37,884
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 7.11.1: Specifications for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	73,782	75,775	77,820	79,921	307,298
	Number of children to be vaccinated with the first dose	Table 4	#	73,184	74,259	77,042	79,122	303,607
	Number of children to be vaccinated with the third dose	Table 4	#	72,011	74,259	77,042	79,122	302,434
	Immunisation coverage with the third dose	Table 4	%	97.60 %	98.00 %	99.00 %	99.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	30,500				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	30,500				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

The stock balance on the 31st December 2012 is the same as that of 01st January 2013

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

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

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

		2013	2014	2015
Number of vaccine doses	#	223,900	233,400	239,100
Number of AD syringes	#	248,300	259,000	265,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	2,775	2,875	2,950
Total value to be co-financed by GAVI	\$	843,500	880,000	901,000

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

		2013	2014	2015
Number of vaccine doses	#	12,800	13,300	13,700
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	47,500	49,500	51,000

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

		Formula	2012	2013		
			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	73,184	74,259	4,004	70,255
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	219,552	222,777	12,010	210,767
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	230,530	233,916	12,611	221,305
G	Vaccines buffer stock	(F – F of previous year) * 0.25		847	46	801
H	Stock on 1 January 2013	Table 7.11.1	30,500			
I	Total vaccine doses needed	F + G – H		236,563	12,753	223,810
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		248,223	0	248,223
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		2,756	0	2,756
N	Cost of vaccines needed	I x vaccine price per dose (g)		827,971	44,635	783,336
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		11,543	0	11,543
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)		1,599	0	1,599
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		49,679	2,679	47,000
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		890,792	47,313	843,479
U	Total country co-financing	I x country co-financing per dose (cc)		47,313		
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	2014			2015		
			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	77,042	4,154	72,888	79,122	4,266	74,856
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	231,126	12,460	218,666	237,366	12,797	224,569
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	242,683	13,083	229,600	249,235	13,436	235,799
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	2,192	119	2,073	1,638	89	1,549
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	246,675	13,298	233,377	252,673	13,622	239,051
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	258,983	0	258,983	265,295	0	265,295
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	$(K + L) / 100 \times 1.11$	2,875	0	2,875	2,945	0	2,945
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	863,363	46,543	816,820	884,356	47,675	836,681
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	863,363	0	12,043	884,356	0	12,337
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	$M \times \text{safety box price per unit (cs)}$	1,668	0	1,668	1,709	0	1,709
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	51,802	2,793	49,009	53,062	2,861	50,201
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	928,876	49,335	879,541	951,464	50,535	900,929
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	49,335			50,535		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %			5.39 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

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

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

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

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

Gambia **has NOT received GAVI TYPE A CSO support**

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

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		SIGNATURES OF MINISTERS OF HEALTH AND FINANCE.pdf File desc: Date/time: 5/14/2013 7:23:01 AM Size: 76696
2	Signature of Minister of Finance (or delegated authority)	2.1		SIGNATURES OF MINISTERS OF HEALTH AND FINANCE.pdf File desc: Date/time: 5/14/2013 7:23:30 AM Size: 76696
3	Signatures of members of ICC	2.2		ICC MEMBERS SIGNATURES.pdf File desc: Date/time: 5/14/2013 7:23:56 AM Size: 96138
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		ICC MINUTES ENDOSING THE APR.pdf File desc: Date/time: 5/14/2013 7:38:56 AM Size: 131218
5	Signatures of members of HSCC	2.3		MINUTES FOR HSCC.doc File desc: Date/time: 5/14/2013 8:26:44 AM Size: 26112
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		MINUTES FOR HSCC.doc File desc: Date/time: 5/12/2013 6:47:41 PM Size: 26112
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		FINANCIAL STATEMENT 2012.pdf File desc: Date/time: 5/14/2013 9:28:21 AM Size: 58193
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		EXTERNAL AUDIT FOR ISS.doc File desc: Date/time: 5/14/2013 7:42:22 AM Size: 26112
9	Post Introduction Evaluation Report	7.2.2		PIE REPORT FINAL.doc File desc: Date/time: 5/12/2013 6:31:04 PM Size: 1490944

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		FINANCIAL STATEMENT 2012.pdf File desc: Date/time: 5/14/2013 9:29:08 AM Size: 58193
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		EXTERNAL AUDIT FOR ISS.doc File desc: Date/time: 5/14/2013 7:43:23 AM Size: 26112
12	Latest EVSM/VMA/EVM report	7.5		The Gambia EVM ReportV5.doc File desc: Date/time: 5/12/2013 6:39:41 PM Size: 6966784
13	Latest EVSM/VMA/EVM improvement plan	7.5		EVM Improvement Plan GambiaV2.xlsx File desc: Date/time: 5/12/2013 6:48:41 PM Size: 44093
14	EVSM/VMA/EVM improvement plan implementation status	7.5		STATUS OF IMPLEMENTATION_EVM.doc File desc: Date/time: 5/14/2013 8:22:24 AM Size: 36352
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		EXTERNAL AUDIT FOR PREVENTIVE CAMPAIGN.doc File desc: Date/time: 5/14/2013 7:46:45 AM Size: 26112
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		ICC MINUTES ENDOSING THE APR.pdf File desc: Date/time: 5/14/2013 7:48:01 AM Size: 131218
17	Valid cMYP if requesting extension of support	7.8		THE GAMBIA cMYP FOR 2011.doc File desc: Date/time: 5/12/2013 6:51:04 PM Size: 563200
18	Valid cMYP costing tool if requesting extension of support	7.8		The Gambia_cMYP_Costing_Tool_2012-2016.xls File desc: Date/time: 5/12/2013 6:56:15 PM Size: 3529728

19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	FINANCIAL STATEMENT FOR HSS.doc File desc: Date/time: 5/12/2013 6:44:21 PM Size: 26112
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	FINANCIAL STATEMENT FOR HSS.doc File desc: Date/time: 5/12/2013 6:45:14 PM Size: 26112
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	HSS EXTERNAL AUDIT REPORT.doc File desc: Date/time: 5/12/2013 6:57:25 PM Size: 26112
22	HSS Health Sector review report	9.9.3	✗	GAMBIA GAVI HSS_2013.doc File desc: Date/time: 5/12/2013 6:41:12 PM Size: 37376
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	MAPPING FOR CSO.doc File desc: Date/time: 5/12/2013 7:00:41 PM Size: 26112
24	Financial statement for CSO Type B grant (Fiscal year 2012)	10.2.4	✗	FINANCIAL STATEMENT FOR CSO.doc File desc: Date/time: 5/12/2013 7:01:12 PM Size: 26112
25	External audit report for CSO Type B (Fiscal Year 2012)	10.2.4	✗	EXTERNAL AUDIT FOR CSO.doc File desc: Date/time: 5/12/2013 7:01:42 PM Size: 26112
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	OPENING ANDCLOSING BALANCE 2012.pdf File desc: Date/time: 5/14/2013 9:29:43 AM Size: 24353