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Part 1. Introduction to the templates

1.1. Introduction

This user guidance document aims to provide support and guidance on the use of Gavi's budgeting and reporting templates introduced under Gavi 5.0.

The user guide covers only the use of the template itself and does not cover the financial standards and guidance required in managing a Gavi cash grant. It is recommended that this document should be used alongside Gavi's guidance on financial management and audit requirements publicly available [here](#).

This document and the associated budgeting and reporting templates should be read by any country user who is applying for, or managing, one or more of the following types of Gavi cash support:

- Health Systems Strengthening
- Equity Accelerator Funding
- Vaccine Introduction Grants
- Operational Support for Campaigns
- Operational Support for HPV
- Switch Grants
- Performance Based Funding
- Partners' Engagement Framework – Targeted Country Assistance (PEF TCA)

The primary users of the guidance are expected to be countries applying for and managing Gavi grants, however there are some processes within the guidance which are expected to be led by Gavi representatives themselves.

1.2. General Instructions

Alongside the transition to Gavi 5.0, budget templates have been reviewed and updated. The new version of the template makes some significant changes from previous versions, and so it is recommended that even experienced recipients of Gavi grants read the guidance and consider how the change will affect them.

The most significant change made in the revised templates is that it now includes both the budget and financial reporting, and these two are linked together. **Every new Gavi grant holder must complete a version of this template. Before a grant is approved an agreed final version of the budget must be included in the template, and over the life of the grant country users will continue to use the template to complete their periodic expenditure reporting as well as re-budgeting exercises.**

Gavi supports a wide range of grants across different mechanisms with a variety of flexibilities. To support this, the template has been made as intuitive and user friendly as possible, and this includes a significant number of formulae and macros.

To ensure the successful operation of the sheet it is essential that users only edit the template where instructed, and do not try to overwrite formula or change the structure of the sheets in any way.

The templates include context-specific guidance instructing on how to complete different sections, however there are some standard rules which apply across all sections of the template. These universal principles are set out in the table below:

- The template requires Excel version 2010 or later in order to successfully operate.
- When opening the template in Excel, **macros must be enabled**. Annex C below provides brief guidance on how to enable macros.
- The template can cover a maximum of 10 simultaneous grants.
- All financial information in the template must be reported in USD. Amounts denominated in other currencies must be converted to USD prior to data entry.
- Budgets have a maximum length of 250 lines per grant.
- All dates should be entered in the format dd/mm/yyyy.
- Periods are defined in budgets and financial reports with reference to the financial year of the recipient country. Within these financial years reporting is due either every 6 or 12-month period (or in exceptional cases every 3 months).
- There should be consistency between the budget template and the Gavi Support Detail document.
- Grant names are automatically created by the template. These names are unique identifiers which mark the budgeting and reporting tabs for each grant. Please do not change the names of tabs.
- The formatting and formulae included in the template have been protected from editing. Please do not try to circumvent this protection in any way.
- Across the templates the cells which require completion are marked in **Green**. Cells which turn **Red** indicate an error or issue to be resolved.
- Screenshots shown in this User Guide are fictitious examples used for illustrative purposes only. They are intended to assist the user in their understanding and use of the Gavi template.

Part 2. Instructions on processes

This section of the user guidance covers the processes that users may be required to complete when using the Gavi Budgeting and Reporting template. The processes covered are:

- Setting up the template
- Setting a budget
- Completing a financial report
- Data analysis tools
- Re-budgeting
- Prior period adjustments
- Cash control and use of residual cash balances

All new users who wish to set up a Gavi grant should commence with the first section below: Setting up the template.

2.1. Setting up the template

Without any grant data entered, the template will be empty and will not show any budget tabs. The process of entering grant information will automatically generate the appropriate tabs for both setting a budget and completing financial reporting upon a grant.

New grants can be set up through the Grant Setup tab. Within this tab there are three tables, each of these must be completed the first time a budget is set up.

Step 1 – Country table

The first table on the page shows the country-level information. This information should apply in the same way for all grants within the template.

Users must select the relevant country in cell Q15 from the dropdown provided. This will automatically generate both a 3-digit ISO code for the country, and a financial year start date in the format dd/mmm.

An example screenshot is shown below:

Country	Kenya	KEN
Financial Year Start Date (dd/mmm)	01-Jul	

Please verify this information is correct before continuing.

Step 2 – Grant table

The second table is the list of grants held in the spreadsheet, together with basic summary level information for each grant.

An example screenshot is shown below:

Ref	Grant Type	Delete a Grant	Grant Description	Gavi Budget Ceiling (USD)	Planned Start Date (dd/mm/yyyy)	Planned End Date (dd/mm/yyyy)	Budgeting + Reporting Frequency			Show Budget Tab?	Show Reporting Tab?
1							Quarterly	Half Yearly	Annually		
2							Quarterly	Half Yearly	Annually		

Users should select Grant Type and Grant Description from the dropdown menus in columns P and Q. **The completion of these two cells will automatically generate a budget tab and a reporting tab for your new grant.**

TIP: Upon completion of column Q there will be a short loading time while Excel completes the background work necessary to generate a new budget. This is normal and users should wait for the loading to conclude without completing any more actions.

Columns R-T contain basic background information about the grant:

- Gavi Budget Ceiling – refers to the total amount of Gavi funds proposed for each grant. This amount is set in USD, it does not include non-Gavi sources of funding.¹
- Start/End date – these two cells are for entering the time periods for which a proposed grant would be operational.

In columns U-W there are three buttons giving the periodicity of the reporting of the grant. The buttons indicate three options: Quarterly, Half-Yearly, Annually. The periodicity will be automatically selected by default according to grant type², but may be changed if required for individual grants. This periodicity should be adjusted to reflect the existing country arrangements. For clarification, please discuss with the country SCM, PM or PFM focal point.

The selection of periodicity impacts on the presentation of both the budget tab and the reporting tab. As such, please ensure the appropriate periodicity has been selected at this stage.

Finally, there are two further columns to select whether the budget tab and reporting tab should be shown or hidden. By default, the budget tab will be shown and the reporting tab will be hidden until the user changes selection. The option to hide tabs may be useful in countries where multiple grants are operating and the template starts to become cluttered. Showing or hiding the tabs does not change the information which has been entered into it.

An example screenshot is shown below:

¹ In the case of HSS/EAF grants, additional rows will be shown at the bottom of the table. These will allow the separate recording of budget headings for HSS and EAF, and for the recording of transfers from non-HSS grants.

² By default, HSS/EAF, PBF, and PEF TCA grants will report every 6-months. All other grant types will report annually.

Ref	Grant Type	Delete a Grant	Grant Description	Gavi Budget Ceiling (USD)	Planned Start Date (dd/mm/yyyy)	Planned End Date (dd/mm/yyyy)	Budgeting + Reporting Frequency			Show Budget Tab?	Show Reporting Tab?
1	Health Systems Strengthening / Equity		Health Systems Strengthening / Equity	\$1,000,000	01-Jul-22	30-Jun-26	Quarterly	Half Yearly	Annually	Yes	No
2	Vaccines Introduction Grant		Meningitis A	\$500,000	01-Jul-22	30-Jun-23	Quarterly	Half Yearly	Annually	Yes	No
3							Quarterly	Half Yearly	Annually		
4							Quarterly	Half Yearly	Annually		
5							Quarterly	Half Yearly	Annually		
6							Quarterly	Half Yearly	Annually		
7							Quarterly	Half Yearly	Annually		
8							Quarterly	Half Yearly	Annually		
9							Quarterly	Half Yearly	Annually		
10							Quarterly	Half Yearly	Annually		
HSS Budget ceiling				\$600,000							
EAF Budget ceiling				\$400,000							
Other funds approved to be added to HSS											

This step can be repeated as necessary, adding one new grant per line of the table.

TIP: If the user makes a mistake in the grant table, **don't delete the text in the table.** Instead, the user should click on the button marked "Delete a Grant" at the top left hand corner of the table.

When you click the Delete a Grant button a dialogue box will open requiring the user to select the reference number of the grant to be deleted. Once you enter the reference number and select OK two further dialogue boxes will open. **The user must select Delete in both of these boxes.**

Step 3 – Funds Recipient

The final table in the Grant Setup tab sets out the recipients, and sub-recipients, of grant funding.

The Funds Recipient table must list those key organisations who will be the direct recipient of Gavi funds and therefore accountable for the management and expenditure of the grant. In completing the table users should complete:

- A list of the organisations' names in the left hand column.
- Where appropriate, a list of sub recipients in the right hand column.

Funds Recipient	Include in reporting? (GAVI use only)	Sub-Recipient
MoF		Department of Health Services
MoH		
UNICEF		
		n/a

Users may also note that there is a middle column colored grey. **This is for Gavi use only.** It denotes which Funds Recipients are expected to use this template for financial reporting.

This section must be completed prior to working on the budget, as the data set out on the Grant Setup page will be fed into the objectives in the budget.

TIP: For presentational purposes it is recommended that the names of Funds Recipients are abbreviated (eg. write MoF rather than Ministry of Finance). It makes the table less crowded.

2.2. Setting a budget

It is essential that the Grant Setup tab is completed prior to this step being commenced. Please ensure that all 3 tables on the Grant Setup tab have been completed prior to starting this process as set out above in the “setting up the template” section of this guidance.

Step 1 – Summary information

At the top of the budget template there is a table containing basic summary information about the grant. When populating a new budget template ensuring that this information has been correctly populated is the place to start:

An example screenshot is shown below:

Grant type	Health Systems Strengthening / Equity Accelerator Funding
Grant description	Health Systems Strengthening / Equity Accelerator Funding
Planned start date	01-Jul-22
Planned end date	30-Jun-26

Step 2 – Populating the detailed budget

Variables

The variables classify the different areas of spending to take place under the project. Some variables are set by economic type and others are based on programmatic theme. In most cases the classification of an activity is specific to Gavi so if country users are unclear on how to classify a budget line, they should request guidance from Gavi.

The variables to be completed are set out in the table below:

Variable	Entry type	Description
Outcome	Dropdown	<p>Outcomes are predefined by Gavi and may be selected by a dropdown menu with 4 options. They are high level variable aligned with three of Gavi 5.0's strategic goals.</p> <p>This column must be completed with reference to Theory of Change tab of Gavi Support Detail document.</p>

Source of Funds	Dropdown	<p>In some cases non-Gavi funding will be provided in support of non-HSS grants. This variable gives the option to identify whether funds come from Gavi, Government, Donor Partner, or Other source.</p> <p>There is also the option to indicate a Funding Gap, where the source of funds has not yet been identified. One must choose Gavi PSC where funds are paid by Gavi as PSC to partners.</p>
HSS/EAF	Dropdown	<p>HSS/EAF</p> <p>HSS and EAF funding is combined into a single budget, however the grants are separate and each line in the budget must be allocated to either HSS or EAF budget ceilings.</p>
Funds Recipient	Dropdown	<p>The selection of this variable is driven by the Funds Recipient table included in the Grant Setup tab.</p> <p>The fund recipients are the key organisation(s) who will be the direct recipient of Gavi funding and thereby responsible for the management and expenditure of the grant.</p>
Sub-Recipient	Dropdown	<p>In some cases, users may want to identify other organisations further down the delivery chain who will receive funding. The dropdown selection is driven by the Funds Recipient table in the Grant Setup tab.</p> <p>This is not a compulsory variable.</p>
Ref.	Free entry	<p>The reference number can take any value. It is however a compulsory field, and each line should be given a unique value. Most commonly this will be sequential numbering, usually formatted as a multi-level list.</p>
Activity Description	Free entry	<p>Activity description should provide a clear statement of the activity to be completed under each budget line. This variable is a free entry and is the variable which allows users to describe the project to Gavi through the budget. A good activity description should be clear and concise and leave the reader in no doubt about what activity is to be budgeted for.</p>
Deliverable	Free entry	<p>This variable only applies to PEF TCA grants.</p> <p>These grants are targeted at specific Deliverables which should be agreed prior to budgeting taking place. Users should identify how lines of the budget are expected to be used to achieve these Deliverables.</p>
Investment Area	Dropdown	<p>Investment Areas are predefined areas where Gavi investments can be focused to achieve key immunisation objectives Whereas Objectives refer to set of key changes needed in the immunisation system to achieve the outcomes. These two columns are linked such that an objective can only be entered after an Investment area has been selected.</p> <p>The Gavi Investment Framework is set out in Annex A below.</p>
Objective		

		Both the columns must be completed with reference to Theory of Change tab of Gavi Support Detail document.
Cost Grouping	Dropdown	<p>Cost groupings and cost inputs give the economic classification of the budget line. These two columns are linked such that cost inputs can only be entered after a grouping has been selected.</p> <p>The Gavi Cost Framework is set out in Annex B below.</p>
Cost Input		

Example screenshots are shown below (due to width of the table, the screenshot has been split into two parts):

Columns B-H

Outcome	Source of Funds	HSS/EAF	Funds Recipient	Sub-Recipient	Ref.	Activity Description
1. Introduce & Scale	Gavi	HSS	MoH	Department of Health Services	1.1	Example of an Activity A
2. Extend & Reach	Gavi	EAF	MoH		1.2	Example of an Activity B
1. Introduce & Scale	Gavi	HSS	UNICEF		1.3	Example of an Activity C
3. Manage, Monitor & Learn	Gavi	HSS	UNICEF		1.4	Example of an Activity D
3. Manage, Monitor & Learn	Gavi	EAF	MoH	Department of Health Services	1.5	Example of an Activity E
1. Introduce & Scale	Gavi PSC	HSS	UNICEF		1.6	Example of an Activity F
	Gavi					

Columns J-M

Investment Area	Objective	Cost Grouping	Cost Input
1. Service Delivery	1.2 Integrate delivery of services to improve efficiency, regularity and/or reliability of planned immunisation	1. Human Resources (HR)	1.1 Salaries & Wages (programme management/admin staff)
2. Human resources for health	2.1 Improve technical and managerial capacity of healthcare workers to plan, implement and monitor immunisation	5. Event related (trainings, meetings, workshops, launches)	5.1 Per diems/allowances related to events (trainings, meetings, workshops, launches)
4. Health Information Systems and Monitoring & Learning	4.2 Improve data use-related capacity, tools, evidence generation and/or systems for programme monitoring and learning, 6.5 Strengthen partnerships with local and community actors to improve demand for immunisation	4. Health Products, consumables and equipment	4.3 Health equipment and maintenance costs
6. Demand Generation and Community Engagement	5.1 Improve the availability and use of timely and accurate data for decisions on vaccine introduction and preventive	5. Event related (trainings, meetings, workshops, launches)	5.2 Other costs (venue, subsistence, facilitation, materials etc.)
5. Vaccine Preventable Disease Surveillance	9.3 Other objective related to grant management and indirect costs	8. Communication Materials and Publications	8.4 Other communication material and publications
9. Grant Management and Indirect Costs		9. Programme Administration (PA)	9.1 Office related costs

It should be noted that different grant types require different variables, as such the screenshot above will not be representative of every grant type.

TIP: Users should ensure that all columns have been completed in each row. Failure to classify budget rows correctly may lead to errors in the analysis. When budget limits have been added incomplete variables which are compulsory will highlight red.

TIP: Users may note that some columns are hidden. This is intentional as the columns requiring completion are dependent on the type of grant. Please avoid un hiding the hidden columns.

Budget limits

The financial values of the budget are completed in the right-hand section of the main budget table. Only numerical data may be entered into these sections.

Users should note that the detailed budget is to include total budgeted amount for the project. This will include both the Gavi funded part of the budget, as well as amounts financed through government and other partners.

The time periods included in the template will vary depending on the information entered for each grant. The information used is drawn from the Grant Setup page:

- The countries' financial year informs the periods to be presented.
- The start date of the project will determine the first year included in the budget.
- The Reporting Periodicity determines whether the budget tab shows quarters, 6-month³ periods, or annual.

In all cases the budget will show 6 financial years of data – this is a maximum requirement; it is not expected to be filled and no project is expected to have a life beyond 60 months.

Users should ensure that the periods presented are correct. They should take special care in ensuring they start completing the budget in line with the project's start date, and it extends to the end date.

Budgets must be set by according to the defined budget lines and broken down by reporting periods. The budget limit for each period is set by formula. Users must complete two pieces of information per row per period: **Unit Price** and **Quantity**.

An example screenshot is shown below:

³ The budgeting and reporting template refers to 6-month periods as "semesters".

2022/2023					2023/2024				
Semester1			Semester2		Semester1			Semester2	
Unit Price	Quantity	Budget	Quantity	Budget	Unit Price	Quantity	Budget	Quantity	Budget
\$10,000.00	2	\$20,000	2	\$20,000	\$11,000.00	2	\$22,000	2	\$22,000
\$5,000.00		\$0	10	\$50,000	\$5,000.00	10	\$50,000	10	\$50,000
\$15,000.00	1	\$15,000	1	\$15,000	\$16,000.00	1	\$16,000	1	\$16,000
\$4.50		\$0	500	\$2,250	\$4.50	500	\$2,250	500	\$2,250
\$500.00	3	\$1,500	3	\$1,500	\$500.00	3	\$1,500	3	\$1,500
\$15,000.00	3	\$45,000	3	\$45,000	\$15,000.00	3	\$45,000	3	\$45,000
		\$0		\$0			\$0		\$0

It should be remembered that these are budgeted amounts only and as such are an estimate. Users should take care in presenting their budget as accurately as possible, but it is expected that the figures will vary over the life of the project and opportunity will be given for re-budgeting during the life of the grant. As such country users cannot be overly concerned with the accuracy of budget which is to be expended years in the future.

Budget notes

To the right-hand side of the template there is a space to include budget assumptions and comments from Gavi.

In column BW, the **Budget Assumptions** are for the use of the country requesting a grant. The assumptions section should be used to provide a line-by-line explanation of the budget. Please use this section to describe the budget line in terms that will be understood by your Gavi team. Any special points to note, unusual expenses, pricing variations, or material uncertainty can be explained in this section.

The **Gavi Comments** section in column BX is for Gavi use only. During the process of agreeing the budget this column may be used for storing Gavi's questions and comments on the budget proposal.

Additional detail

In some cases, users may want to add tabs to the template that are not restricted to the formatting of the budget. While they may be used for any purpose, most commonly they are expected be used for additional detail and workings.

There are two ways to add additional information to the template:

- Users can **insert a blank worksheet** and then add calculations or other detail to it as required.
- Users can **import a worksheet from another open workbook** copying a tab from an existing Excel file into the templates.

These options can be selected using buttons at the bottom of the Grant Setup tab. A screenshot is attached below:

Optional step

Users may wish to include notes and calculations in addition to what the budget template will allow. To create blank tabs for further calculations, please use the button on the right.

Insert blank worksheet

Import worksheet from another open workbook

Step 3 – Non-Gavi Funding (for non-HSS grants only)

Non-HSS grants are required to include a portion of their funding from non-Gavi sources. These amounts are shown on the right-hand side of the table in columns BQ-BU.

Column C, completed under Step 1, sets the source of funds. This is set as either Gavi, Government, Partners, or Other. There is also an option for Funding Gap which indicates a source of funds is not yet known. One must choose Gavi PSC where funds are paid by Gavi as PSC to partners. This is activated to exclude PSC costs from the budget ceilings.

If column C has been correctly populated then this section of the table will automatically populate, with the aggregated totals for each budget covering all periods.

An example screenshot is shown below:

Gavi Budget	Govt. Budget	Budget totals			Funding gap Budget
		Partner Budget	Gavi PSC / Other Sources Budget		
\$0	\$0	\$98,618	\$0		\$0
\$0	\$29,718	\$0	\$0		\$0
\$200,000	\$0	\$0	\$0		\$0
\$988,559	\$0	\$0	\$0		\$0
\$0	\$0	\$0	\$120,000		\$0

2.3. Completing a financial report

Upon the creation of a budget, an associated financial report is also generated in a separate tab. The financial reporting tab will largely be a mirror of the budget. The report should cover the same time periods as the budget and the budget lines will be the same as the budget.

The financial report does not require immediate action upon the creation of a new grant. A financial report need only be completed in line with the reporting schedule of each individual grant. In most cases reports will fall due either every 6 or 12 months.

TIP: While there is no need to immediately populate the tables, users may wish to look at the budget early in the grant giving cycle and ensure that they are able to meet the reporting requirements.

Completing a financial report, and ensuring its accuracy, is the responsibility of the country as set out in the PFA and GMR's. When a financial report is due, users should complete the following steps:

Step 1 – Verification of budget information

The reporting template is directly linked to the budget template, and as such once the budget template has been completed, much of the information will automatically populate the reporting tab of the relevant grant.

Once grant information has been entered into the Grant Setup tab, both budget and reporting templates will be generated. While the budget tab is visible by default, the reporting tab will be hidden until the user chooses to view it. The button used to view the reporting tab of a grant is included in the Grant Setup page under column Y. A screen shot of the buttons to be selected is shown in the screenshot below:

Show Budget Tab?	Show Reporting Tab?
Yes	No
Yes	No

Once the reporting tab for the relevant grant has been selected, the user should ensure that the following information has successfully populated the reporting tab:

- Basic grant information in the table at the top of the page.
- Years and reporting periodicity. Both the financial years of the budget and the reporting periodicity should match the budget.
- Budget line information in columns B to M.

Step 2 – Entry of financial information

For each expenditure report which is due, the user should complete financial reporting for the required period.

Rows 6-9 of the financial reporting table show the periods to be reported. Within each period there are three columns: Budget, Expenditure, Utilisation. The budget information and utilisation will populate by formula – the only field which needs to be completed by the user is Expenditure.

As with all other parts of the template amount should be report in USD. Only numerical information may be included in the Expenditure columns.

TIP: In most cases the budget will match the reporting. However, limitations exist in the collection of financial information, and as such the financial report will have a more limited dataset than the budget. In particular, users should note the following:

- Financial reporting will cover Gavi budgets only. Users should not report on amounts funded by other sources. Non-Gavi funded budget lines are set to zero value automatically.
- Budgeted amounts funded through WHO and UNICEF or other multi-lateral agencies will not be reported upon through this template. A list of the Funds Recipients is included in the Grant Setup tab, and this table includes a column to be completed by Gavi which denotes which Recipients will be included in the reporting.

An example screenshot is included below for reference. In this example two periods of expenditure have been reported for semesters 1 and 2 of 2022/23:

2022/2023						2023,		
Semester1			Semester2			Semester1		
\$81,500	\$74,075	91%	\$133,750	\$142,741	107%	\$136,750	\$0	0%
Budget	Expenditure	Utilisation	Budget	Expenditure	Utilisation	Budget	Expenditure	Utilisation
\$20,000	\$19,450	97%	\$20,000	\$19,450	97%	\$22,000		0%
\$0		0%	\$50,000	\$52,222	104%	\$50,000		0%
\$15,000	\$16,125	108%	\$15,000	\$16,125	108%	\$16,000		0%
\$0		0%	\$2,250	\$1,950	87%	\$2,250		0%
\$1,500	\$1,500	100%	\$1,500	\$1,654	110%	\$1,500		0%
\$45,000	\$37,000	82%	\$45,000	\$51,340	114%	\$45,000		0%

Unbudgeted expenditures

It is expected that all expenditure taking place under the project will fall within the budget, and as such can be allocated against one of the budget lines. If country users find the budget does not meet the needs of the project, or has become outdated, they should work with their Gavi representative to re-budget the grant formally – a later section of this guidance covers Re-budgeting.

There may however be an exceptional need to record an item of expenditure which was unforeseen and does not fall within any of the agreed budget lines. In these cases, the template allows for entry of these lines in a different section of the financial reporting tab.

To report a line of expenditure outside of the budget, users should scroll down to the bottom of the reporting table. Around row 251 (although this will move in budgets which have been edited), there is a section of the template with rows that are a different colour – these rows may be used in reporting the unbudgeted amounts.

The rows in this section can be populated using dropdowns in the same way as the budget. Expenditure figure may be entered under the relevant period in the same way as other sections of the worksheet.

In the screenshot below the green cells are those which allow reporting of unbudgeted amounts.

Outcome	Source of Fund	Funds Recipient	Sub-Recipient	Ref.	Activity Description	Investment Area	Objective	Cost Grouping	Cost Input
		<additional row>		not in budget					
		<additional row>		not in budget					
		<additional row>		not in budget					
		<additional row>		not in budget					

Country users should be aware that acceptance of financial reports including unbudgeted amounts is at the discretion of Gavi and will only be agreed in exceptional circumstances.

TIP: Unbudgeted rows in the financial reporting sheet will not have budget values attached to them, and as such the utilisation columns will also remain blank.

Step 3 – Budget notes

On the far-right hand side of the table columns CK and CL are marked as Reporting Notes and Gavi Comments.

The reporting notes are for the user to complete. This box has a free text entry, and it can be used to provide further information on the expenditure information in each row. Users should consider what contextual information that GAVI should be aware of in explaining the figures included in the expenditure report. In particular, if there have been any large exceptional items, or any significant variations from the originally planned budget and workplan, then these effects can be explained in column CK.

The Gavi Comments section in column CL is for Gavi's use only. It should be used to record any comments Gavi has on the report, and responses to the user's comments in the Reporting Notes.

Step 4 – Disbursements

Disbursements are linked to the financial reporting process. Following successful agreement of financial reporting, Gavi will make disbursement of the next tranche of budget funding.

The reporting of disbursements made is included on the reporting tabs. At the top of each financial reporting table there are rows dedicated to the reporting of disbursements. The columns to which the disbursements relate are in line with the financial reporting table underneath.

An example of the completed disbursements table is shown below:

Semester1		Semester2		Semester1	
HSS Disbursement	\$70,000	HSS Disbursement	\$92,550	HSS Disbursement	
EAF Disbursement	\$25,000	EAF Disbursement	\$35,000	EAF Disbursement	

A disbursement should be recording in the period to which the funding relates rather than in the period in which disbursement is made.

The presentation of the disbursement table will differ depending on grant type. For HSS/EAF grants, the table will be split between two different lines one for each funding type. For all other grant types, a single row is included in the disbursement table.

TIP: Disbursements should be recorded on the same basis as the rest of the financial recording table. This means that funding to multi-lateral, or other excluded funds recipients, should not be included in the disbursement lines.

2.4. Data analysis tools

Once budget data has been populated, users may wish to complete analysis on the figures. The Analysis & Summary tab provides simple tools for viewing the key metrics across the grant portfolio, and aggregating budget lines within each variable.

The Analysis & Summary tab is broken down into the following types of analysis:

- Portfolio analysis
- Single grant analysis: time series
- Single grant analysis: sources of funds
- Single grant analysis: eligibility/discouraged areas
- Single grant analysis: financial reporting
- Budget comparison tool
- Objective overview

Each analysis works in a similar way – clicking the “Hide/Show” button alongside each heading will expand the relevant analysis section. This can be collapsed again once the view is no longer required using the same button.

The buttons to expand the view and start the analysis are highlighted below.

Portfolio analysis	Hide / Show
Single grant analysis: time series	Hide / Show
Single grant analysis: source of funds	Hide / Show
Single grant analysis: eligibility/discouraged areas	Hide / Show
Single grant analysis: financial reporting	Hide / Show
Budget comparison tool	Hide / Show
Objective overview	Hide/Show

When open, each section has a small table in the top left corner where the name of a grant may be entered. These names are selectable by drop down⁴. In the case of a single grant analysis, only one grant can be viewed at a time, for budget comparisons two grants are required, a maximum of 10 grant can be viewed and aggregated. An example of the single grant analysis is shown below, highlighting the cell to enter grant name:

Single grant analysis: time series	Hide / Show
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<p>Grant</p> <p>2VIGMenABudget</p>	<p>General Instructions</p> <p>The time series analysis provides a view of the budget profiled across the life of a single grant.</p> <p>Where HSS grants are selected users will be prompted to enter HSS or EAF from a further dropdown. When analysis is completed, both the grant name and the deleted. If there is a mismatch between the HSS/EAF dropdown and the grant name then the cell will highlight red and should be deleted.</p>
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Once the grant name has been entered then the analysis tables will automatically populate, as will the graphical presentations. Scrolling down will allow the user to read through the aggregated data. Once complete the tables can be reset by deleting the grant name and clicking the relevant “Show/Hide” button to collapse the view.

TIP: Different analysis sections are prepared on different bases. In particular, presentations of the budget and the reporting will differ as the budget includes all Funds Recipients whereas financial reporting excludes some organisations. Each section includes a text box explaining the basis and users should take care in reading and understanding these to avoid confusion.

⁴ The exception to this is the budget comparison tool which requires manual entry.

2.5. Re-budgeting

This process should only be completed by Gavi representatives, and not by country users.

As part of good practice in grant management, all grants should undergo a regular re-budgeting. For Gavi's longer term grants this process is expected to take place annually.

Re-budgeting can be complex as it creates difficulties in maintaining the linkages between budget and financial reporting. Gavi's template has been designed to allow simple re-budgeting to take place, and to enable further analysis on the movement of the budget across different versions.

In order to ensure the re-budgeting process functions as intended, users are asked to follow the process below.

Step 1 – Maintaining previous versions of the budget

While working on a revised version of the budget it is essential that users do not lose the original version. As such the first step in re-budgeting is ensuring a copy of the original budget has been saved.

Before starting the process, the Gavi user must unprotect the workbook. The option to unprotect is included in the Review tab in the Excel ribbon at the top of the screen. Click on Review, then Unprotect Workbook – you will then be prompted to enter the template's password.

Once the sheet has been unprotected the user should:

- Right click on the budget tab.
- Select "move or copy".
- A dialogue box will open. The user should tick the box that says "create a copy". And should select where they want the copy to appear.
- Click OK.
- The user will be presented with a further dialogue box, and should select "yes to all".

The above process will create a copy of the budget. **This copied version should be maintained as the old version of the budget and should not be edited. The original budget tab will be the version to be re-budgeted.**

TIP: Users should rename the old version of the budget to something which will allow a reader to know what they are looking at – for example if you have created a copy of the "1HSSBudget" tab then rename it as "1HSSBudgetOLD". When renaming a tab, the new name:

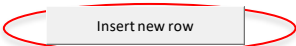
- Must not contain any spaces.
- Must not contain any special characters (eg. &,?,!,_, etc.)

Step 2 – Budget revisions

Once a version of the original budget has been saved then the budget tab may be revised. Prior to any revisions being made the Gavi user must unprotect the tab. The option to unprotect is included in the Review tab in the Excel ribbon at the top of the screen. Click on Review, then Unprotect Sheet – you will then be prompted to enter the template's password.

With the sheet unprotected the sheet can be edited as desired. Users should follow the following guidance when making changes:

- **Changes to past periods.** In most cases when re-budgeting is undertaken, financial reporting will have already been completed. For the prior periods, the revised budget should match amounts that have already been spent⁵. Users should remove the unit cost and the quantity from the periods already reported, and replace the budgeted amount with the actual amount spent.
- **Adding new activities.** The rows at the end of the budget can easily be edited to add new lines. If users want to add new activities midway through a budget, then a new row can be inserted. **To do this please click on the “Insert new row” button at the top of the budget and select where you would like the row to appear.** Inserting rows in this way keeps the linkage between budget and reporting tab.



Outcome	Source of Funds	HSS/AAF	Funds Recipient	Sub-Recipient	Ref.	Activity Description	Investment Area
1. Introduce & Scale	Gavi	HSS	MoH	Department of Health Services	1.1	Example of an Activity A	1. Service Delivery
2. Extend & Reach	Gavi	AAF	MoH		1.2	Example of an Activity B	2. Human resources for health

- **Deleting rows.** In the case that rows are no longer required, users should delete their contents, but should not delete the entire row itself.
- **Adding unbudgeted items.** As noted in the completing a financial report section of this guidance, there will be times when a country wants to record expenditure which was not included in the budget. These cases should be by exception only as it is expected that grant holders keep to their budgeted amounts. Expenditure recorded as outside of the budget should have been entered into its own section at the bottom of the reporting tab. The re-budgeting exercise is an opportunity to accommodate this spending within the budget. When editing the budget then the user must copy the variables line by line, and insert new budget lines into the revised budget before copying the values into the past periods. Once complete, the amounts included in the financial report should be moved onto the new budget lines and the previous versions deleted from the financial report.

Step 3 – Analysis

While successive revisions of the budget are good practice, it is important not to lose sight of the original intentions and costs of a grant. The Gavi template supports basic analysis showing a comparison of old and new version of a grant's budget.

⁵ Caution is advised in cases where the budget line includes non-Gavi funding as these amounts will not be reported in the financial report, as so must be added back in manually. Also, expenditure by multilaterals will not be included in the financial reporting so will have to be added manually.

The Analysis & Summary tab includes a section marked “Budget Comparison Tool”. This tool allows for comparison to be completed using two different versions of the same budget. In order to make use of the tool, the user should enter the names of the two budgets to be compared into the table in the top left.

- The first name will be the name of the tab containing the revised budget – this should be selected via dropdown.
- The second tab, marked “tab name of comparison budget”, is the name given to the tab containing the original budget. This name must be entered manually and there is no dropdown.

The screenshot below shows a completed version of the table:

Budget comparison tool		Hide / Show
Grant		
1HSSEAFBudget	Grant name	
OldBudget	Tab name of comparison budget	

General Instructions

The budget comparison tool is only of relevance following a rebudgeting exercise. The tool allows users to directly compare a previous version of the budget with the revised version. Using the tool depends on saving previous versions of the budget within this template on a separate tab.

Select the names of the grants to be included in the analysis for the table on the left.

- The grant name box is populated by dropdown and should be the most recent version of the budget.
- The comparison budget should be the name of the budget tab containing the previous version of the budget. This must be entered manually.

Please note when naming budget tabs - do not use spaces or any special characters as this will cause the analysis to not recognise the sheet name.

Please note that this analysis is completed at the level of the Gavi budget only, and as such excludes non-Gavi

Once the names of the budget tabs have been successfully entered then scrolling down will show a comparison of the two budgets aggregated across the key variables.

2.6. Prior period adjustments

Users should take all necessary caution to ensure that expenditure being reported is correct and is up to date. Nonetheless there may be occasions when it is necessary to make late adjustments to periods which had already been reported.

The budget template makes these adjustments simple. The reporting template for each grant covers all periods, an amendment to a prior period can be made by editing the expenditure figures for the required period.

While making the change in the template is easy, it is essential that both the funds recipient and Gavi have a shared view of the figures. As such in all cases when editing prior periods, users must maintain a record of the change being made and inform Gavi alongside your reporting.

2.7. Cash control & use of residual cash balances

The templates include a tab called Cash Control. This is used to track unspent amounts in the portfolio and compare budget and expenditure to cash disbursements. In particular, this

sheet may be used when considering the rollover of unspent balances from non-HSS grants into HSS budgets.

In completing the template users should note that the sections coloured blue will automatically populate from other parts of the template. Users should only edit sections highlighted Green, and those highlighted red denoting an issue.

Columns D and E in the template will always be populated by the HSS and EAF grants where relevant. Other grants will be listed in columns F to N. As the template is used to support the rollover of unspent funds into HSS grants, the HSS column has one section blacked out intentionally.

Annex A: Investment Framework

Investment Areas	Objectives	Encouraged Illustrative Activities
1. Service Delivery	1.1 Extend immunisation services to reach zero-dose, underimmunised children and missed communities	<ul style="list-style-type: none"> • Develop, implement and/or monitor integrated district-level micro-plans that address gender and equity barriers • Implement community-based approaches particularly for populations who are not reached through existing strategies (e.g. inability to access fixed health facilities) • Increase the number of service delivery points for missed communities through specific, time-bound investments in fixed site infrastructure • Expand range of service delivery sites (e.g., markets, transit centres) • Increase frequency and regularity of integrated outreach immunisation sessions • Extend opening hours of immunisation services to meet parents' needs e.g. evening/weekend sessions • Implement periodic intensification of routine immunisation activities • Monitor disease outbreaks and implement actions to bring un- and under-vaccinated communities into the fold of routine services
	1.2 Integrate delivery of services to improve efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and underimmunised children and missed communities	<ul style="list-style-type: none"> • Provide regular and reliable immunisation sessions, including outreach and mobile, for targeted individuals, as part of an integrated package of health services. This can include the following examples: <ul style="list-style-type: none"> ◦ Integration of service delivery (routine immunisation and otherwise) with other services that can be co-delivered. Examples include de-worming, nutrition supplementation, water sanitation and hygiene (WASH) interventions, growth monitoring, sexual and reproductive health services ◦ Catching up missed children with all antigens and other services that can be co-delivered ◦ Use disease-focused campaigns to focus on missed children and integrate multi-antigens and other services ◦ Integration of routine immunisation with COVID-19 vaccination • Support operational activities as part of catch-up vaccination efforts required to mitigate the disruption of the COVID-19 pandemic on routine immunisation with specific focus on missed children in line with the Gavi Maintain, Restore and Strengthen guidelines
	1.3 Improve service quality and user experience of immunisation services, including bringing a strong gender lens	<ul style="list-style-type: none"> • Increase the parent's understanding of benefits of immunisation, and place and timing of vaccination services • Implement identified actions to improve quality of immunisation services. Examples include reduced waiting time and appropriate counselling. • Involve communities, particularly users, in planning, designing, and monitoring of immunisation services. This includes setting up social accountability processes (e.g., scorecards) • Adapt immunisation services (e.g. location, schedule, service packages) based on user needs. When it comes to mothers, services should be adapted based on the distance that mothers have to travel, the appropriateness of timing and the package of services offered

	1.4 Establish and/or continue partnerships with civil society organisations to provide immunisation services	<ul style="list-style-type: none"> • Partner with CSOs, CBOs, FBOs, and community actors to identify missed communities, including understanding and addressing the underlying barriers • Mapping and capacity assessment of CSOs, CBOs, and FBOs for the delivery of immunisation services • Fund provision of integrated and/or standalone immunisation services by CSOs, CBOs and FBOs • Catalytic investments to test and scale innovative CSO-led approaches in immunisation service delivery
	1.5 Establish and/or continue partnerships with (for profit) private sector actors, including professional associations, to reach zero-dose, underimmunised children and missed communities	<ul style="list-style-type: none"> • Support partnerships with professional associations (e.g. medical, nursing and midwifery) to deliver immunisation services, especially in settings where they have a strong presence • Advocate and support the provision of immunisation services by private sector facilities, especially in urban settings where they have a strong presence. This should include reporting into the national HIS
	1.6 Address gender considerations in the planning and implementation of immunisation services	<ul style="list-style-type: none"> • Engage women-led CSOs and community health worker associations to ensure service delivery design, implementation and monitoring have a strong gender lens • Conduct gender assessment of health systems, health facilities, household decision-making processes, power dynamics and access to resources to inform service delivery design • Implement interventions to address identified gender-related barriers (e.g. holding clinics at convenient times/locations for mothers/female caregivers, special clinics for young parents, strengthening the engagement of men and fathers) • Implement safeguarding policies and practices to ensure the safety of users and providers
	1.7 Design and implement life-course immunisation approaches relevant to Gavi-supported vaccine programmes (HPV, MCV2)	<ul style="list-style-type: none"> • Implement corrective actions to reduce missed opportunities for vaccination e.g. providing yellow fever, polio and measles vaccines at 9 months, co-administering required vaccines at 18 months assessment • Update immunisation policies and schedules to increase catch-up vaccination, including for children beyond 24 months of age • Strengthen delivery of second year of life vaccines (e.g. MCV2 at 18 months), Establish a second-year-of-life platform for timely delivery of vaccines, catch-up vaccination of missed antigens, and delivery of other health interventions • Establish, implement and/or evaluate a school entry immunisation check and/or referral system • Establish and / or implement adolescent immunisation programmes • Inter/intra sectoral coordination of the HPV programme at all levels with other health programmes and ministries • Integrate the HPV vaccination programme with routine immunisation and other health programmes • Use existing primary healthcare mechanisms for delivery of the HPV vaccine to reach missed girls
	1.8 Other service delivery objective	<ul style="list-style-type: none"> • Any other activities not included in the above
2. Human resources for health	2.1 Improve technical and managerial capacity of healthcare workers to plan, implement and monitor immunisation services	<ul style="list-style-type: none"> • Adopt innovative, evidence based, blended learning approaches, such as video learning, mobile learning, peer learning, collaborative problem solving and remote mentoring to improve health worker knowledge, skills, and performance • Develop and disseminate digital tools for on-the-job training

		<ul style="list-style-type: none"> • Introduce remote testing and certifications which award learners for achievements and documented competence rather than solely participation and completion of training
	2.2 Improve quality of immunisation-related pre-service training among physicians, midwives and nurses for immunisation	<ul style="list-style-type: none"> • Complementary investments to ensure the latest information on immunisation practices is integrated into curricula used in medical, midwifery and nursing schools • Build and/or enhance interpersonal and communication skills of healthcare workers with a focus on gender • Ensure that curricula and training manuals for healthcare workers stress the role of fathers in immunisation
	2.3 Ensure the immunisation health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development	<ul style="list-style-type: none"> • Use of non-financial incentives (e.g., formal recognition ceremonies) to increase HRH motivation and behaviour • Introduce methods and tools to improve performance improvement and accountability, including monitoring and supportive supervision tools, effective data reporting systems, mentoring, performance review processes, adaptive checklists and content based on previous responses • Introduce remote, digitally-enabled approaches to supervision and mentoring
	2.4 Improve distribution and retention of health workers to increase equitable access to immunisation services	<ul style="list-style-type: none"> • Identify gaps in the health workforce by mapping against target populations, including zero-dose and underimmunised children (e.g. as part of an accessibility analysis) • Review and adapt HRH roles to increase capacity of existing workforce (e.g., by shifting non-technical tasks to other staff or upskilling some workers) • Time-bound funding to deploy and retain healthcare workers to scale-up services to reach zero-dose children and missed communities. A clear plan for inclusion in national budget is needed
	2.5 Address gender and protection considerations in policies and practices relevant to healthcare providers	<ul style="list-style-type: none"> • Promote safe and decent working conditions, including equal pay and protection from sexual harassment and violence at work • Improve gender equity in leadership in the healthcare workforce by supporting women's leadership in immunisation programmes
	2.6 Other human resources for health objective	<ul style="list-style-type: none"> • Any other activities not included in the above
3. Supply Chain	3.1 Improve design of immunisation supply chain system to improve efficiency and vaccine availability, especially in the last mile	<ul style="list-style-type: none"> • Assess the current immunisation supply chain (iSC) system to understand gaps and challenges • Streamline iSC levels and improve the efficiency of vaccine distribution systems, leveraging innovative technologies that national systems can sustain • Develop and implement plans to integrate the vaccine and other health supply chains, leveraging the private sector as appropriate for efficiency and sustainability
	3.2 Improve stock management for vaccines and devices to avoid facility-level stock-outs	<ul style="list-style-type: none"> • Enable data-driven forecasting, and regular stock and programmatic performance reviews to avoid both stock-outs and over-supply • Conduct physical vaccine and devices stock counts to avoid wastages • Support active monitoring of vaccine and device wastage and implement strategies to mitigate avoidable wastage (e.g. wastage assessments) • Digitalise facility-level stock management systems, linked to the country's reporting system • Strengthen healthcare workers use of data and update EPI data policies in line with system changes

	3.3 Increase capacity and quality of vaccine storage and distribution to improve vaccine availability, especially in the last mile	<ul style="list-style-type: none"> • Ensure appropriate equipment, vaccine and dry storage capacity is installed at all supply chain levels based on data-driven cold-chain expansion and rehabilitation planning • Extend cold chain equipment to un- and /under-served areas with zero-dose, underimmunised children and missed communities and zero dose children • Ensure use of appropriate equipment for vaccine storage in transit leveraging innovative technologies such as freeze-free vaccine carriers, cold boxes and refrigerated vehicles • Strengthen maintenance of iSC infrastructure, including through improved planning, financing and performance management • Encourage adoption of appropriate CCE decommissioning and disposal guidelines and practices
	3.4 Strengthen Logistics Management Information Systems to assure real-time monitoring at all immunisation supply chain levels	<ul style="list-style-type: none"> • Digitise paper systems and deploy appropriate e-logistics management information systems (e-LMIS) that meet the Gavi-endorsed Target Software Standards • Integrate the latest technology (e.g. remote temperature monitoring devices and equipment monitoring systems) to monitor temperature data and equipment performance • Build capacity of iSC staff and managers at all levels to interpret, triangulate and use data for action to improve iSC performance
	3.5 Improve planning, coordination and monitoring of supply chain management at all levels	<ul style="list-style-type: none"> • Improve capacities of national and subnational logistics working groups in planning, coordination and monitoring of supply chain performance. For example, this would include mitigating stock-out risks • Build supply chain skills at all levels to secure a pipeline of skilled supply chain staff
	3.6 Strengthen waste management to reduce infection risk and/or environmental impact	<ul style="list-style-type: none"> • Review waste handling, treatment and disposal practices and develop robust waste management plans • Training and/or capacity building of national and sub-national staff on waste management practices • Procurement, installation and regular use of relevant equipment (e.g. incinerators)
	3.7 Other supply chain objective	<ul style="list-style-type: none"> • Any other activities not included in the above
4. Health Information Systems and Monitoring & Learning	4.1 Ensure timely, fit-for-purpose information is available at all levels of the system, and is used regularly and systematically to improve programmatic reach and performance	<ul style="list-style-type: none"> • Strengthen systems for use of data to improve programmatic performance and reach zero dose children; routine facility reporting; community monitoring; monitoring service availability, quality, and effectiveness incorporating operational data; and ensuring the health management information system (HMIS) addresses gender considerations • Strengthen reporting feedback loops to share and triangulate information across all levels of the system to improve data quality • Strengthen capacity to perform advanced analytics, including data triangulation, forecasting and scenario modelling, and improve estimates for programme data • Strengthen health worker capacity and use of interventions generating timely and more in-depth information such as implementation research, surveys, assessments, evaluations and qualitative studies for understanding gender- and demand-related barriers • Support periodic in-depth assessments like surveys, health facility assessments and qualitative studies

	4.2 Improve data use-related capacity, tools, evidence generation and/or systems for programme monitoring and learning, especially at the subnational level	<ul style="list-style-type: none"> • Integrate data: e.g. HMIS/routine health information system (RHIS), logistics management information system (LMIS), surveillance, civil registration and vital statistics (CRVS), geographic information system (GIS), human resource information system (HRIS) in dashboards and by using decision support tools • Set up processes to identify populations not receiving immunisation services and monitor progress including the use of the bottleneck analysis application (BNA) • Establish digital immunisation microplans, track immunisation sessions planned and regularly monitor progress. This includes, for example, tracking the number of immunisation sessions conducted and the number of children reached, including the reduction in the number of zero-dose children
	4.3 Strengthen information systems relevant for the identification and reach of zero-dose and under-immunised children	<ul style="list-style-type: none"> • Build capacity to triangulate data, including the use of outbreak and surveillance data, to identify and reach zero-dose underimmunised children and missed communities • Implement community registries, establish birth notification system and strengthen linkage between the HMIS and the CRVS systems • Implement immunisation coverage surveys to identify children and assess reasons for non-immunisation when other data sources are insufficient • Strengthen GIS using digital maps and satellite imagery to identify missed settlements, update boundaries of catchment areas and location of health facilities, map population and assess accessibility of services • Set up digital and geo-localised master health facilities list • Improve estimates of target population including the combined use of modeling and micro census data • Collaborate with other health programmes, ministries and/or institutions to obtain more information on the target population across the life course • Ensure immunisation-specific indicators are included in planned large surveys (e.g. Multiple Indicator Cluster Survey, Demographic and Health Survey, standards of living surveys) • Use real-time planning and monitoring approaches during an immunisation campaign and implement a system to connect previously missed children and communities to routine immunisation
	4.4 Strengthen country capacity to detect, evaluate and respond to serious adverse events following immunisation	<ul style="list-style-type: none"> • Train immunisation staff and establish an information system to detect and respond to vaccine safety concerns • Strengthen capacity to evaluate and respond to signals of new, rare potential safety problems, especially with new vaccines • Establish and train committee to assess relationship between receipt of vaccine and subsequent medical problem • Develop plans for responding to vaccine safety concerns or signals, including crisis communications plans
	4.5 Scale up digital health information interventions based on country needs, priorities, plans, strategies, and readiness	<ul style="list-style-type: none"> • Support interoperability between various information systems • Facilitate the integration of data sources, including operational (immunisation session, stock and human resources data) and disease surveillance data • Build an enabling environment for digital information systems, including procurement of hardware and software as well as Internet and connectivity • Support platform maintenance, overall ecosystem and digital roadmap development

		<ul style="list-style-type: none"> • Deploy real-time planning and monitoring interventions to accelerate the sharing, analysis and use of data to improve the immunisation campaign
	4.6 Other objective related to HIS and M&E	<ul style="list-style-type: none"> • Any other activities not included in the above
5. Vaccine Preventable Disease Surveillance	5.1 Improve the availability and use of timely and accurate data for decisions on vaccine introduction and preventive campaign targeting	<ul style="list-style-type: none"> • Strengthen capacity for recognition, reporting, and investigation of diseases under decision for possible preventive campaigns • Implement digital system for reporting suspected and confirmed VPD cases integrated with HMIS • Laboratory and diagnostic testing for VPDs with targeted vaccination such as yellow fever, cholera, typhoid, meningococcus, measles and rubella • Triangulate disease surveillance data, including diagnostic test-confirmed case-based surveillance data, with coverage and other data to assess populations' risk of diseases to inform possible preventive campaigns or vaccine introduction in routine immunisation
	5.2 Increase timely detection of and response to vaccine-preventable disease outbreaks	<ul style="list-style-type: none"> • Digital systems to facilitate reporting between surveillance systems, diagnostic laboratories and immunisation programmes
	5.3 Sustainably integrate vaccine-preventable disease surveillance, which meets immunisation programme needs, into a resilient national disease surveillance system	<ul style="list-style-type: none"> • Collection of vaccine-preventable disease surveillance data through integrated surveillance • Multi-disease training materials, guidelines, and surveillance system upgrades to incorporate additional vaccine preventable diseases, such as polio, into the scope of national disease surveillance programmes • Capacity strengthening on the development of domestic budgets for disease surveillance, including diagnostic procurement
	5.4 Use surveillance data to identify ways to improve immunisation programme effectiveness in preventing disease	<ul style="list-style-type: none"> • Root cause analysis of outbreaks (i.e., gaps in immunisation programme performance, identifying and rectifying gaps in routine immunisation service delivery, for example) • Triangulation of disease surveillance data, for measles and other VPDs, with coverage and other data to identify under-immunised populations, especially zero dose children
	5.5 Other objective related to VPD surveillance	<ul style="list-style-type: none"> • Any other activities not included in the above
6. Demand Generation and Community Engagement	6.1 Support the scale-up of social and behavioural data and information systems, including social listening	<ul style="list-style-type: none"> • Increase the availability, analysis and use of social and behavioural data, including use of targeted rapid surveys, mobile-assisted data collection, and routine data and monitoring systems at the country level • Establish and use effective social listening and online/offline rumour monitoring systems

	<p>6.2 Design and implement social and behaviour change interventions</p>	<ul style="list-style-type: none"> • Design and implement community-based interventions that build trust, confidence, and active demand for immunisation and primary healthcare, ensuring a strong gender lens to address social and gender-related barriers to uptake • Use participatory approaches and social data to develop simple/innovative solutions for increasing uptake as part of subnational, district and/or facility-level planning (human-centred design) • Use community and health worker insights and feedback to improve service quality and client experience • Intensify community engagement by community health workers, mobilisers and influencers in areas with a high number of missed communities, zero-dose and underimmunised children • Engage trusted influencers, including traditional and faith-based leaders, community health workers and mobilisers, to address vaccine hesitancy and low trust in areas where this has been identified as a barrier to vaccine uptake • Work with CSOs, CBOs and FBOs and private health providers to generate demand and address hesitancy in hard-to-reach areas and missed communities • Implement gender-transformative interventions to address negative gender norms in health systems and actively work to change them
	<p>6.3 Improve capacity in designing, implementing, monitoring and/or evaluating demand generation activities at all levels</p>	<ul style="list-style-type: none"> • Build capacity for collecting, analysing and using social and behavioural data including at the subnational level • Capacity building for evidence-based design and implementation of social and behaviour change interventions • Capacity assessment of frontline workers' ability to adapt demand generation activities to local contexts and implement them • Increase national and subnational capacity for risk and crisis communications, including the development of Standard Operating Procedures, and identifying and training spokespeople to ensure effective and timely responses to adverse events following immunisation, vaccine-related events and vaccine hesitancy
	<p>6.4 Increase advocacy for social and political commitment as well as increased accountability for equitable immunisation at all levels</p>	<ul style="list-style-type: none"> • Develop evidence-based advocacy approaches, materials and campaigns on equitable immunisation coverage to influence relevant political and/or public processes • Organise and/or engage in key advocacy events to influence key audiences and decision-makers • Partner with community-based champions, CSOs, CBOs and FBOs to develop and disseminate key advocacy messages • Systematically engage with key Ministries and parliamentarians to build political will for equitable immunisation at all levels
	<p>6.5 Strengthen partnerships with local and community actors to improve demand for immunisation</p>	<ul style="list-style-type: none"> • Collaborate with CSOs, CBOs, FBOs and local community actors to track and address rumours, misinformation, and mistrust relating to immunisation • Partner with CSOs, CBOs, FBOs and community actors to design and implement tailored demand interventions responding to contextual underlying barriers for vaccine uptake in missed communities • Map CSOs, CBOs and FBOs and key local actors, especially in areas with high numbers of zero dose children, for demand generation

	6.6 Other Demand Generation and Community Engagement objective	<ul style="list-style-type: none"> Any other activities not included in the above
7. Governance, Policy, Strategic Planning, and Programme Management	7.1 Strengthen capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children	<ul style="list-style-type: none"> Build capacity of national governance mechanisms for evidence-based decision- making on vaccine introductions, comprehensive disease control measures, including preventive campaign decisions, as well as for prioritizing zero-dose, underimmunised children and missed communities Develop dashboards to monitor and performance-manage programmes Build capacity of provincial and district level working groups to oversee programmes Support annual operational planning and multi-year planning efforts to systematically reach zero-dose children Support the design and implementation of accountability mechanisms at all levels
	7.2 Strengthen programme performance monitoring and management systems at all levels	<ul style="list-style-type: none"> Strengthen the management of the EPI programme, including through digitally-assisted data use to identify and address programme bottlenecks Institute programme performance monitoring and reviews at all levels to address programme bottlenecks and help course correct Strengthen EPI management capacity at all levels to address fund flow, programme, and partnership managements issues to reach zero-dose children
	7.3 Assure gender equality, inclusion and protection considerations are addressed in management structures, immunisation policies, guidelines, practices and accountability measures	<ul style="list-style-type: none"> Design, implement and monitor safeguarding policies and accountability measures for gender-based violence as well as sexual exploitation and abuse Conduct gender audits of immunisation and human resources for health policies and practices to identify gaps between policy and implementation and areas to strengthen a positive work environment Ensure alignment between the immunisation strategy and the national gender equality strategy and national gender equality commitments
	7.4 Other objective related to governance, policy, strategic planning and programme management	<ul style="list-style-type: none"> Any other activities not included in the above
8. Health Financing	8.1 Support planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets	<ul style="list-style-type: none"> Capacity building on planning and budgeting for vaccines within wider PHC budget exercises Setting up mechanisms/initiatives to strengthen predictability of domestic vaccine financing (including the Vaccine Independence Initiative and the International Monetary Fund support social spending target to include vaccine costs) Integration of vaccine requirements into the Medium Term Expenditure Frameworks for health/PHC (especially in countries in accelerated transition) or other frameworks

	8.2 Support the budgeting and targeting of domestic resources for immunisation and/or primary healthcare based on equity considerations	<ul style="list-style-type: none"> • Analysis of health spending; technical assistance to protect immunisation and PHC spending; and policy dialogue around prioritising health, PHC as well as immunisation • Costing, allocative efficiency and value for money of service delivery strategies, including addressing gender-related barriers and increasing demand to reach zero-dose children • Supporting technology solutions for domestic resources transfers and leveraging the ones being used for Gavi funding (e.g. mobile banking) • Assess the opportunity of innovative PHC financing, including facility and community performance-based financing and direct financing facility schemes
	8.3 Improve the efficient use and tracking of domestic fund flows going to the frontline, including for reaching zero-dose children	<ul style="list-style-type: none"> • Public financial management (PFM) strengthening activities with in-depth analysis addressing PFM bottlenecks at the PHC level • Develop tools and processes building on existing expenditure tracking activities, including online dashboards of funding sources (domestic and external), to improve the transparency of funding flows to all stakeholders • Set up monitoring mechanisms and accountability frameworks to review information on PHC expenditures at national and subnational levels
	8.4 Other objective related to health financing	<ul style="list-style-type: none"> • Any other activities not included in the above
9. Grant Management and Indirect Costs	9.1 Gavi grant management costs	<ul style="list-style-type: none"> • Relates to general administrative management of programmes - e.g. audit costs, PMU costs, etc. • PSC Costs to Alliance Partners or other Implementor overhead costs • Costs for Monitoring Agents, Fiduciary Agents and other assurance activities • Specific planning for activities e.g. campaigns included under related activity
	9.2 TA for Gavi management support to grant implementation	<ul style="list-style-type: none"> • TA for Gavi management support to grant implementation • TA for EPI program management
	9.3 Other objective related to grant management and indirect costs	<ul style="list-style-type: none"> • Any other activities not included in the above
10. Results-based Financing	10.1 Results-based financing	<ul style="list-style-type: none"> • Includes funding which effectively buys results rather than specific cost inputs and is therefore not allocable to any other input category. This includes different schemes and structures, including Pay-for-Results, Disbursement Linked Indicators, or other similar mechanisms

Annex B: Gavi Cost Framework

Cost grouping	Cost Inputs	Category description
1. Human Resources (HR)	1.1 Salaries & Wages (programme management/admin staff)	<p>All costs charged to Human Resources represent payments for services delivered - it therefore excludes any payments in lieu of out-of-pocket costs e.g. per diems, subsistence/overnight allowances, transport allowances.</p> <p>Salaries and wages (1.1 and 1.2) should include all salaries, wages and other benefits (e.g social security contribution, housing, pension), provided as part of the standard remuneration package.</p> <p>1.3 relates to official schemes which have been endorsed by the ICC.</p> <p>1.4 relates to allowances provided to persons who do not receive a formal salary and are provided with an allowance for performing defined services e.g. volunteers engaged in vaccine campaigns.</p>
	1.2 Salaries & Wages (health, technical and outreach staff)	
	1.3 Performance-based supplements, incentives, top-ups	
	1.4 Other payments for support services	
	1.5 Other HR costs	
2. Transport and Travel-related Costs	2.1 Vehicle procurement	<p>2.1 relates to the full cost of purchase of assets for the transportation of goods or people (Including Cars and pick-ups, Motorcycles, Trucks and Boats) but excluding any taxes and customs duties (which are ineligible).</p> <p>For HSS & EAF eligible only if demonstrably critical for regularly and reliably reaching zero-dose and missed communities as part of a comprehensive funded plan.</p> <p>2.3 For HSS and EAF only: not eligible for rented vehicles; eligible when vehicle purchase is permitted or where demonstrably critical for regularly and reliably reaching zero-dose and missed communities as part of a comprehensive funded plan.</p> <p>No restrictions on VIGs, OPS or Switch grants.</p> <p>2.4. For HSS and EAF only: not eligible for rented vehicles; eligible when vehicle purchase is permitted or where demonstrably critical for regularly and reliably reaching zero-dose and missed communities as part of a comprehensive funded plan</p> <p>No restrictions on VIGs, OPS or Switch grants.</p>
	2.2 Vehicle rental	
	2.3 Fuel for vehicles	
	2.4 Vehicle maintenance	
	2.5 Per diems/allowances for travel-related activities	

	2.6 Other transports costs	<p>2.5 relates to the costs of travel and staying away from home station for service delivery, with amounts provided in lieu of out-of-pocket costs and are referred to as 'cost recoveries' e.g. travel allowances, per diems, subsistence allowances. The associated activities are most likely to be campaigns, outreach, monitoring, supervision.</p> <p>Any salary/wage costs related to transportation e.g. for drivers remain under Human Resources (cost grouping 1).</p> <p>The cost grouping does not include travel costs related to Trainings, meetings & other events which is separately covered under category 5: event-related costs.</p>
3. External Professional Services (EPS)	3.1 Consultancy costs	Includes all costs related to technical/management assistance delivered by external agencies/individuals under service contracts, with specific categories for fiduciary agents and external audit. The costs include all fees, whether time or deliverables based, and associated expenses.
	3.2 Fiscal/Fiduciary agent costs	
	3.3 External audit costs	
	3.4 Other EPS costs	
4. Health Products, consumables and equipment	4.1 Immunisation session supplies	Costs of health products and consumables which are not covered by the in-kind support provided through Gavi's NVS grant portfolio.
	4.2 Waste management supplies	Cost of printed materials such as vaccination cards and registers are included in 4.1 Immunisation session supplies.
	4.3 Health equipment and maintenance costs	Health equipment such as incinerators and microscopes, with the associated running/maintenance costs, are included in 4.3
	4.4 Other health products, consumables and equipment	

5. Event related (trainings, meetings, workshops, launches)	5.1 Per diems/allowances related to events (trainings, meetings, workshops, launches)	Costs specifically allocated to the conduct of ONE-OFF meetings, workshops, trainings, launches or other public events, relating mostly to vaccination campaigns and introductions. This category does not include the costs of meetings and other fora used in the routine conduct of immunization programmes e.g. related to planning and supervision. Such costs would be shown under travel related costs (cost input 2.5).
	5.2 Other costs (venue, subsistence, facilitation, materials etc.)	Travel cost including transport allowance and fuel cost related to events (trainings, meetings, workshops, launches) should be included in 5.1 Other cost refers to refreshments, hall hire, venue, and other event-package costs.
6. Cold Chain	6.1 Cold storage large equipment	Includes specific Cold Chain related costs, i.e. procurement/purchase of storage equipment (freezers, fridges); cold vehicles (refrigerated boats, trucks, etc.); small equipment (vaccine carrier, ice packs...); and maintenance (including reparation, upgrading, service costs) and additional equipment e.g. generators and solar installations. Also includes joint-investment share of CCEOP-eligible equipment.
	6.2 Cold vehicles	
	6.3 Cold Chain small equipment	Does not include costs linked to Cold Chain infrastructure (e.g. construction of cold chain facilities) which falls under 7. Infrastructure, nor costs related to training and HR which fall under separate categories.
	6.4 Cold Chain running and maintenance costs	
	6.5 Joint-investment for CCEOP	
	6.6 Other cold chain related costs	
7. Infrastructure (INF) and Non-Health Equipment (NHE)	7.1 Construction and renovation	Includes construction, renovation or rehabilitation of facilities, furniture and fittings, and IT and telephony equipment. Non-health equipment includes generators for example. Also includes associated running and maintenance costs. Does not include EPS linked to software creation or tool design (cat. 3).
	7.2 Furniture and fittings	
	7.3 IT equipment, telephony, software and connectivity	

	7.4 Other infrastructure and non-health equipment and maintenance costs	
8. Communication Materials and Publications	8.1 Printed materials	<p>Communication materials include any printed materials and other communication costs associated with the immunization programme, TV spots, radio airtime, advertising, media events, education, dissemination, promotion, promotional items.</p> <p>Any HR or technical assistance component should be included under HR (cat.1) or external professional services (cat.2).</p>
	8.2 Television/radio spots and programmes	
	8.3 Promotional materials (non-print)	
	8.4 Other communication material and publications	
9. Programme Administration (PA)	9.1 Office related costs	<p>Office related costs includes other indirect costs related to office administration e.g. office supplies, consumables, rent, utilities, mail, telephones, internet, bank charges, security. This excludes services provided by external professionals (cat.3) and related HR costs (cat.1).</p>
	9.2 Program support costs (PSC) - UNICEF	
	9.3 Program support costs (PSC) - WHO	
	9.4 Other programme administration costs	
10. Results-based Financing	10.1 Results-based financing	<p>Includes funding which effectively buys results rather than specific cost inputs and is therefore not allocable to any other input category. This includes different schemes and structures, including Pay-for-Results, Disbursement Linked Indicators, or other similar mechanisms.</p>

Annex C: How do I enable macros?

When opening the template in Excel, macros must be enabled in order for the functionality to work correctly. This annex gives a brief guide on enabling of macros prior to starting work on the templates.

Step 1

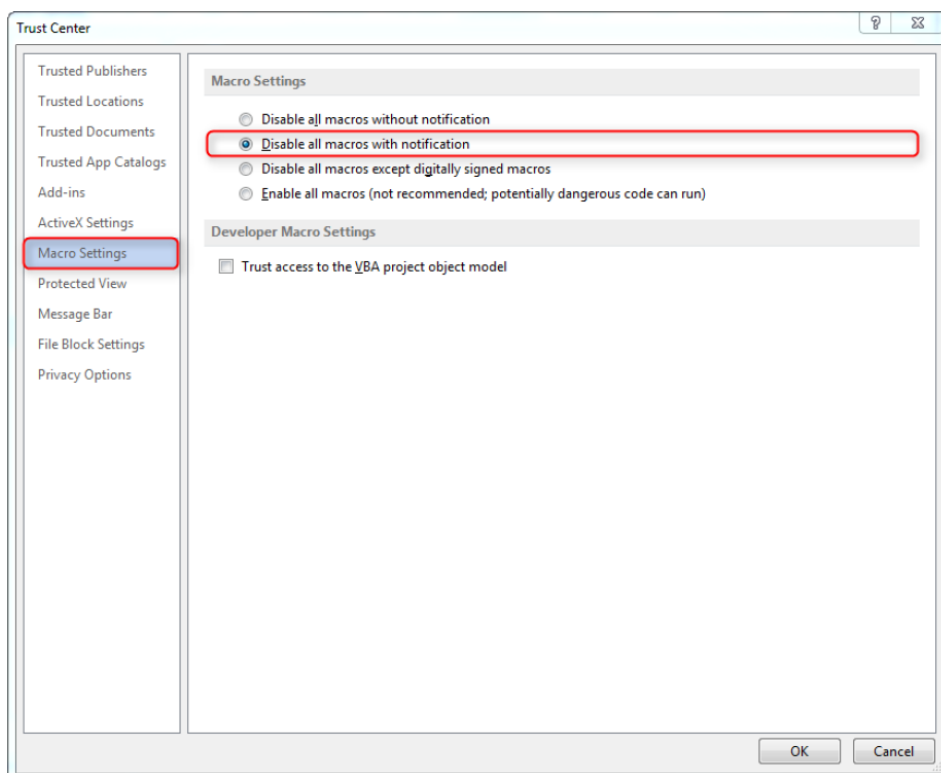
With the template open, select the “File” heading in the ribbon on the top left of the screen.

Step 2

Select “Options”, then “Trust Center” and then “Trust Center Settings”.

Step 3

Select “Macro Settings”. You will be given a list of options, please select “Disable all macros with notification”. This option disables macros, but alerts the user with a security message if there are macros present. This way, you can choose when to enable those macros on a case by case basis.



Step 4

In future when you open an Excel file which includes macros, the following message will appear:



Clicking the “Enable Content” button will allow the template to function correctly.