



Partnering with The Vaccine Fund

June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY:	SIERRA LEONE
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Date of submission: 30th. Sept 2003.

Reporting period :October 2002-September 2003

(Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one) :

- | | |
|-------------------------------|--------------------------|
| Inception report | <input type="checkbox"/> |
| First annual progress report | P |
| Second annual progress report | X |
| Third annual progress report | <input type="checkbox"/> |
| Fourth annual progress report | <input type="checkbox"/> |
| Fifth annual progress report | <input type="checkbox"/> |

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

****Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

→ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

GAVI Funds as support to EPI in Sierra Leone are managed at central level. Upon receipt of funds from the GAVI secretariat, the Hon. Minister informs the ICC about remittance of funds. In a meeting the ICC would instruct the EPI Technical team (EPI Manager, UNICEF Focal Person, and WHO/EPI Consultant) to allocate funds to various EPI activities which are not funded. This allocation is presented at the next ICC Meeting for approval. Upon approval, activities request are made on a quarterly basis using the revised form devised by the Ministry of Finance for the utilization and management of funds. Funds released are liquidated before the release of funds for other activities. All liquidations are kept at Central level. The introduction of revised accountability forms for all Government funds delayed the release of GAVI funds to support EPI activities both at National and District levels.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year **_180,000**

Remaining funds (carry over) from the previous year **40,889**

Table 1 : Use of funds during reported calendar year 2002-2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds US\$			REMARKS
		PUBLIC SECTOR			
		Central	Region/State/Province	District	
Vaccines	0	0		0	
Injection supplies clearing (office imprest)	3,997.43	3,997.43		-	Done - See 1 of 9 documents
Personnel	0	0		0	
Transportation					
Maintenance of EPI supplies Vehicle and District Vehicles and motorbikes	14,267.29	14,267.29		0	Done - See 2 of 9 documents
Training	0	0		0	
IEC / social mobilization Bangles for DPT1,2&3	24,000.00			24,000	Budgeted
Outreach	--				
Supervision	13,096.16	13,096.16		-	Done - See 3 of 9 documents
Vehicle Purchase	60,000.00			60,000	Done - See 4 of 9 documents
Cold chain equipment (Servicing)	5,563.70	-		5,563.70	Done - See 5 of 9 documents
Fuel for cold rooms	27,897.47			27,897.47	Done - See 6 of 9 documents
Fuel for distribution vehicle	9,640.80			9,640.80	Done - See 7 of 9 documents
Building of EPI supply store	45,000.00	45,000			Work in progress –See 8 of 9 documents
Servicing of district Generators	11,405.54			11,405.54	Done – See 9 of 9 documents
Total:	214,850.39	76,360.88		138,489.51	
Remaining funds for next year:	6,038.61				

**If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

→ *Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.*

- *Rehabilitation, Equipping and staffing of 103 additional PHUs in the Districts.*
- *Provision of .Auto Destruct Needles and Syringes to the health facilities at district level*
- *Procurement of one ten- ton vehicle to augment the existing vehicle for the timely distribution of EPI materials and supplies to the districts*
- *Construction of one large store at Central level for the storage of EPI materials and supplies.*
- *Construction of a temporary cold room at the Lungi International Air port for the storage of vaccines arriving in country.*
- *Distribution of cold chain materials ,gas and vaccines to the districts*
- *Monitoring and Supervision at district level*
- *Training of Operation and Cold room Officers on the installation and management of Solar Refrigerators*
- *Refresher training of Health staff on EPI in all thirteen Districts.*
- *Mid level training on logistics and vaccine management*
- *Construction of incinerators ongoing*
- *Supervision visits to Districts and selected PHUs.(Peripheral Healthy Units)*
- *Mid year review meeting held*
- *Fabricated cold room procured by UNICEF and site identified for installation at the Lungi International Airport*
- *Radio installation in all districts*
- *Installation of solar equipment at major health facilities in Kambia,Kono, Bombali and Koinadugu districts*

*** All monies going through the Government financial system and once contract has been signed with contractor, it is considered committed.*

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.*

YES

NO

→ *If yes, please attach the plan and report on the degree of its implementation.*

Immunization data quality audit not yet done.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

→ *Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).*

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

→ *Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

Sierra Leone received an initial quantity of,667,700 doses of Yellow Fever vaccines in 10 – and 20- dose vial from GAVI for the Year 2003 .Potential problems include wastage especially in Peripheral Health Units with small target population ,since it was 20 dose vials supplied more than 10-dose vials .

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

- *Yellow Feve) introduced in all thirteen Districts*

- *ICC meetings conducted on periodic basis*
- *Immunization policy document revised to include new vaccine introduced into EPI (Yellow Fever) and new vaccine yet to be introduced such as Hepatitis.B and Haemophilus B distributed to the districts*
- *Rehabilitation of eleven district Cold rooms*
- *Solar Refrigerators provided in Eight District Cold rooms as strategy to increase storage capacity of vaccines.*
- *Expansion of Health Facilities at community as of November 2002, from 526 to 669 in July,2003*
- *Four Districts (Kono 10, Kambia10 ,Koinadugu24,Bombali10) will soon run on solar powered refrigerators*
- *, Social Mobilization activities in the form of radio and television discussion coupled with inter personal communication in clinics and community levels*
- *Orientation of National Supervisors on the introduction of Yellow Fever*
- *Introduction and training of District EPI staff on Yellow Fever in thirteen districts*
- *Purchase of one 10 –ton Truck for distribution of EPI materials and supplies to the districts*
- *Constuction of one EPI supplies store*

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

- Launching of Yellow Fever Vaccinations in the form of trainings and community sensitisation meetings in all 13 districts
- Advocacy meetings at ICC level
- Procurement of one EPI supplies Lorry to augment the Old existing one for the timely distribution of EPI materials and supplies
- District sensitisation on Yellow Fever Vaccine Policy

The \$100,000 is committed in the following areas:

Outreach Services – Transportation support to Vaccinators for outreach services in the districts -	\$ 45,000	Budgeted
Construction of Lungi airport Cold store for vaccines	\$ 8,500	Budgeted
Generator For Lungi airport cold store	\$ 5,000	Budgeted
District Vehicles and Mobikes maintenance	\$ 26,000	Budgeted
Servicing of district generators and VHF radios	\$ 15,500	Budgeted
TOTAL	\$ 100,000	

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Sierra Leone also received 1,711,200 of Auto-destruct needles and syringes ,and 17,250 safety boxes,30,900 mixing syringes and 305,600 BCG Syringes from GAVI in March ,2003. There was no problem encountered with injection safety support, instead the Programme management has modified the supply system on a quarterly basis rather than monthly basis. All PHUs are now fully equipped with injection materials(Bundling)

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
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1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

→ The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

Sierra Leone received injection safety support in the form of injection equipment (bundling).

2. Financial sustainability

Inception Report :

Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

- First Annual Report : Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.
 Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.
 Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.
 Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gavittf.org> under FSP guidelines and annexes).
 Highlight assistance needed from partners at local, regional and/or global level

Sierra Leone is developing its Financial Sustainability Plan, and hopes to submit its plan by November 30,2003

Consultants were fielded in from WHO Headquarters in Geneva and WHO/AFRO to assist the country with her FSP planning process in July ,2003.

3. Request for new and under-used vaccines for year (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the forthcoming year.

3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	204267	209006	213855	218817	223893	229088	234403	239841
Infants' deaths	33296	34068	34858	35667	36495	37341	38208	39094
Surviving infants	170971	174938	178997	185150	187378	191747	196195	200748
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	49024	79178	110467	109890	131165	153398	176576	190710
NEW VACCINES								
Infants vaccinated with Yellow Fever * (use one row per new vaccine)	0	0	31043	128205	149902	172572	186385	194725
Infants vaccinated with Heb. B * (use one row per new vaccine)						153398	176576	190710
Wastage rate of **Hep B (new vaccine)						15	15	10
INJECTION SAFETY								

Pregnant women vaccinated with TT	59238	88427	131966	153172	179115	194725	210963	227849
Infants vaccinated with BCG	79664	131259	159393	175054	201504	217634	225022	232646
Infants vaccinated with Measles	87835	104158	131701	128205	149902	172572	186385	194725

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

- DPT, Yellow Fever, Measles Hep B = Coverage target calculated from surviving infants
- BCG = Coverage Target Calculated from birth.

→ Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

<ul style="list-style-type: none"> • The baseline did not change.
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3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year 2005** (indicate forthcoming year)

→ Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

Table 3: Estimated number of doses of Hep B vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Number of children to receive new vaccine		* 153398
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B / 100 \times C$	460194
E	Estimated wastage factor	(see list in table 3)	1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	543029
G	Vaccines buffer stock	$F \times 0.25$	135757
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	678786
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	661506
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	75345
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	8179

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

*Please report the same figure as in table 1.

3.3 Confirmed/revised request for injection safety support for the year 2004/2005 (indicate forthcoming year)

Table 4.1: Estimated supplies for safety of vaccination for the next two years with Tetanus Toxoid (Use one table for each vaccine BCG, DTP, measles, Yellow Fever and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of women for TT vaccination (for TT : target of pregnant women)¹	#	179115	194725
B	Number of doses per Woman (for TT woman)	#	2	2
C	Number of TT doses	A x B	358230	389450
D	AD syringes (+10% wastage)	C x 1.11	397635	432290
E	AD syringes buffer stock²	D x 0.25	0	0
F	Total AD syringes	D + E	397635	432290
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor⁴	<i>Either 2 or 1.6</i>	1.25	1.18
I	Number of reconstitution³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4414	4799

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Confirmed/revised request for injection safety support for the year 2004/2005 (indicate forthcoming year)

Table 4.2: Estimated supplies for safety of vaccination for the next two years with BCG Vaccine (Use one table for each vaccine BCG, DTP, measles, Yellow Fever and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for BCG vaccination ⁴	#	201504	217634
B	Number of doses per child	#	1	1
C	Number of BCG doses	A x B	201504	217634
D	AD syringes (+10% wastage)	C x 1.11	223670	241574
E	AD syringes buffer stock ⁵	D x 0.25	0	0
F	Total AD syringes	D + E	223670	241574
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	1.82
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	22367	21983
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2731	2926

⁴ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁵ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁶ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Confirmed/revised request for injection safety support for the year 2004/2005 (indicate forthcoming year)

Table 4.3: Estimated supplies for safety of vaccination for the next two years with DPT Vaccine. (Use one table for each vaccine BCG, DTP, measles, Yellow Fever and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for DPT vaccination⁷	#	131165	153398
B	Number of doses per child	#	3	3
C	Number of DPT doses	A x B	393495	460194
D	AD syringes (+10% wastage)	C x 1.11	436780	See Table 3(Hep B)
E	AD syringes buffer stock⁸	D x 0.25	0	135757
F	Total AD syringes	D + E	436780	See Table 3(Hep B)
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor⁴	<i>Either 2 or 1.6</i>	1.25	1.18
I	Number of reconstitution⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	See Table 3(Hep B)
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4848	See Table 3(Hep B)

⁷ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁸ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Confirmed/revised request for injection safety support for the year 2004/2005(indicate forthcoming year)

Table 4.4: Estimated supplies for safety of vaccination for the next two years with Yellow Fever Vaccine.(Use one table for each vaccine BCG, DTP, measles, Yellow Fever and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for Measles vaccination	#	149902	172572
B	Number of doses per child	#	1	1
C	Number of Measles doses	A x B	149902	172572
D	AD syringes (+10% wastage)	C x 1.11	166391	191555
E	AD syringes buffer stock ¹⁰	D x 0.25	0	0
F	Total AD syringes	D + E	166391	191555
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.67	1.54
I	Number of reconstitution ¹¹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	27787	29500
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2155	2454

¹⁰ The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹¹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Confirmed/revised request for injection safety support for the year 2004/2005 (indicate forthcoming year)

Table 4.4: Estimated supplies for safety of vaccination for the next two years with Measles Vaccine.(Use one table for each vaccine BCG, DTP, measles, Yellow Fever and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for Fever vaccination	#	149902	172572
B	Number of doses per child	#	1`	1
C	Number of Yellow Fever doses	A x B	149902	172572
D	AD syringes (+10% wastage)	C x 1.11	166391	191555
E	AD syringes buffer stock ¹²	D x 0.25	0	0
F	Total AD syringes	D + E	166391	191555
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.67	1.54
I	Number of reconstitution ¹³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	27787	29500
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2155	2452

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT, Yellow Fever and measles for the next two years.

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	223670	241574	<ul style="list-style-type: none"> • Buffer stock calculation was done only for Hep B Vaccine but not for other vaccines • Reduction in the wastage rate for the subsequent year, thus supply requirement reduced.
	for other vaccines	1167197	1476906	
Total of reconstitution syringes		77941	156328	
Total of safety boxes		16303	20812	

→ If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

¹² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

¹³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
<ul style="list-style-type: none"> Number of PHUs with injection equipment 	772 PHUs to receive injection equipment by end of 2003	669 PHUs supplied with injection equipment	Remaining PHUs are under construction	103 more PHUs to be rehabilitated and supplied with injection equipment
<ul style="list-style-type: none"> Number of District cold rooms for rehabilitation 	13 District cold rooms for rehabilitation by end of 2003	13 District cold rooms rehabilitated	-	-
<ul style="list-style-type: none"> Number of Health workers trained 	1544 Health workers to be trained by end of 2003	390 Health workers trained	-Inadequate funds for trainings	1154 Health workers to be trained by 2004
<ul style="list-style-type: none"> Number of sensitisation meetings at district and community level 	169 meetings to be conducted by end of 2003	24 meetings (community meetings) conducted at chiefdom/zonal level coupled with radio and television discussions	Funds to conduct social mobilization for EPI not adequate	Revitalization of social mobilization structures at all levels
<ul style="list-style-type: none"> Strengthening of supervision 	Twelve supervision visits to be carried out by end of 2003	Eleven supervision visits conducted to districts and PHU levels	-	-
<ul style="list-style-type: none"> Number of PHUs with incinerators 	669 PHUs to have incinerators by end of 2005	20 incinerators constructed	Non-forest incinerators is still not available in coun.ry	649 PHUs to have incinerators
<ul style="list-style-type: none"> Districts with 	13 Districts to have VHF	12 Districts with VHF	Expert to install	1 District to have VHF

<p>communication</p> <ul style="list-style-type: none"> • • • Number of coordination meetings 	<p>radio communication set</p> <p>Four ICC meetings and 12 DHMT meetings</p>	<p>communication sets</p> <p>. 8 out of 12 have computerised radio communication sets.</p> <p>3 ICC meetings and 10 District coordination meetings conducted</p>	<p>communication set at District level out of country</p> <p>---</p>	<p>radio communication set</p> <p>5 districts to have computerized radio communication sets</p> <p>----</p>
<ul style="list-style-type: none"> • 				

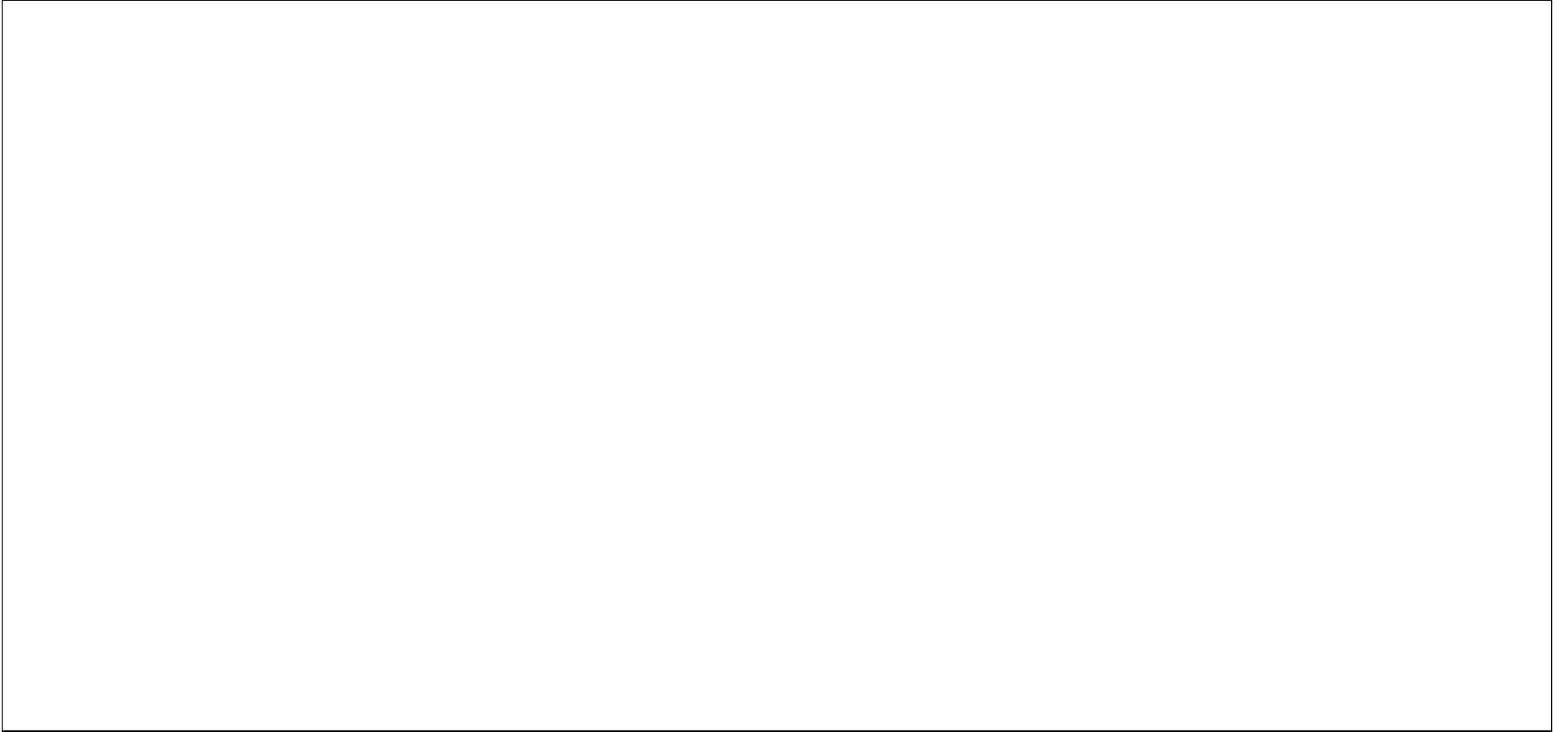
5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

6. Comments

→ *ICC comments:*



7. Signatures

For the Government of ...SIERRA LEONE.....

Signature:

Title :HON. MINISTER OF HEALTH AND SANITATION

Date

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature
WHO	DR JOAQUIM SAWEKA		
UNICEF	MR.ABOUBACRY TALL		
ROTARY	MR. S.H.O.T MACAULEY		
CHRISTIAN CHILDREN FUND	MR DAVIDSON JONAH		
SIERRA LEONE RED CROSS	DR M.A.S. JALLOH		

~ End ~