Annual Progress Report 2009

Submitted by

The Government of

[***Liberia***]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: May 13, 2010

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

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

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

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

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

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

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.
The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY
The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

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

ARBITRATION
Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.
For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.
The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application..

By filling this APR the country will inform GAVI about :

- *accomplishments using GAVI resources in the past year*
- *important problems that were encountered and how the country has tried to overcome them*
- *Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners*
- *Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released*
- *how GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.*

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

By signing this page, the Government hereby attest the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in page 2 of this Annual Progress Report (APR).

For the Government of [Liberia]……..……

Please note that this APR will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

Minister of Health:

Dr. Walter T. Gwenigale

Title: Minister of Health and Social Welfare

Signature: ……

Date: ……

Minister of Finance (or delegated authority):

Mr. Augustine K. Ngafuan

Title: Minister of Finance

Signature: ……

Date: ……

This report has been compiled by:

Full name: C. Sanford Wesseh Position: Assistant Minister for Statistics Telephone: +231-6538603 E-mail: cswesseh@yahoo.com	Full name: Augustine Newray Position: Acting Program Manager/EPI Telephone: +231-6565961 E-mail: gusray71@yahoo.com
Full name ..... Position..... Telephone..... E-mail.....	Full name ..... Position..... Telephone..... E-mail.....

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Walter T. Gwenigale, Minister of Health Social Welfare	Ministry of Health and Social Welfare		
Mr. Augustine K. Ngafuan, Minister of Finance	Ministry of Finance		
Mr. Amara Konneh, Minister of Planning and Economic Affairs	Ministry of Planning and Economic Affairs		
Mr. Harrison Kanweah, Minister of Internal Affairs	Ministry of Internal Affairs		
Dr. Nester Ndayimirje, WHO Representative	World Health Organization		
Mrs. Isabel Crowley, UNICEF Representative	United Nations Children's Fund		
Dr. Christopher McDermott, Health Team Leader, Director	United States Agency for International Development		
Mr. David K. Vinton, National Chairman Polio Plus, Rotary International Coordinator	Rotary International		

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

- *We as partners appreciate the close collaboration with the Ministry of Health & social Welfare.*
- *The suspension of the GAVI ISS support negatively impacted Program performance*
- *The issue of Data discrepancy is being addressed starting with the conduct of WHO EPI cluster survey and harmonizing EPI reporting and HMIS reporting*
- *We recommend the present bonus system be revised to allow high performing countries/districts to maintain the bonus*

Comments from the Regional Working Group:

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HSCC Signatures Page

If the country is reporting on HSS

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Walter T. Gwenigale, Minister of Health Social Welfare	Ministry of Health and Social Welfare		
Mr. Augustine K. Ngafuan, Minister of Finance	Ministry of Finance		
Mr. Amara Konneh, Minister of Planning and Economic Affairs	Ministry of Planning and Economic Affairs		
Mr. Harrison Kanweah, Minister of Internal Affairs	Ministry of Internal Affairs		
Dr. Nester Ndayimirje, WHO Representative	World Health Organization		
Mrs. Isabel Crowley, UNICEF Representative	United Nations Children's Fund		
Dr. Christopher McDermott, Health Team Leader, Director	United States Agency for International Development		
Mr. David K. Vinton, National Chairman Polio Plus, Rotary International Coordinator	Rotary International		

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

Partners observed that due to delay in the initial implementation, (2007/2008) the third tranche disbursement for 2009 was withheld, consequently, all activities planned in 2009 could not be fully implemented. In a resource limited country like Liberia, such situations are worrisome.

Comments from the Regional Working Group:

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

This report on the GAVI Alliance CSO Support has been completed by:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2009: Table of Contents

This APR reports on activities between January - December 2009 and specifies requests for the period January - December 2011

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
	Calculation of ***[Country's]*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
	Financial statement for the use of ISS funds in the 2009 calendar year	2.3
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1. General Programme Management Component

1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

*Provide justification for any changes **in births**:*

Liberia has been using EPI targets derived from the 1984 population census until 2009, when the 2008 National Housing and Population Census result was published. The 2008 census provides new targets and population figures for EPI activities. This change also affects the below variables: Surviving Infants and targets by vaccine.

*Provide justification for any changes **in surviving infants**: Same as above.*

*Provide justification for any changes **in Targets by vaccine**:*

*Provide justification for any changes **in Wastage by vaccine**:*

1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

- *In 2009, seven (7) additional health facilities were reactivated, that increased access to immunization services. This increased the number of health facilities providing immunization services to 457 (total number of routine immunization fixed sites in Liberia).*
- *Since the introduction of penta-valent vaccine single dose in the routine immunization schedule in 2008, a national Penta 3 coverage of 93% has been achieved and maintained. This was partly attributable to regular vaccine supply, 5 rounds of nation-wide outreach services conducted in five poor performing counties and monthly district multi-antigen outreach services to underserved communities.*
- *Active involvement of NGOs in EPI trainings*
- *Capacity development of health workers on general immunization issues*
- *Provision of 97 Yamaha Motorbikes for 15 counties to strengthen district integrated outreach services in under serve communities. Every (100%) district has at least one motorbike.*
- *Developed, printed and distributed standard surveillance case definition posters to all health facilities in all counties. This was an effort to intensify early detection and prompt reporting of diseases under active surveillance in the country.*
- *EPI Manager attended a peer exchange program on sustainable immunization financing in Sierra Leone*

Problems:

- *The decline in the amount of GAVI ISS support brings to cessation the monthly operational support to health facilities and districts for vaccine delivery.*
- *Re-emergence of Wild Polio Virus in the country (11 cases confirmed positive from 5 out of 15 counties)*
- *Limited HR motivation (low incentive, no retention package, etc)*
- *Maintenance and repairs of motor-bikes at all levels*
- *HR gaps and capacity development*

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

Targets were achieved.

1.3 *Data assessments*

1.3.1 Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)[1].

WHO/UNICEF estimate is usually lower than administrative data. However, a national EPI coverage survey was conducted and analysis is ongoing. The coverage survey will validate both national administrative coverage and WHO/UNICEF best estimate.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [YES / **NO**]. If YES:

Please describe the assessment(s) and when they took place.

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- Staff trained in HMIS especially in data quality
- Procured ICT equipment (servers, desktops, laptops, printers, etc) to improve data quality
- Developed and distributed standardized EPI registers and tally ledgers

1.3.4 Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- Institutionalize annual coverage survey to evaluate administrative coverage
- Plan to conduct regular monthly data reconciliation meetings at county level
- Capacity building of HMIS staff at all levels
- Conduct regular BPHS quarterly reviews to include assessment of EPI achievement

1.4 *Overall Expenditures and Financing for Immunisation*

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$.

Expenditures by Category	**Expenditure Year 2009**	**Budgeted Year 2010**	**Budgeted Year 2011**

[1] *Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series*

Traditional Vaccines[2]	247,149.34	300,000.00	320,000.00
New Vaccines	1,564,500.00	1,679,000.00	1,458,000.00
Injection supplies with AD syringes	416,231.99	420,000.00	430,000.00
Injection supply with syringes other than Ads	341,795.08	345,000.00	346,000.00
Cold Chain equipment	69,998.00	50,000.00	40,000.00
Operational costs	619,638.20	500,000.00	400,000.00
Other (please specify): Fuel /Kerosene for generator and refrigerators	25,080.00	0	0
Total EPI	3,284,392.61	3,294,000.00	2,994,000.00
Total Government Health (in US$)	10,458,789.00	NA	NA

Exchange rate used	US$ 1 to 70 LD

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? **2-HSCC & 3-ICC**
Please attach the minutes **(Document N°.....)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

ICC met three times last year and once in 2010 to discuss immunization campaigns, outbreak of wild polio and the GAVI 2009 APR. Key issues discussed and decided on from these meetings are as follows:

1. ICC met at the beginning of the year to review and endorse the 2009 Annual Work Plan and receive briefing on the performances of the programme.
2. ICC met to endorse the commencement of the 1st round polio campaign in May 2009 and the nationwide preventive Yellow Fever vaccination campaign in June 2009.

Are any Civil Society Organisations members of the ICC?: **[Yes / No].** If yes, which ones?

List CSO member organisations:

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

1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

MAIN OBJECTIVES

1). Strengthen HMIS and M&E Units to improve data quality at all levels of health care delivery
2). Scale up Implementation of the RED Approach
3). Increase and maintain immunization coverage at 95%

PRIORITY ACTIONS

- *Train health workers in data collection, management and reporting*
- *Build capacity of vaccinators, EPI supervisors and other critical health workers in immunization activities*
- *Conduct regular monitoring and supervisory visits*
- *Conduct EPI coverage survey in 2010 and 2011*
- *Improve cold chain management*
- *Conduct regular outreach activities in underserved areas*

2. Immunisation Services Support (ISS)

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$ 841,653.00
Remaining funds (carry over) from 2008: US$ (34,036.17)[3]
Balance carried over to 2010: US$ 244,269

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

- Trained EPI staff in service delivery and EPI data management
- Administrative and personnel cost (ie: 15- EPI staff incentive, DSA for EPI supervision, etc)
- Procured office equipment and supplies such as 3 desktop computers with accessories, A4 papers, computer inks, etc.
- Fuel and maintenance for 2 EPI vehicles at central level
- Maintenance of cold chain equipment

1.2 *Management of ISS Funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[IF YES]:** please complete **Part A** below.
[IF NO]: please complete **Part B** below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

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

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

The ISS funds are managed by the Ministry of Health and Social Welfare, like other projects funds. GAVI ISS funds are included in the health sector budget, manage by the Ministry.

ISS funds are access from a commercial bank. The sub-national level (county) also received fund through their respective county health accounts and liquidate fund at the office of financial management (OFM).

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

[3] This amount was borrowed from internal sources to conduct activities at the beginning of 2009 prior to the receipt of the ISS fund. However, this amount has been paid. Please see expenditure report for detail.

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

1.4 *Request for ISS reward*

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

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[4]

[4] The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

3.1 *Receipt of new & under-used vaccines for 2009 vaccination programme*

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
Yellow Fever	199,900	**Dec. 2, 2008**	**275,350**	**NIL**
Penta-valent	489,100	**Dec. 2, 2008**	**489,200**	**NIL**

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

If numbers [A] and [B] are different,

What are the main problems encountered? *(Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?)*	• There was no problem encountered with requested and received doses. An increased in doses requested was due to the nationwide campaigns conducted in 2009.
What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF SD)	•

3.2 *Introduction of a New Vaccine in 2009*

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	.....
Phased introduction [YES / NO]	Date of introduction .....
Nationwide introduction [YES / NO]	Date of introduction .....
The time and scale of introduction was as planned in the proposal? If not, why?	•

3.2.2 Use of new vaccines introduction grant (or lump sum)

Funds of Vaccines Introduction Grant received: US$ Receipt date:

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

NA

Please describe any problems encountered in the implementation of the planned activities:

NA

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
If YES, how much? US$.....

Please describe the activities that will be undertaken with the balance of funds:

NA

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 *Report on country co-financing in 2009 (if applicable)*

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (specify)	May 2009	June 2009	June 2010
2nd Awarded Vaccine (specify)	May 2009	June 2009	June 2010
3rd Awarded Vaccine (specify)			
Q. 2: Actual co-financed amounts and doses?			
Co-Financed Payments	Total Amount in US$	Total Amount in Doses	
1st Awarded Vaccine (specify)	30,963.63	36,000	
2nd Awarded Vaccine (specify)	114,793.03	30,750	
3rd Awarded Vaccine (specify)			
Q. 3: Sources of funding for co-financing?			
1. Government: Government of Liberia (GOL) allotment			
2. Donor (specify): GAVI, USAID, Rotary International			
3. Other (specify):			
Q. 4: What factors have accelerated slowed or hindered mobilisation of resources for vaccine co-financing?			
1. A: Regular TCC and ICC meetings would accelerate resource mobilization. B: Bureaucratic financial retirement process between Government and partner organizations, and between central level Government functionaries and service delivery points (district level)			
2. Low level advocacy with Parliament and Government Financial Institutions, leading to inadequate support for immunization co-financing			
3.			
4.			

If the country is in default please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy http://www.gavialliance.org/resources/9___Co_Financing_Default_Policy.pdf

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? **August 2008** *[mm/yyyy]*

If conducted in 2008/2009, please attach the report. (**Document N°**.....)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? *[YES / NO]*

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

When is the next EVSM/VMA* planned? **July 2010** *[mm/yyyy]*

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

3.5 *Change of vaccine presentation*

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

Please attach the minutes of the ICC meeting **(Document N°.....)** that has endorsed the requested change.

3.6 *Renewal of multi-year vaccines support for those countries whose current support is ending in 2010*

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for *.....[vaccine type(s)]* vaccine for the years 2011-*.....[end year].* At the same time it commits itself to co-finance the procurement of *.....[vaccine type(s)]* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of *.....[vaccine type(s)]* vaccine support is in line with the new cMYP for the years ..... *[1st and last year]* which is attached to this APR **(Document N°.....).**

The country ICC has endorsed this request for extended support of .....*[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N°.....)**

3.7 *Request for continued support for vaccines for 2011 vaccination programme*

In order to request NVS support for 2011 vaccination does the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm**]** ***/*** **[NO**, I don't**]**

If you don't confirm, please explain:

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 *Receipt of injection safety support in 2009 (for relevant countries)*

Are you receiving Injection Safety support in cash *[YES/NO]* or supplies *[**YES/**NO]* ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received

Please report on any problems encountered:

Liberia did not get injection safety support in 2009, as evidenced by GAVI decision letter.

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

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD 0.05ml	UNICEF
Measles	AD 0.5ml	UNICEF
TT	AD 0.5ml	UNICEF
DTP-containing vaccine	AD 0.5ml	Government & UNICEF

Please report how sharps waste is being disposed of:

Sharp waste are disposed of in the following ways:

- Wastes are collected in safety boxes from various sites and disposed of at facilities with incinerator
- De-moforte incinerators are used in every county to disposed waste
- During SIA, pits are used to buried debris after burning, in areas where there are no incinerators

Does the country have an injection safety policy/plan? [**YES** / NO]
If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

- Inadequate incinerators at district and health facility levels
- Challenges in procuring spare parts for de-moforte incinerators due to lack of funds

4.3 *Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)*

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

Fund from GAVI received in 2009 (US$): Not Applicable
Amount spent in 2009 (US$): Not Applicable
Balance carried over to 2010 (US$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US$
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[5] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 *Information relating to this report*

5.1.1 Government fiscal year (cycle) runs from July1 to June 30.
5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
5.1.3 Duration of current National Health Plan is from June 2007 to June 2011.

[5] All available at http://www.gavialliance.org/performance/evaluation/index.php

5.1.4 Duration of the current immunisation cMYP is from …October 2006……..(month/year) to October 2010...(month/year)

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.*']

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic clarifications:			
S. Tornorlah Varpilah/Deputy Minister for Planning Research & Statistics	Ministry of Health and Social Welfare	Coordinated the report writing team	+231-6519765 stvarpilah@yahoo.com
Focal point for any accounting of financial management clarifications:			
Toagon Karzon, Comptroller	Ministry of Health & Social Welfare	Supervised accountants to produced financial balances	
Other partners and contacts who took part in putting this report together:			
Mr. Eric Johnson	WHO		+231-77513516
Dr. John Agbor	UNICEF		+231-6572258

5.1.6 Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*]

Information quoted or referenced in this report can be verified from the following documents;

- Ministry of Health and Social Welfare 2009 Annual Report
- Basic Package of Health Services 2009 Accreditation Report
- 2009 National Health Conference Report
- 2009 Liberia Malaria Indicator Survey Report

5.1.7 In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

There were few challenges encountered during the compilation of this report. Receiving status report from programs that are directly involved with implementing the project in a timely fashion was difficult.

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? Four (4)
Please attach the minutes **(Document N°.....)** from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report
Latest Health Sector Review report is also attached **(Document N°.....).**

5.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)	1,022,380.00	1,022,380.00	1,022,380.00	1,022,380.00					
Revised annual budgets (if revised by previous Annual Progress Reviews)									
Total funds received from GAVI during the calendar year	1,022,380.00	1,022,380.00	Did not receive fund						
Total expenditure during the calendar year	27,171	1,286,704.62	541,596.72						
Balance carried forward to next calendar year	995,209	562,836.68	202,146.00						
Amount of funding requested for future calendar year(s)	1,022,380.00	1,022,380.00	1,022,380.00						

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

For the period under reviewed, there was no GAVI HSS fund disbursed to Liberia. GAVI requested a financial audit of the grant and clarifications regarding bank statement. As indicated in the first and second Annual Progress Reports (APRs), financial audit conducted by the Government targeted FY 2006/2007 & 2007/2008. The first audit circle did not covered GAVI HSS expenditures because at that time the grant was not available and the second audit report was just release. This audit circle covered financial transactions related to GAVI HSS and all financial transactions of the Ministry. A request for An Expression of Interest (EOI) has been advertised for financial institutions to bid for the special audit which has been commissioned by the Ministry to audit GAVI HSS fund. Additionally, issues related to the Financial Statement have been addressed. Most of the GAVI HSS 2009 activities were financed by 2008 balances and other donors' funds. There is no fund to conduct the audit which is a major challenge.

5.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS Activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:	To implement BPHS with child survival as an entry point.	
Activity 1.1	Develop and disseminate an Integrated BPHS, which include maternal and newborn health; child health and immunizations; Nutrition; Communicable Diseases; and Health promotion and Behavioural Change Communications.	The BPHS document was developed and disseminated at every level of the health care delivery (100% completed). The BPHS is a standardized package of services that promotes universal and equitable access to quality health services at all levels of the system. The most urgent priority of the MOHSW is to implement the BPHS in: • **40% of functional health facilities by December 2009** • **70% of functional health facilities by December 2010** The BHPS accreditation conducted at 346 government and 91 private facilities in January 2009, revealed that 9.5% of government facilities met the 1 star accreditation standard and 26% of government facilities met 1/2 Star accreditation level. In addition to the annual BPHS accreditation, a HIPC assessment was conducted in 2009. The HIPC assessment was carried out to assess government performance towards achieving the HIPC BPHS completion target of 40%. The HIPC assessment results show that 47% of health facilities were implementing the BPHS. **See HIPC assessment and 2009 BPHS accreditation Report.**
Objective 2:	To link health services with the community by expanding community-based health workforce.	
Activity 2.1	Define the role of the community in the delivery of nutrition, integrated management of childhood illnesses, treatments for	The Community Health Services Program Policy and Strategy were developed and disseminated widely in 2008. These documents include

	diarrhoea diseases, malaria, pneumonias and home based care for HIV/AIDS and other basic health services.	Community Health Committee guidelines and the role of the community in health care delivery. A total of 1,036 Community Health Committees have been formed in 10 of the 15 counties of Liberia. The policy and strategy define the role of CHV in the delivery of Nutrition, management of childhood illnesses and treatment of Diarrhoea, Malaria and Pneumonia. Achievement is at 80%.
Objective 3:	To strengthen evidence-based management of primary health care service provision with emphasis on community-based health services.	
Activity 3.1	Develop roles and responsibilities of identified community health workers, develop training materials and train community health workers based on integrated BPHS for community health workers.	• Community Health Volunteers (CHV) training modules for the treatment of Diarrhoea, Malaria, Nutrition (growth monitoring) and ARI (Pneumonia) developed and operationalized. Printing was done by USAID/RBHS. • Community Health Volunteer program operationalized in five counties (Bong, River Gee, Grand Kru, Lofa and Nimba). • 648 CHVs trained in one module (Diarrhoea) from 5 counties and 25 CHVs from one county (Lofa) trained in 3 modules (Diarrhoea, Malaria and ARI). • As part of the CHV program development, a Study Tour on CHV program in Sierra Leone was organized and supported by USAID/RBHS for Community Health Services staff. • UNICEF procured about US 1 million dollar worth of Zinc for the management of diarrhoea at the community level. One vehicle was provided by UNICEF for the monitoring and implementation of the CHV program. There was no funding from GAVI in 2009 which created serious challenge for implementation. Activities were implemented with funding from other partners and the balances carry forward from 2008 budget. Training of CHVs is faced with the challenge of resource gap and motivation of CHVs. Achievement is at 50%.
Activity 3.2	Establish a training unit and define roles and responsibilities of the unit which should be composed of representatives from each health unit of the MOHSW and relevant technical partners.	• Central Training Unit established in 2008 with clear roles and responsibilities. The Unit is been strengthen by recruitment of qualified staff while staff capacity development has been initiated. • The Unit plays a lead role in the development of BPHS training materials including the CHV training modules. Achievement at is 75%.

Activity 3.3	Develop or revise treatment protocols and guidelines, including those for health promotion and behavioral change.	• HIV/AIDS home based and palliative care guideline developed and disseminated. • 68 health workers trained in HIV/AIDS home based and palliative care guideline. This training and guideline development was funded by Global Fund to scale up HIV/AIDS activities, especially home base care services.
Activity 3.4	Develop training manuals for the integrated BPHS, including training materials for training health institutions	• Curriculum developed for the School of Environmental and Occupational Health. This activity was funded by USAID/RBHS
Activity 3.5	Plan and implement outreach sessions using the defined integrated BPHS for outreach activity, while ensuring quality of services and impact.	• Active disease surveillance is ongoing in all of the counties and districts. As the result of active surveillance, 11 cases of wide polio, 1 case of yellow fever and 6 cases of measles were confirmed. • There are regular Immunization outreach sessions at the county and district levels to vaccinate children under five who have limited access to services due to lack of health facility, bad road condition, limited awareness and parental inability to walk with children over 3 to 4 hours for services.
Activity 3.6	Conduct annual meetings with all relevant line ministries and health partners to assure that various policy elements within the integrated BPHS are addressed.	The Ministry conducted a national health conference in July 2009 with all stakeholders, on the Theme; Priorities in Paradigm Shifting, Liberian Health Systems Development amidst a Global Financial Crisis. **Conference Objectives:** 1. Enable key personnel from the MOHSW and partners to gain a fresh understanding of the progress and plans for all aspects of the National Health Plan and participate in the development of an integrated approach to the next steps. 2. Review progress made on the implementation of each of the five pillars of the National Health Plan and those factors that have enabled/hindered progress. 3. Identify the linkages between the progress and implementation plans of the four components and identify any actual or potential bottlenecks in order to work out how to overcome those bottlenecks. 4. Identify next steps in the implementation of the elements of the plan and priority actions for successful implementation The conference brought together about 150 participants from within and outside of Liberia. **See attached 2009 National Conference Report. All conference**

		presentations can be accessed at www.liberiamohsw.org. This activity was achieved 100%. Also, the national health conference was funded by other partners such as the World Bank/HSRP, Save the Children UK, WHO, UNICEF, USAID/BASICS, etc.
Activity 3.7	Purchase two vehicles for smooth coordination and mobility of training unit and plan for maintenance system.	This activity was accomplished by 100%. Two (2) Nissan pickups were procured in 2008 and they are used to facilitate staff movement during the conduct of trainings at national and county levels.
Activity 3.8	Develop HR plan and initiate the establishment of an HR database with periodic HR assessments and use of data for decision making.	• Two HRH studies completed (Human Resource Census and Pre-investment) with funding and technical assistance provided by World Bank, to inform the development of a National Health Human Resource Policy and Strategy. HRH census and Pre-investment studies reports will be available by July 2010. • The HRH Policy and Strategic Plan consultant has been hired and the HRH policy draft is available. These national documents are expected to address human resource issues such as retention, motivations, deployment and redistribution of health workers. • The HRH Census will form the basis for the HRH database development and HR tracking.
Activity 3.9	Provision of local Technical Assistance (TA) to assist with developing an HR plan (and potentially organizing an HR unit) and strengthening of MOHSW HR management	• This activity has been accomplished by 100%. HR Unit was established in 2007 with funding from GAVI HSS. This Unit has improved recruitment and contracting process of staff including a decentralized HR function (County HR officers) for the first time in the health sector in Liberia. • HR management will be adequately addressed when the HR Policy and Strategy is finalized and operationalized.
Activity 3.10	Identification and selection of 800 community health workers, two for each health facility, by the communities using given criteria and provision of operational support funds to the CHWs.	• 648 CHVs have been identified and trained in the management of diarrhoea. The current CHV Policy calls for 1 CHV per 1,000 population, therefore a health facility might have one or more CHV based on catchment population. Accomplishment is at 81%.
Activity 3.11	Standardize curricula of CHW, develop skill-competency testing train new CHWs and increase the skills of existing community health workers in implementing specific interventions within the BPHS.	• Standardized CHW curricula (diarrhoea, pneumonia & nutrition) developed and training ongoing in 5 out of 15 counties.

Activity 3.12	Purchase one vehicle for smooth coordination of HR activities.	This activity was accomplished in 2008 by 100%. One vehicle was purchased and it is used to facilitate the implementation of the BPHS, especially with the training of staff, facilitating staff to carried out NIDs, etc.
Activity 3.13	Establish linkages between communities and formal health by defining and putting in place community based surveillance and information systems.	There is an active surveillance system in place to report and notify relevant health workers on the outbreak and incidence of public health diseases such as; Lassa Fever, Yellow Fever, Measles, Diarrhoea, Polio, Cholera among others. Surveillance officers are regularly trained in case detection, management and definition. In addition, an operational guideline was developed that linked the communities and health facility. As a result of active surveillance, 11 cases of wild polio virus, 1 case of yellow fever, and 4 Neonatal Tetanus cases were clinically confirmed among others. **See attached MOHSW 2009 Annual Report.** • Community monthly reporting tools (Community profile registers, reporting form, etc) have been developed and is currently been field tested in two counties (Bong and Grand Cape Mount). • SOP for community data collection, reporting and management has been drafted. Full implementation is expected in July 2010.
Activity 3.14	Conduct district and county micro-plans of the integrated BPHS at the county level with all stakeholders and review plans regularly to enhance programme ownership at the local level.	Counties micro-plans were developed based on national agenda (National Health Plan & PRS) in 2008. These Counties Plans were developed through a participatory process that involved all stakeholders (NGO partners, county authorities, etc). There is regular quarterly BPHS review meetings were counties plans are assessed and the next quarter plan developed. Accomplished by 100%.
Activity 3.15	Plan and conduct operational research for community based services and BCC/IEC to enhance linkages of health facilities with the community for improved community participation and involvement.	• A community based research is ongoing in 15 communities in Zorzor District, Lofa County do determine the effectiveness of the CHV program. This research was funded by UNICEF.
Activity 3.16	Develop and implement quality HMIS and database for smooth management of health information and human and financial resources of the integrated BPHS.	• HMIS database was developed and decentralized to every county in 2008. • HMIS Policy and Strategy developed and widely disseminated with funding from WAHO (West African Health Organization) in 2009. • Birth and death registration database developed and will be linked to HMIS database. In addition to the birth and death registration database, the HR database is expected to be developed and link also.

Activity 3.17	Provide data management tools and conduct regular training and refresher training of key health workers on data collection, analysis, management of information and resources.	• Developed and distributed 1,000 health facility Diagnoses and Treatment Registers to standardized data collection. Trained about 500 health workers in the completion of the standard health facility diagnoses and treatment register. Printing and training was funded by UNICEF. • Developed health facility registers (ANC, PNC, IMNCI, Delivery, In-patient maternity, Family Planning etc) to standardized data collection tools that will eventually improve data quality. USAID/RBHS provided technical assistance. Data collection tools are presently field tested in two counties (Bong and Grand Cape Mount) and in June 2010 there is a plan evaluation that will be followed by printed, distribution and nationwide trainings in the institutionalization of the new data collection tools. • SOP for data collection, management, submission including Reference Manuel has been developed. Printing, distribution and nationwide training is expected to commence July 2010. • Computers, servers and printers have been procured under the World Bank Project/HRSP to strengthen the Ministry capacity to improve data quality. Although, there are available resources for improving data quality, there is financial gap to conduct rollout trainings in tools developed. Additionally, human resource gap remains a gap.
Activity 3.18	Plan and establish a computerized stock management and logistics system to support the forecasting and distribution of drugs and supplies and rehabilitation of equipments.	• Supply Chain management SOP developed and over 50 county logisticians and pharmacists trained at the county to improve forecasting, requisition of drugs and medical supplies. • 13 MOH staff trained in computerized stock management but the system is not functional yet.
Activity 3.19	Establish an M & E system to monitor and evaluate the regular and appropriate use of the National Health Information and management system.	• The MOHSW Monitoring and Evaluation Unit was established in 2008 with support from UNDP through its Global Fund (Capacity Building funds). • The M&E Unit conducted one monitoring visit at the county and health facility levels in 2009 that informed key actions from the national level. The Unit has been actively engaged in the organization of the National Health conferences and quarterly review meetings since its establishment.

Activity 3.20	Purchase one vehicle to ensure smooth coordination and monitoring of the health information and management system.	• Achieved by 100%. One vehicle was procured and assigned to the Unit in 2008 to ensure smooth coordination, monitoring and supervision of HMIS activities and to facilitate HMIS trainings at all levels. • The use of this vehicle has improved the mobility of the Unit and has helped to facilitate the movement of national staff during training in HMIS, supervision and NIDs.

5.4 *Support functions*

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

- The management of GAVI HSS fund is effective and there is no hindrance in accessing funds.
- To access fund, requesting Unit do not need an external level of approval.
- The GAVI HSS fund is managed by the office of financial management (OFM) like other projects funds received by the Ministry.
- There are clear procedures in place to access fund.
- Request for fund to implement an activity is generated by the Director of the Unit that has the mandate to deliver on such activity.
- Request for fund is approved by two Deputy Ministers (1. Deputy for Planning and 2. Deputy for Health Services) who have oversight responsibilities. When request are approved by any of these Deputy Ministers, it is forwarded to the office of financial management for release. The OFM is headed by the Deputy Minister for Administration.
- There is no management problem with GAVI HSS fund. The key challenge is limited human capacity to utilize the fund on time and the slow disbursement of funds from GAVI.

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

Steps have been initiated to improve M&E in the health sector. Capacity development is ongoing and county level M&E officers have been recruited to strengthen the county level health performance. M&E activities do not only focus on GAVI HSS but the entire health system. Key inputs that were required for supporting M&E activities in 2009 include:

- Resources to conduct regular monitoring at county and health facility levels
- Technical support to evaluate health system performance in 2009
- Development and printing of health sector core indicators

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

Liberia as a post conflict country has enormous technical support needs for systems development and monitoring of health sector performance. There is a need to produce annual health bulletin and dash board to establish baseline indicators where there are gaps. The development of a tool to measure and evaluate the impact and achievement of the National Health Policy and Plan is critical. Presently, technical support is been provided by development partners and UN agencies. Some of the technical support received thus far include:

- Procurement of ICT equipment worth a million US dollars for Health system strengthen especially HMIS, training of ICT staff in CISCO and Micro packages to manage servers and website (World Bank/HRSP project)
- M&E strengthening by providing vehicle, hiring of a Director, training of M&E staff at national and county level at an estimated cost of US 250,000 (Health Sector Pool Fund)
- Development and printing of HMIS tools for the collection and management of data at every level of service delivery (USAID/RBHS)
- Recruitment of county M&E officers (15 M&E officers) to improve data quality (Global Fund)
- Provision of scholarship for 2 M&E staff to obtain Master Degree as a capacity initiative (USAID)

The Ministry will require technical support for M&E improvement in the following areas:

- Capacity development in performance base contracting monitoring and evaluation
- Technical support in evaluating health system performance
- Capacity development in proposal writing and evaluation

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	To implement BPHS with child survival as an entry point.				
Activity 1.1:	Conduct training in Life Saving Skills, neonatal resuscitation, IMNCI and nutrition.	**NO Allocation**			
Objective 2:	To link health services with the community by expanding community-based health workforce.				
Activity 2.1:	Create awareness on CHVs roles and responsibilities at the district and community level	**NO Allocation**			
Objective 3:	To strengthen evidence-based management of primary health care service provision with emphasis on community-based health services.				

Activity 3.1:	1). Identify 500 CHVs and conduct training in home based management of Diarrhoea, ARI and Malaria. 2). Finalize, print and distribution the ARI community modules.	50,000			
Activity 3.2:	Recruit additional staff for the training Unit to strengthen capacity and conduct capacity development workshop.	**No Allocation**			
Activity 3.3:	Develop BPHS IEC and BCC materials that will yield positive health seeking behaviour.	**No Allocation**			
Activity 3.4:	Develop pre-service and in-service BPHS training materials	**No Allocation**			
Activity 3.5:	1). Conduct Immunization outreach services to underserved areas. 2). Conduct active disease surveillance in communities 3). Conduct immunization and surveillance trainings	112,000			
Activity 3.6:	Conduct National Health Conference with all relevant line ministries and health partners in July 2010	15,000			

Activity 3.8:	Finalize HRH Policy and Strategic Plan and initiate the establishment of an HR database	15,000			
Activity 3.9:	Strengthen MOHSW HR management through capacity development	15,000			
Activity 3.10:	Provide 500 community health workers with logistics (motorcycles, bicycles, phones, communication cards, etc) to improve service delivery and reporting	250,000			
Activity 3.11:	Increase the skills and capacity of 500 existing community health workers in case management and other community based health interventions within the BPHS.	50,000			
Activity 3.13:	Train 500 CHV in data collection, management and reporting	30,000			
Activity 3.14:	Conduct BPHS quarterly review meetings to develop county micro plans	30,000			
Activity 3.15:	Conduct GAVI Fund audit	30,000	Revised activity		
Activity 3.16:	Establish HR and Financial data base	190,000			

Activity 3.17:	1). conduct regular training and refresher training of key health workers on data collection, analysis, management of information and resources. 2). Print and distribute health facility and community registers	50,000			
Activity 3.18:	1). Train logisticians at central and county levels in logistics management and information system 2). Conduct training for County Pharmacists in forecasting, distribution of drugs and supplies and medical supplies tracking.	30,000			
Activity 3.19:	1). Recruit county M&E officer and conduct regular training 2). Conduct regular monitoring visits to county and community levels 3). Provide logistics for central and county level M&E officers	40,000			
	Management Cost	90,000			
	Technical Support	25,380			
	Total Cost	1,022,380			

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1:	To implement BPHS with child survival as an entry point			
Activity 1.1:	1). Train midwives in Life Saving Skills, neonatal resuscitation, IMNCI and nutrition. 2). Train middle level health worker in obstetric care	**No Allocation**		
Objective 2:	To link health services with the community by expanding community-based health workforce,			
Activity 2.1:	Create awareness on CHVs roles and responsibilities at the district and community level	**No Allocation**		
Objective 3:	To strengthen evidence-based management of primary health care service provision with emphasis on community-based health services			
Activity 3.1:	Identify CHVs and conduct training in home based management of Diarrhoea, ARI and Malaria	50,000		
Activity 3.2:	Strengthen Training Unit staff capacity.	**No Allocation**		
Activity 3.3:	Develop or revise treatment protocols and guidelines for health promotion and behavioral change.	**No Allocation**		
Activity 3.4:	Develop BPHS training manuals for health institutions	**No Allocation**		
Activity 3.5:	Plan and implement outreach sessions using the	112,000		

	defined integrated BPHS for outreach activity, while ensuring quality of services and impact.			
Activity 3.6:	Conduct National Health Conference with all relevant line ministries and health partners in July 2010	15,000		
Activity 3.8:	Disseminate HRH Policy and Strategic Plan Nationwide	15,000		
Activity 3.9:	Recruit staff to strengthen MOHSW HR management	15,000		
Activity 3.10:	Provide community health workers with logistics (motorcycles, bicycles, phone, communication cards) to improve service delivery	250,000		
Activity 3.11:	Increase the skills and capacity of 600 existing community health workers case management and other community based health interventions within the BPHS.	50,000		
Activity 3.13:	Conduct trainings for CHV in data collection and management	30,000		
Activity 3.14:	Conduct integrated BPHS quarterly review meeting to develop county level micro plan with all stakeholders.	30,000		
Activity 3.15:	Plan and conduct operational research for community based services and BCC/IEC to enhance linkages of health facilities with the	30,000		
Activity 3.16:	Establish HR and Financial data base	190,000		
Activity 3.17:	Provide data management tools and conduct regular training and refresher training of key health workers on data collection, analysis, management of information and resources.	50,000		
Activity 3.18:	Plan and establish a computerized stock	30,000		

	management and logistics system to support the forecasting and distribution of drugs and supplies and rehabilitation of equipments.			
Activity 3.19:	Recruit county M&E officer and conduct regular training and monitoring and evaluation of projects and health programs	40,000		
	Management Cost	90,000		
	Technical Support	25,380		
	Total Cost	1,022,380		

5.5 *Programme implementation for 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

Introduction

The purpose of the GAVI HSS proposal submitted by the Government of Liberia was to request GAVI for Health Systems Strengthening Support (HSS) within the renewed GAVI Phase 2 commitment for 2007-2010 in line with the National Health and Social Welfare Plan 2007 – 2011 and the end of cMYP 2010. *The main goal of the proposal was to promote the health of children and women by implementing plans to significantly reduce infant, childhood and maternal mortality and morbidity aimed at reaching the MDGs. The objectives are 1) to implement BPHS with child survival as an entry point; 2) to link health services with the community by expanding community-based workforce; and 3) to strengthen evidence-based management of primary health care service provision by managing BPHS with emphasis on community-based health services.*

In order to operationalized part of the three main components of the national health policy and plan where GAVI HSS funds will be used, 22 activities were identified to be delivered within the grant cycle. The main indicators for measuring progress of implementation of activities were coverage of DPT3 in 2007 followed by the Pentavalent vaccine starting 2008, and measles.

Major Accomplishments

- The development of community health services modules on pneumonia, diarrhoea and malaria and the selection and training of 648 CHVs are achievements expected to impact on child health.
- The conduct of a national health conference in July 2009 with all stakeholders, on the Theme; Priorities in Paradigm Shifting, Liberian Health Systems Development amidst a Global Financial Crisis was very critical for assessing progress made in the health sector, plan for 2009/2010 and to solicit support from stakeholders in the attainment of the national health plan that include HSS.
- The conduct of regular BPHS quarterly review meetings also contributes to immunization services improvement. These meetings provide a forum were stakeholders in the health sector assess counties performance, especially, the implementation of the BPHS which immunization is a critical component. In addition, these review meetings have generating enthusiasm amongst county health teams to perform better and improve their immunization coverage.
- The development of SOP, supply chain management modules, integrated reporting forms, standardized health facility and community registers are key accomplishments in 2009 that is expected to improved data quality and vaccines accountability and tracking.
- The conduct of HRH census that will inform the development of a national HR Policy and Strategy will greatly improve health services delivery. The policy and strategy are expected to address HR gaps, motivations, retention and distribution of health workers which serve as critical challenges in the delivery of health services.

Although, there was no release of GAVI HSS funds to Liberia in 2009, however, the combine resources of GAVI grant and other donors' funds for HSS have contributed to increasing immunization coverage, human resource capacity development, reduction in the prevalence of malaria which serves as the highest disease burden in the country and the gradual improvement in monitoring and evaluation especially HMIS. The country could not achieved much due to financial constrains and weak human resource capacity. **See MOHSW 2009 Annual Report.**

It was also observed that the GAVI HSS activities are grouped together, thus posing a challenge to measure progress and assigned percentage to most activities.

In 2009, the Ministry conducted an EPI coverage survey to validate its administrative coverage and the WHO/UNICEF best estimate figures. Preliminary findings appear to confirm WHO/UNICEF best estimates. The coverage survey will be finalized and disseminated by July 2010.

5.5.2 Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

5.6 *Management of HSS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

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

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

5.7 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N° 1).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditure for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document N° 2)**.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available

for your HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

5.8 *General overview of targets achieved*

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Table 15: Indicators listed in original application approved

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**
Objective 1: To implement BPHS with child survival as an entry point.						
1.1 BCG coverage	134,993	164,250	-Routine Services - MPEA Estimate[6]	82% (2005)	Administrative Coverage	96%
1.2 OPV3 coverage	101,278	131,400	Routine Services - MPEA Estimate	77% (2005)	Administrative Coverage	92%
1.3 DTP3 Coverage	114,572	131,400	Routine Services - MPEA Estimate	87% (2005)	Administrative Coverage	92%
1.4 Measles coverage	123,641	131,400	Routine Services - MPEA Estimate	94% (2005)	Administrative Coverage	90%
1.5 TT+ coverage for pregnant women	118,055	164,250	Routine Services - MPEA Estimate	72% (2005)	Administrative Coverage	80%
1.6 Vit A supplement Infants (>6 months)	49,352	131,400	Routine Services - MPEA Estimate	75% (2005)	Administrative Coverage	85%
GAVI HSS Input Indicators						
2.1 % of primary health facilities with functional community-based delivery of operationalized integrated BPHS.	NA	NA	NA	0%	Routine quarterly reports	90%

[6] Ministry of Planning and Economic Affairs, R.L 2005 Population Estimates

2.2 % of counties with functional health information and resource management system	NA	NA	NA	0%	NA	90%
2.3 % of timely and complete reports received at national level from counties with functional information and resource management system.	NA	NA	NA	0%	NA	85%
2.4 % of counties implementing BPHS, which include maternal and newborn health; child health and immunizations; Nutrition; Communicable Diseases; and Health promotion and Behavioural Change Communications in all primary health facilities within the given implementation time frame.	NA	NA	NA	0%	NA	90%
2.5 % of identified and recruited community health workers by the communities two for each health facility and provision of operational support funds to CHW.	NA	NA	NA	0%	NA	90%
2.6 % of counties implementing quality HMIS and database for smooth management of health information and human and financial resources of the BPHS.	NA	NA	NA	0%	NA	90%
GAVI HSS Output Indicators						
3.1 % of health facilities with delivery of improved quality of integrated primary health care services at the lower level.	NA	NA	NA	20%	NA	60%
GAVI HSS Impact Indicators						
4.1 Under 5 Mortality	NA	NA	LDHS 2000	235/1,000 (2000)	LDHS 2000	200/1,000

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:**
Provide justification for any changes in **the denominator:**
Provide justification for any changes in **data source:**

Table 16: Trend of values achieved

Name of Indicator *(insert indicators as listed in above table, with one row dedicated to each indicator)*	**2007**	**2008**	**2009**	**Explanation of any reasons for non achievement of targets**
1.1 BCG coverage	86%	92%	93%	Did not meet target because of limited outreach activities and poor social mobilization, especially for underserved areas.
1.2 OPV3 coverage	84%	92%	99%	
1.3 DTP3 Coverage	88%	92%	93%	
1.4 Measles coverage	95%	95%	96%	
1.5 TT+ coverage for pregnant women	82%	90%	96%	
1.6 Vit A supplement Infants (>6 months)	74%	73%	93%	
2.1 % of primary health facilities with functional community-based delivery of operationalized integrated BPHS.	NA	NA	30%	Limited resources coupled with newly developed community health services program responsible for not meeting target. Community health services strategy developed 2008 and training modules developed 2009, thereby hindering rapid scale-up of program.
2.2 % of counties with functional health information and resource management system	NA	66%	66%	This is a composite indicator that has two parts. 1). % of county with functional health information system and 2). % of counties with functional resource management system. Therefore, it is difficult to assign a realistic achievement percentage. Resource management system embedded a lot of issues that will gradually be addressed (ie: financial, logistics, etc).
2.3 % of timely and complete reports received at national level from counties with functional information and resource management system.	33%	33%	33%	HR and resources gaps are the constraining factors for not achieving the target.
2.4 % of counties implementing BPHS, which include maternal and newborn health; child health and immunizations; Nutrition; Communicable Diseases; and	75%	100%	100%	**Note:** although, this target has been accomplished, because every county has health facilities that are implementing BPHS.

Health promotion and BCC				Nevertheless, only 47% of health facilities are implementing the full component of the BPHS. Also, only few health facilities are implementing health promotion and BCC.
2.5 % of identified and recruited community health workers by the communities two for each health facility and provision of operational support funds to CHW.	0%	NA	80%	Resource for the selection, training and motivation of CHW has impeded progress.
2.6 % of counties implementing quality HMIS and database for smooth management of health information and human and financial resources of the BPHS.	0%	13%	33%	HR and resource gaps have hindered the accomplishment of the target.
3.1 % of health facilities with delivery of improved quality of integrated primary health care services at the lower level.	0%	40%	47%	Human resource gap, inadequate supplies of drugs and medical supplies coupled with insufficient resources to address competing health sector needs especially in a post conflict country like Liberia.
4.1 Under 5 Mortality	110/1,000	110/1,000	114/1,000	

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.9 *Other sources of funding in pooled mechanism for HSS*

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US$	Duration of support	Contributing to which objective of GAVI HSS proposal
Pool Fund: Contributors-DFID, Irish Aid & UNICEF	34 million (8.6 million in 2009)	Unknown	Objectives 1, 2 &3
Global Fund	42 million (4,277,404 in 2009)	5 years	Objectives 1, 2 & 3
World Bank	4 million	5 years	Objective 3
Other Project Funds	12,593,471	Annually	Objectives 1, 2 & 3

6. Strengthened Involvement of Civil Society Organisations (CSOs)

6.1 *TYPE A: Support to strengthen coordination and representation of CSOs*

This section is to be completed by countries that have received GAVI TYPE A CSO support[7]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N**°.....).

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

[7] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2 *TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP*

This section is to be completed by countries that have received GAVI TYPE B CSO support[8]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[8] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B funds, such as delays in availability of funds for programme use.

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

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 4).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

6.2.5 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR	Y		Y	
2	Signature of Minister of Finance (or delegated authority) of APR	Y		Y	
3	Signatures of members of ICC/HSCC in APR Form	Y		Y	
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	Y		Y	
5	Provision of complete excel sheet for each vaccine request				
6	Provision of Financial Statements of GAVI support in cash	Y		Y	
7	Consistency in targets for each vaccines (tables and excel)				
8	Justification of new targets if different from previous approval (section 1.1)				
9	Correct co-financing level per dose of vaccine				
10	Report on targets achieved (tables 15,16, 20)				
11	Provision of cMYP for re-applying				

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1				
13	Consistency between targets, coverage data and survey data	N			
14	Latest external audit reports (Fiscal year 2009)	N		N	
15	Provide information on procedure for management of cash	Y		Y	
16	Health Sector Review Report				
17	Provision of new Banking details				
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support				
19	Attach the CSO Mapping report (Type A)				

8. Comments

Comments from ICC/HSCC Chairs:

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

Liberia conducted four nationwide polio campaigns and one yellow fever campaign which ICC approved, due to constant outbreaks of polio and yellow fever in the country. ICC members were engaged in the organization and planning of these campaigns which made it difficult to hold regular ICC meetings. Nevertheless ICC met to approve the GAVI 2009 APR and the HSCC also meet to briefly discuss the draft report.

The Ministry express regret for not accompanying the 2009 GAVI APR with Government audit report for the fiscal year July 1, 2007 to June 30, 2008 because this report covers wide range of issues. In addition, the Government audit report has been politicized and the Ministry does not endorse this report. To meet GAVI HSS reporting audit requirement, the Ministry has commissioned an audit on GAVI account as it is done with other health projects managed by the Ministry. There are available audit reports for Global fund, UNFPA, World Bank projects that are managed by the Ministry.
To carry out the GAVI audit, the Ministry wishes to inform GAVI that due to resource constrain, balances from the 2008 activities will be reallocated.

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS

I. All countries that have received ISS /new vaccine introduction grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2009 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local Currency (CFA)	**Value in USD[7]**
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[8] – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

[7] An average rate of CFA 479.11 = USD 1 applied.

[8] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local Currency (CFA)	**Value in USD[9]**
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[10] – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR ACTIVITY 1.1	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**

[9] An average rate of CFA 479.11 = USD 1 applied.

[10] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES						
Non-salary expenditure						
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR ACTIVITY 1.2	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR OBJECTIVE 1	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2009 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD[11]
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[12] – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR CSO 1: CARITAS	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

[11] An average rate of CFA 479.11 = USD 1 applied.

[12] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure						
Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure						
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR ALL CSOs	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**