GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Liberia

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **15/05/2014**

Deadline for submission: 16/05/2014

Please submit the APR 2013 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A
HSFP	No	Next tranch of HSFP Grant Yes	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

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

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

For the Government of Liberia

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	GWENIGALE, Walter T. (MD)	**Name**	KONNEH, Hon. Amara
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
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WESSEH, Chea Sanford	HSS Focal Person	(+231)886538603	cswesseh@yahoo.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Walter T. Gwenigale, Minister of Health and Social Welfare	Ministry of Health and Social Welfare		

Hon. Amara Konneh, Minister of Finance	Ministry of Finance		
Hon. Dukuly, Morris, Minister of Internal Affairs	Ministry of Internal Affairs		
Dr. Nestor Ndayimirije, WHO Representative	WHO		
Mr. Sheldon Yett, UNICEF Representative	UNICEF		
Bethany Gaddis, Health Team Leader	United States Agency for International Development (USAID)		
Dr. Esperance Fundira, Country Representative	UNFPA		
Juan Casanova, EU Representative	European Union		
Alvin Neufville, Coordinator-LIP	Liberia Immunization Platform		
Mr. George Gooding, National Chairman, Polio Plus, Rotary International	Rotary International		

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

All comments will be treated confidentially

Comments from Partners:

Nil

Comments from the Regional Working Group:

Nil

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), April 2014 , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organization	Signature	Date
Dr. Walter T. Gwenigale, Minister of Health and Social Welfare	Ministry of Health and Social Welfare		
Hon. Amara Konneh, Minister of Finance	Ministry of Finance		
Hon. Dukuly, Morris, Minister of Internal Affairs	Ministry of Internal Affairs		
Dr. Nestor Ndayimirije, WHO Representative	WHO		
Mr. Sheldon Yett, UNICEF Representative	UNICEF		
Bethany Gaddis, Health Team Leader	United States Agency for International Development (USAID)		
Dr. Esperance Fundira, Country Representative	UNFPA		
Juan Casanova, EU Representative	European Union		
Alvin Neufville, Coordinator-LIP	Liberia Immunization Platform		
Mr. George Gooding, National Chairman, Polio Plus, Rotary International	Rotary International		

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

All comments will be treated confidentially

Comments from Partners:

Nil

Comments from the Regional Working Group:

Nil

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

Liberia is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on Liberia's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	166,459	166,459	169,955	169,955	173,524	173,524
Total infants' deaths	11,153	11,113	11,047	11,008	11,106	11,066
Total surviving infants	155306	155,346	158,908	158,947	162,418	162,458
Total pregnant women	181,440	180,792	185,250	184,589	189,141	188,465
Number of infants vaccinated (to be vaccinated) with BCG	154,807	143,615	159,758	159,757	164,848	164,847
BCG coverage	93 %	86 %	94 %	94 %	95 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	132,010	136,690	139,839	139,339	146,176	145,654
OPV3 coverage	85 %	88 %	88 %	88 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	147,541	149,566	152,552	139,339	155,921	145,654
Number of infants vaccinated (to be vaccinated) with DTP3	132,010	137,411	139,839	139,339	146,176	145,654
DTP3 coverage	85 %	88 %	88 %	88 %	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	5	5	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05	1.05	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	101,310	149,566	152,552	139,339	155,921	145,654
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	101,310	137,411	152,552	139,339	146,176	145,654
DTP-HepB-Hib coverage	65 %	88 %	96 %	88 %	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)	3	5	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.03	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	108,005	113,393	143,017	139,339	146,176	145,654
Yellow Fever coverage	70 %	73 %	90 %	88 %	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)	30	25	40	25	45	25

Wastage*[1]* factor in base-year and planned thereafter (%)	1.43	1.33	1.67	1.33	1.82	1.33
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	40 %	40 %	40 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)		0	152,552	139,339		145,654
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)		0	152,552	139,339		145,654
Pneumococcal (PCV13) coverage		0 %	96 %	88 %		90 %
Wastage*[1]* rate in base-year and planned thereafter (%)		0	5	5		5
Wastage*[1]* factor in base-year and planned thereafter (%)		1	1.05	1.05		1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0 %	5 %	5 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0		69,670	155,921	145,654
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0		69,670		145,654
Rotavirus coverage		0 %		44 %	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)		0		5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)		1		1.05	1.05	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	124,245	113,939	143,017	139,339	146,176	145,654
Measles coverage	80 %	73 %	90 %	88 %	90 %	90 %
Pregnant women vaccinated with TT+	163,296	134,439	166,725	139,339	170,227	145,654
TT+ coverage	90 %	74 %	90 %	75 %	90 %	77 %
Vit A supplement to mothers within 6 weeks from delivery	69,133	54,574	72,590	181,162	76,220	184,967
Vit A supplement to infants after 6 months	67,001	44,573	70,351	78,766	73,869	80,420
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	11 %	8 %	8 %	0 %	6 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  In 2008, the country conducted a National Housing and population census, the results of which were finally published in 2012. Consequently, the population and other denominators have been adjusted in line with the official population census results. Therefore, as of 2013, a new birth cohort (4.3%) was calculated using the adjusted census population. The new denominators are in agreement with those derived from previous Polio NIDs data.

  In previous years Liberia used 5% birth cohort and 4% for surviving infants which generated the high infant deaths. Every effort to trace the source of the 5% birth cohort was unsuccessful. This necessitated the establishment of a task force to review all denominators using the population census figures.

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

  Same as above

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

  As per the updated cMYP 2011-2015, no changes have been made in the targets by vaccine.

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

  Same as above

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

The country increased BCG coverage from 85% in 2012 to 87% in 2013 and TT2+ from 74% in 2012 to 76% in 2013. On the other, most of the other antigens reduced by 5% in 2013 from 2012 (i.e. OPV-3: 93% to 88%; Penta-3: 93% to 89%; Measles: 80% to 74%; and Yellow Fever: 78% to 73%). Key drivers for improvement in immunization services in 2013 include but not limited to:

- As part of the implementation of the EVM recommendations, Liberia expanded its cold chain facilities by procuring 200 solar refrigerators, 182 of which have been installed. Additionally, about 700 cold boxes were distributed to service delivery points (counties and health facilities). Cold chain supportive supervision was conducted in all the counties.

- Trained sixty (60) staff (4 per county) on the use of Fridge Tag and DVD-MT.

•□ □ □ □ □Enhance the capacity of 15 county supervisors on DVD-MT utilization and management and 1,100 health facility EPI service providers on the use of the fridge tag for continuous temperature monitoring.

•□□□□□□□□ Strengthened supportive supervision at all levels to timely identify and address operational challenges

•□□□□□□□□ Regular conduct of quarterly EPI reviews to assess performance as well as potential barriers

•□□□□□□□□ Institutionalized quarterly EPI data harmonization exercise/PBF data validation

•□□□□□□□□ Provided technical and financial support to three poorly- performing counties (eg. River Gee, Maryland and Grand Gedeh) to conduct Periodic Intensification of Routine Immunization (PIRI).

- Celebrated African Vaccination Week (AVW) with multiple interventions been administered including defaulter tracking and on spot immunization services

•□□□□□□□□ Conducted defaulter tracing in all the counties to reduce the number of un-immunized children.

•□□□□□□□□ Provided regular supply of bundle vaccines to all 15 counties

•□□□□□□□□ Roll-out of Urban Immunization Strategy in Montserrado County

•□□□□□□□□ Procured and distributed motorbikes (30) and vehicles (4) to boost immunization activities

- Held advocacy meeting held with parliamentarians to increase budgetary support for immunization

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

Liberia achieved only one cMYP target (Penta 3-89%). However, reasons for not achieving the cMYP targets for other antigens are nationwide health workers' strike action that lasted for two months, frequent breakdown of county vehicles and motorbikes which limited the conduct of regular outreach services and supportive supervision from county to health facilities.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
NA	NA	NA	NA

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

Currently the EPI routine administrative coverage data is not disaggregated by sex as there are no gender-related barriers to immunization services. As such there has been no reason to take programmatic action.

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

5.3.4. How have any gender-related barriers to accessing and delivering immunisation

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

The Liberia National EPI policy makes provision for equitable access to comprehensive immunization services for those in the target age group irrespective of their gender. The National Health Policies and Plans (2007-2011 and 2011-2021) call for "an equitable, effective, efficient, responsive, and sustainable health care delivery system". The full implementation of these policies will ensure equal access to immunization services for boys and girls.

National immunization mass campaigns target every child under five years regardless of gender or sex, geographic location or socio-economic status of boys and girls.

Lastly, immunization and the Essential Package of Health Services (EPHS) that the government of Liberia is committed to providing free of charge health services including immunization to reduce financial barriers and preferential treatment (boys versus girls) by parents and care takers.

5.4. Data assessments

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

Though the WHO/UNICEF estimate for 2013 is not yet available, however, 2012 estimates showed 77% for Penta 3 and 80% for Measles where as the administrative coverage data showed 93% for Penta 3 and 80% for Measles.

In addition, the Liberia Demographic Health Survey of 2013 indicated 71.4% coverage for the third dose of Pentavalent (Penta 3) and 74.2% for Measles. Possible reasons could be attributed to poor card retention, data quality issues eg. entry errors, double counting etc and denominator problems.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

In 2013, Liberia initiated a data qualityself-assessment (DQS) to determine the level of agreement between data from HFto county levels and county to central level. The aimed was to assess the levelof agreement in the data at each level. This process was driven by the M&Edivision of the Ministry of Health & Social Welfare. In addition, it isenvisaged that with support from GAVI, IDQA will be conducted in 2014. Also,Liberia continues to conduct quarterly EPI data verification and harmonizationexercises at all levels (National County and Health facility), Lot qualityAssessment Sampling (LQAS) and PRISM Assessment (Performance of RoutineInformation System Management). These activities are supported by the USAID,Pool Fund and Global Fund. Current thrust is to attain consistency of data inall counties.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

- Conduct of quarterly EPI data verification and harmonizationexercise was conducted at all levels (National, County and Health facility)

- Provide capacitybuilding training on data monitoring, management, and the use for action for 1,100health workers , 15 data entry clerks, and 45 county supervisors
- Regularconduct of integrated supportive supervision
- Training of 60 county supervisors on DVD-MT and fridge tag
- Development of a national indicator list and reference sheet ordictionary
- Continue to strengthen and improve the quality of the quarterly integratedsupportive supervision at all levels
- Provide financial support to all health facilities for monthly datareview and harmonization meeting
- Assignment of national technical staff to parent poorly performingcounties

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

Conduct of quarterly EPI data verification and harmonizationexercise was conducted at all levels (National, County and Health facility)

✓ Provide capacity building trainingon data monitoring, management, and the use for action for 1,100 health workers, 15 data entry clerks, and 45 county supevisors

✓ Continue to strengthen and improve the quality of the quartely integratedsupportive supervision at all levels

✓ Provide financial support to all health facilities for monthly datareview and harmonization meeting

✓ Assignment of bational technical staff to parent poorly performingcounties

✓ Revision of HMIS reportinginstruments and DHIS platform

✓ Strengthen data feedbackfrom all levels

✓ Conduct EPI quarterlyreview meeting

- Formation of data verification team at central, county and healthfacility levels

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 1	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	USAID	nil	nil
Traditional Vaccines*	384,253	0	0	384,253	0	0	0	0
New and underused Vaccines**	2,278,027	142,994	2,135,033	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	45,087	0	0	45,087	0	0	0	0
Cold Chain equipment	232,595	0	0	232,595	0	0	0	0
Personnel	841,495	719,740	35,050	76,705	10,000	0	0	0
Other routine recurrent costs	235,567	15,000	22,382	35,985	12,000	150,200	0	0

Other Capital Costs	153,008	0	153,008	0	0	0	0	0
Campaigns costs	1,521,434	326,049	0	136,050	1,059,335	0	0	0
nil		0	0	0	0	0	0	0
Total Expenditures for Immunisation	5,691,466							
Total Government Health		1,203,783	2,345,473	910,675	1,081,335	150,200	0	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

UNICEF procures vaccines for the country, whilst government continues its contributions towards the co-financing of new and under-used vaccines

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

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

Action plan from Aide Mémoire	Implemented?
Annual Work Plan &Budget	Yes
Annual Procurement Plan	Yes
Revision of HSCC TOR to include GAVI oversight	Yes

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

- Annual Work Plan and Budget developed by the EPI Technical Coordinating Committee (TCC) in consultation with ICC/HSCC
- Annual Procurement Plan (APP) being developed by the TCC

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

N/A

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

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

Nil

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

If Yes, which ones?

List CSO member organisations:
Liberia Immunization Platform (LIP)
Rotary International

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

The Essential Package of Health Services (EPHS) is the leading driver of health service delivery and as such immunization objectives and priority actions are culled from it. Below are the main objectives and priority actions for EPI programme for 2014 to 2015 :

List Objectives:

- To increase immunization coverage to at least 90% (nationally) and 80% (at County level) by December 2015.
- To ensure uninterrupted supply of vaccines and essential supplies at all levels by end of 2015
- To continue to introduce new vaccines (Rota and IPV), technologies and policies in a realistic, sustainable, and timely manner into the immunization programme by December 2015
- To strengthen the capacity of health workers to deliver effective immunization services between 2014-2015
- To strengthen regular supportive supervision, monitoring, evaluation and data management systems at all levels
- To reduce immunization drop-out rates from 9% to at least 5% by December 2015

Priority Actions:

- Conduct micro-planning for routine immunization at county and health facility levels, with detailed focus on hard-to-reach and under-served communities.
- Construct two regional vaccine stores and procure refrigerated van for vaccine distribution
- Introduce Rotavirus vaccines and IPV into routine immunization services and conduct HPV demonstration project in two counties (Bong and Nimba).
- Conduct training for health workers on general immunization service delivery at county and health facility levels
- Conduct sensitization meetings for 60 general physicians, 1,450 general community health volunteers (gCHVs) and other communities focus points on vaccine preventable diseases and surveillance.
- Conduct quarterly data harmonization/ PBF data validation exercise at county and health facility levels, in collaboration with the USAID FARA Project
- Conduct quarterly supportive supervision to health facilities.
- To conduct IEC/IPC activities on routine immunization services.
- Celebrate African Vaccination and Global Immunization Weeks

•□□ Continue the implementation of urban Immunization Strategy in Monrovia District, Montserrado County

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD syringes	UNICEF
Measles	AD syringes	UNICEF
TT	AD syringes	UNICEF
DTP-containing vaccine	AD syringes	GAVI/GoL
Yellow fever	AD syringes	GAVI/GoL

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

Liberia has an integrated waste management and injection safety plan that takes into consideration proper waste disposal system. The plan has its monitoring and evaluation component that is in line with the Essential Package of Health services (EPHS). The major challenge with implementation of the policy/plan is delayed repair of broken incinerators at service delivery level.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

The sharps waste were disposed of in the following manner:

1. Incineration

2. Burning and burying

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	154,988	154,988
Remaining funds (carry over) from 2012 *(B)*	95,202	95,202
Total funds available in 2013 *(C=A+B)*	250,190	250,190
Total Expenditures in 2013 *(D)*	29,831	29,831
Balance carried over to 2014 *(E=C-D)*	220,359	220,359

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

The management of GAVI ISS fund is flexible and there is no hindrance in accessing funds. To access fund, requesting Unit do not need an external level of approval after the work plan is endorse by HSCC/ICC.

The GAVI ISS fund is managed by the Office of Financial Management (OFM) like other project funds received by the Ministry. The Ministry has clear procedures in place to access fund with limited internal bureaucracy. Request for fund to implement an activity is generated by the Director or head of the Unit that has the mandate to deliver on such activity.

GAVI fund like most project funds (Global Fund, Pool Fund, HSRP-World Bank Project, etc) are placed into an earmark account with Ecobank which is one of the commercial banks.

Funds are transferred to County accounts to implement activities at their level. These funds are liquidated through regular procedures established by the OFM.

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

Two bank accounts have been opened; one each in with the Central Bank of Liberia and Ecobank. To ensure internal control of GAVI funds, the Office of Financial Management (OFM) monitors, and receive notification of GAVI payments. This Unit is headed by the Comptroller and assisted by account officers (accountants). For detailed information on the OFM, please refer to the signed Aide Memoire. In order for any expenditure to be carried out, ICC/HSCC members must endorse the annual work plan, budget, and procurement plan. When this process is completed, all funds for activities to be implemented in the counties are transfer into their respective account with close monitoring and technical guidance. After implementation of any activity, financial and technical reports are received by OFM in accordance with the procedures outline in the financial manual by expending county or unit.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

Since 2009, Liberia has not received GAVI ISS grant. However, balance funds from the 2009 tranche is available and it being utilized each year to conduct the activities mentioned below:

• Allowances payment to national level EPI staff ;

• Procurement of assorted stationery supplies to support national and county levels operations;

• Production of EPI data tools; and

• Maintenance of EPI logistics (i.e. cold chain equipment, vehicles, motorbikes, refrigerators, etc)

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. Request for ISS reward

Request for ISS reward achievement in Liberia is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	313,050	313,050	0	No
Pneumococcal (PCV13)		151,200	0	No
Rotavirus		0	0	No
Yellow Fever	163,900	163,900	0	No

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

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

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

  No problem encountered in 2013

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

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

  No problem was encountered as far as shipment schedule is concerned. However, to avoid any unwanted situation relating to vaccines and devices stock-out, appropriate measures such as proper forecasting and placing orders in time were instituted even if shipment delays by a month or two.

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

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2014**

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

N/A

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

A sentinel site for rotavirus surveillance has just been established at Redemption Hospital and data collection and sharing in progress

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	155,000	155,000
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	155,000	155,000
Total Expenditures in 2013 (D)	155,000	155,000
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Liberia received Vaccine Introduction Grant (VIG) for the introduction of Pneumococcal Conjugate Vaccine (PCV-13) and the following key activities were implemented before the introduction of PCV-13 using the VIG:
- Capacity building
- revision and production of data collection tools
- Advocacy, communication and social mobilization
- Monitoring and supportive supervision
- Launching at national and county levels

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

No problem encountered

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Not applicable

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	63,000	30,000
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	33,000	33,800
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	96000	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	June	GoL
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	GoL
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	June	GoL
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	June	GoI
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

	N/A

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

Liberia is not a defaulting country.

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2011**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

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

If yes, provide details

N/A

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Liberia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Liberia is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	155,306	158,908	162,458	476,672
	Number of children to be vaccinated with the first dose	Table 4	#	101,310	152,552	145,654	399,516
	Number of children to be vaccinated with the third dose	Table 4	#	101,310	152,552	145,654	399,516
	Immunisation coverage with	Table 4	%	65.23 %	96.00 %	89.66 %	

	the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.03	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	446,009			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	446,009			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

All stock balances as of December 31, 2014 were carried forward in 2014 as the opening stock as of the 1st January 2014.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

3

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	471,500	187,600

Number of AD syringes	#	549,500	204,300
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	6,050	2,250
Total value to be co-financed by GAVI	$	990,500	398,500

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

		2014	2015
Number of vaccine doses	#	51,100	20,100
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	104,500	42,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	101,310	152,552	14,897	137,655
B1	Number of children to be vaccinated with the third dose	*Table 4*	101,310	152,552	14,897	137,655
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	303,930	457,656	44,689	412,967
E	Estimated vaccine wastage factor	*Table 4*	1.03	1.05		
F	Number of doses needed including wastage	*D X E*		480,539	46,924	433,615
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		41,873	4,089	37,784
H	Stock to be deducted	*H1 - F of previous year x 0.25*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	446,009		
H3	Shipment plan	*UNICEF shipment report*		348,700		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		522,450	51,016	471,434
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		549,482	0	549,482
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		6,045	0	6,045
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		1,005,717	98,205	907,512
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		24,727	0	24,727
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		31	0	31
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		64,366	6,286	58,080
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		1,094,841	104,491	990,350
U	Total country co-financing	*I x country co-financing per dose (cc)*		104,490		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.76 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.64 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	145,654	14,048	131,606
B1	Number of children to be vaccinated with the third dose	*Table 4*	145,654	14,048	131,606
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	436,962	42,143	394,819
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	458,811	44,250	414,561
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 5,173	- 498	- 4,675
H	Stock to be deducted	*H1 - F of previous year x 0.25*	246,063	23,732	222,331
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	355,791	34,314	321,477
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	207,600	20,022	187,578
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	204,299	0	204,299
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	2,248	0	2,248
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	404,613	39,023	365,590
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	9,194	0	9,194
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	12	0	12
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	25,896	2,498	23,398
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	439,715	41,520	398,195
U	Total country co-financing	*I x country co-financing per dose (cc)*	41,520		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.64 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	155,306	158,908	162,458	476,672
	Number of children to be vaccinated with the first dose	Table 4	#	0	152,552	145,654	298,206
	Number of children to be vaccinated with the third dose	Table 4	#		152,552	145,654	298,206
	Immunisation coverage with the third dose	Table 4	%	0.00 %	96.00 %	89.66 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	83,120			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	83,120			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

All stock balances as of December 31, 2014 were carried forward in 2014 as the opening stock as of the 1st January 2014.

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

Co-financing group	Low

	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20
Your co-financing		0.20	0.20

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

		2014	2015
Number of vaccine doses	#	489,600	430,000
Number of AD syringes	#	544,200	475,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	6,000	5,225
Total value to be co-financed by GAVI	$	1,784,500	1,557,500

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

		2014	2015
Number of vaccine doses	#	28,900	25,500
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	104,000	91,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	5.56 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	152,552	8,489	144,063
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	0	457,656	25,465	432,191
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.05		
F	Number of doses needed including wastage	*D X E*		480,539	26,738	453,801
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		120,135	6,685	113,450
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		518,400	28,845	489,555
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		544,139	0	544,139
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		5,986	0	5,986
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		1,757,895	97,812	1,660,083
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		24,487	0	24,487
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		30	0	30
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		105,474	5,869	99,605
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		1,887,886	103,680	1,784,206
U	Total country co-financing	*I x country co-financing per dose (cc)*		103,680		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		5.56 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	5.60 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	145,654	8,155	137,499
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	436,962	24,465	412,497
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	458,811	25,688	433,123
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 5,173	- 289	- 4,884
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	455,400	25,497	429,903
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	474,968	0	474,968
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	5,225	0	5,225
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,534,698	85,925	1,448,773
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	21,374	0	21,374
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	27	0	27
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	92,082	5,156	86,926
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,648,181	91,080	1,557,101
U	Total country co-financing	*I x country co-financing per dose (cc)*	91,080		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.60 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	155,306	158,908	162,458	476,672
	Number of children to be vaccinated with the first dose	Table 4	#	0	0	145,654	145,654
	Number of children to be vaccinated with the second dose	Table 4	#			145,654	145,654
	Immunisation coverage with the second dose	Table 4	%	0.00 %	0.00 %	89.66 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.00	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		0.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

N/A

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low

	2013	2014	2015
Minimum co-financing	0.00	0.00	0.20
Recommended co-financing as per Proposal 2013			0.20
Your co-financing			0.20

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

		2014	2015
Number of vaccine doses	#	0	354,000
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	$	0	949,000

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

		2014	2015
Number of vaccine doses	#	0	28,600
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	0	76,500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B x C*	0	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.00		
F	Number of doses needed including wastage	*D X E*		0	0	0
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		0	0	0
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		0	0	0
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*		0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		0	0	0
U	Total country co-financing	*I x country co-financing per dose (cc)*		0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		0.00 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	7.46 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	145,654	10,868	134,786
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	291,308	21,735	269,573
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	305,874	22,821	283,053
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	76,469	5,706	70,763
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	382,500	28,538	353,962
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	976,523	72,858	903,665
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	48,827	3,643	45,184
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,025,350	76,500	948,850
U	Total country co-financing	*I x country co-financing per dose (cc)*	76,500		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.46 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	155,306	158,908	162,458	476,672
	Number of children to be vaccinated with the first dose	Table 4	#	108,005	143,017	145,654	396,676
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.43	1.67	1.33	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	5,000			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	5,000			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

The balances are the same

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	211,800	159,300
Number of AD syringes	#	175,100	161,000
Number of re-constitution syringes	#	28,100	21,400
Number of safety boxes	#	2,250	2,025
Total value to be co-financed by GAVI	$	259,000	184,000

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

		2014	2015
Number of vaccine doses	#	43,300	35,200
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	51,000	39,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	16.96 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	108,005	143,017	24,254	118,763
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B x C*	108,005	143,017	24,254	118,763
E	Estimated vaccine wastage factor	*Table 4*	1.43	1.67		
F	Number of doses needed including wastage	*D X E*		238,839	40,505	198,334
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		21,098	3,578	17,520
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		255,000	43,245	211,755
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		175,027	0	175,027
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		28,051	0	28,051
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		2,234	0	2,234
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		278,970	47,310	231,660
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		7,877	0	7,877
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		113	0	113
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		12	0	12
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		21,760	3,691	18,069
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		801	0	801
T	Total fund needed	*(N+O+P+Q+R+S)*		309,533	51,000	258,533
U	Total country co-financing	*I x country co-financing per dose (cc)*		51,000		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		16.96 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	18.10 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	145,654	26,364	119,290
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	145,654	26,364	119,290
E	Estimated vaccine wastage factor	*Table 4*	1.33		
F	Number of doses needed including wastage	*D X E*	193,720	35,064	158,656
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	660	120	540
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	194,400	35,187	159,213
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	160,946	0	160,946
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	21,384	0	21,384
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	2,006	0	2,006
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	199,260	36,067	163,193
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	7,243	0	7,243
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	86	0	86
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	11	0	11
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	15,543	2,814	12,729
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	734	0	734
T	Total fund needed	*(N+O+P+Q+R+S)*	222,877	38,880	183,997
U	Total country co-financing	*I x country co-financing per dose (cc)*	38,880		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	18.10 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

   d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in Section 9.1.2.

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

7. Please attach all required supporting documents. These include:

   a. Minutes of all the HSCC meetings held in 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 calendar year

   e. External audit report for HSS funds during the most recent fiscal year (if available)

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

   a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;

   b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;

   c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

9.1. Report on the use of HSS funds in 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

2016

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

NA

Please see http://www.gavialliance.org/support/cso/ for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **1440000** US$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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

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

Table 9.1.3a (US)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	1022380	1022380	1022380	0	0	1022380
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	1022500	0	1022500	0	0	851960

Remaining funds (carry over) from previous year (*B*)	995329	743743	202148	587267	403442	182965
Total Funds available during the calendar year (*C=A+B*)	2017829	743743	1224648	722665	403439	1034925
Total expenditure during the calendar year (*D*)	1274085	541596	637379	319223	221139	138785
Balance carried forward to next calendar year (*E=C-D*)	743743	202148	587267	403442	182965	896139
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1022380	1022380	1022380	1022380	1022380	1800000

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	1800000	1800000	1800000	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0			
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	0			
Total Funds available during the calendar year (*C=A+B*)	1039680			
Total expenditure during the calendar year (*D*)	50000			
Balance carried forward to next calendar year (*E=C-D*)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1440000	0	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0			
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	0			
Total Funds available during the calendar year (*C=A+B*)	0			
Total expenditure during the calendar year (*D*)	0			
Balance carried forward to next calendar year (*E=C-D*)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January						
Closing on 31 December						

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

GAVI HSS fund is managed by the Ministry's Office of Financial Management (OFM) through a commercial bank (ECO BANK Account Number: 10-6100163-12-011) where other projects and donors funds are kept. OFM core function is to institute and monitor financial policies and ensure that fiduciary arrangements are in place to guarantee trust, confidence, transparency and accountability of both government and donors' monies. OFM has the required capacity to manage GAVI funds properly and effectively.

At the Ministry, request for funds by an implementer (County Health Team, Department, programs, Unit, Division, etc) is made through the office of the Deputy Minister (Chief Medical Officer/Deputy for Health Services or Deputy for Planning) who serves as the head of that requesting implementer for approval. When it is approved, it is taken to the procurement sections for scrutiny, if there are items to be purchased and then to the office of financial management for payment when the purchase is done. The requesting department head is expected to review and ensure that the activity being requested to implement is aligned with GAVI's Annual Work Plan and the amount requested does not exceed what is available.

The procurement and internal audit Units on the other hand are to ensure that the request follows the Public Procurement regulation for business transactions (e.g., analysis of three quotations for better price and quality,availability of specifications and contracts, etc). When the request is accepted and purchase made, the procurement Unit submit the approved request for payment to the office of financial management were request are also review base on budgetary allocation.

Counties received funds through their bank accounts to implement planned activities on the GAVI annual work plan.

Each implementer is expected to liquidate funds approved and disbursed based on the Ministry's acceptable procedure and format. Both narrative summaries of activities implemented and financial receipts are require by the end of each activity implementation.

Audits are usually commissioned by the Ministry or donor at the end of each project. However, to meet GAVI financial requirements, annual audits are commissioned and reports submitted to GAVI to ensure financial transparency and accountability. Also, GAVI annual progress reports are submitted to track progress and show financial execution. The current system and channel of request and approval will be adhered to during the implementation of the HSS grant including procedures and arrangements enshrined in the signed Aide Memoire.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Activity 1: Develop and disseminate an integrated BPHS, which include maternal and newborn health; child health and	Not Applicable	100	N/A (Reported on in previous APR)

immunizations; Nutrition; Communicable Diseases; and Health promotion and behavioural change communication			
Activity 2: Define the role of the community in the delivery of nutrition, integrated management of childhood illness, treatments for diarrhea diseases, malaria, pneumonia and home based care for HIV/AIDS and other basic health services.	Not Applicable	100	N/A (Reported on in previous APR)
Activity 3: 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.	Train 200 gCHVs members on developed ARI, Malaria and Diarrhea modules	25	MOHSW 2013 Annual Report
Activity 4: Establish a training Unit and define roles and responsibility of the Unit which should be composed of representatives from each health unit of the MOHSW and relevant technical partners.	Not Applicable	100	N/A (Reported on in previous APR)
Activity 5: Develop or revise treatment protocols and guidelines, including those for health promotion and behavioural change	Print EPI communication Strategy and Tools	100	EPI Routine Immunization Communication Tool kit developed (Child health booklets, health facility ledgers, etc) and available.
Activity 6: Develop training manuals for the integrated BPHS, including training health institutions.	Not Applicable	100	N/A (Reported on in previous APR)
Activity 7: Plan and implement outreach sessions using the defined integrated BPHS for outreach activity, while ensuring quality of services and impact.	Support health facilities to conduct outreach services in urban areas	25	MOHSW 2013 Annual Report
Activity 8: Conduct Health Sector Annual Review	Support MOHSW to conduct annual health sector review conference	100	MOHSW 2013 Annual Report and National Health Sector Annual Review Report 2013.
Activity 9: Purchase two vehicles for smooth coordination and mobility of training unit and plan for maintenance system.	Not Applicable	100	N/A (Reported on in previous APR)
Activity 10	Train HR officers in the use of established HR database	75	Integrated Human Resources Information System (iHRIS) training report and MOHSW 2013 Annual Report.
Activity 11	Recruit Technical Assistance (TA) to finalize HR database	100	Integrated Human Resources Information System (iHRIS) training report.

Activity 12: Identify and select 800 CHWs, two for each health facility, by the community using given criteria and provision of operational support fund to the CHWs.	Identify, train and provide operational support to CHVs to conduct defaulters tracing	25	gCHV Defaulters Training Report
Activity 13: Standardize curricula of CHW, develop skill competency testing train new CHWs and increase the skills of existing CHWs in implementing specific interventions within the BPHS.	Support County Health Teams to pre-test and roll out and evaluate community reporting tools	25	CHVs Training Report
Activity 14: Purchase one vehicle for smooth coordination of HR activities.	Not Applicable	100	N/A (Reported on in previous APR)
Activity 15: Establish linkages between communities and formal health by defining and putting in place community based surveillance and information system.	Conduct orientation for community health providers on priority diseases and events	0	N/A
Activity 16	Update district and county micro plans	100	Updated micro plans (districts and county levels) available.
Activity 17: 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.	Conduct KAP study in selected communities	0	Report not yet available.
Activity 18:	Procure HMIS server and provide monthly subscription	0	N/A
Activity 18:	Procure 3 vehicles to ensure quality data collection, validation and monitoring to Counties	100	Vehicles were procured through UNICEF and are available.
Activity 18:	Support HMIS to provide regular monthly written feedback to counties	25	Not available
Activity 19: Provide data management tools and conduct regular training and refresher training of key health workers on data collection, analysis, management of information and resources.	Re-produce registers (e.g., ANC, Deliveries, PNC, etc) for Clinics	0	N/A
Activity 19:	Train 7 county health teams on data analysis and data use for decision making	100	Data Use for Decision Making Training Report Available.
Activity 20: Plan and establish a computerized stock management and logistics system to support the forecasting and distribution of drugs and	Train health workers on DVD-MT and roll out DVD-MT	100	DVD-MT Training Report Available

supplies and rehabilitation of equipments			
Activity 21: Establish an M&E system to monitor and evaluate the regular and appropriate use of the National Health Information and Management system.	Provide training support for M&E officers	75	M&E Training on data analysis report available.
Activity 22: Purchase one vehicle to ensure smooth coordination and monitoring of the health information and management system.	Not Applicable	100	N/A (Reported on in previous APR)

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Objective 1: To implement BPHS with child survival	Majority of the planned HSS activities that were tied to this objective were implemented and achieved over the past seven years (2007 - 2013). However, few activities are still being implemented using the balance funds that were carried forward from 2012 and the disbursement of the final tranche. Over 90% of public health facilities are implementing the Basic Package of Health Services (BPHS) that has been expanded and named Essential Package of Health Services in 2011. The implementation of BPHS and EPHS has increased access to health services nationwide and has contributed to the improvement in child health outcomes especially, immunization services. For example infant mortality reduced from 72 per 1,000 live births in 2007 to 54 in 2013 and under five mortality reduced from 111 per 1,000 live births in 2007 to 94 in 2013. Also, children 12 -23 months who received all basic vaccines increased from 39% in 2007 to 55% in 2013 (DHS 2013 preliminary results).
Activity 3: Train 200 gCHVs members on developed A	540 community health volunteers from five counties were trained in routine immunization services, 173 were trained in Malaria, ARI and Diarrhea diagnosis and treatment in four counties and 600 were trained in integrated Community Case Management (iCCM) and provided iCCM Manual on the three priority childhood diseases. Due to the late release of GAVI fund, majority of these activities were fund by other partners.
Activity 5: Print EPI communication Strategy and T	The Immunization Services Community Tool kit was developed and printed along with 165,000 Child Health Booklets, 1,100 health facility ledgers, 1,100 EPI Daily Summary Sheet, 1,100 Out-reach Ledgers and Summary Sheets.
Activity 7: Support health facilities to conduct o	50 private health facilities and 12 vaccination centers at market sites were supported to provide outreach services.
Activity 8: Support MOHSW to conduct annual health	There has been regular annual health sector reviews since 2007. The annual review meetings provide the forum for assessing performance of the health system, planning for the next year and providing feedback to stakeholders on the use of resources and key interventions. The conference also brings together key stakeholders in the sector (e.g., development partners, donors, members of parliament, health workers, local authorities, etc) to discuss improvements, challenges and remedies. These annual meetings are supported by many donors and partners including GAVI. The 2013 review was focus on Universal Health Coverage.

Objective 2: To link health services with the comm	Community health workers have a pivotal role in the expansion of health services in developing countries like Liberia were access to health care services is low especially in rural communities. The Ministry with support from various partners including GAVI has made significant progress in the development and expansion of its community health services program. Notable achievements include the recent development of a community health program roadmap and performance indicators list, training of community health workers in Integrated Community Case Management and provision of community health services.
Activity 12: Identify, train and provide operation	Five counties community health workers were trained and provided support to improve immunization coverage through defaulters tracing.
Objective 3: To strengthen evidence-based manageme	The Ministry is gradually adopting the culture of information use for decision making as evidence by the conduct of various policies studies, the establishment of a functional HMIS and M&E Units, the review of indicator list, reporting instruments and the regular conduct of the annual accreditation surveys and review meetings. These activities have provided evidence for decision making for the strengthening of primary health care in Liberia. The improvement in M&E and health management information system has contributed to immunization data quality.
Activity 10: Train HR officers in the use of estab	County Health Resource Officers were trained in the use of the integrated Human Resource Information System (iHRIS) software to manage HR records.
Activity 16: Update district and county micro plan	Micro plan for the 15 counties were updated in 2013 to contribute to immunization services.
Activity 19: Train 7 county health teams on data a	M&E Officers and county level staff from seven counties were trained in data use for action. This activity contributes to the county planning process, improvement in data quality and health interventions.
Activity 20: Train health workers on DVD-MT and ro	60 county health supervisors and 1,100 EPI service providers were trained in DVD-MT and Fridge Tag management and use for monitoring vaccine temperature.

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

Though the GAVI fund was disbursed in November 2013, almost (50%) of 2013 planned activities were implemented before May 2014. Lack of full implementation of many of these activities is largely attributed to the late disbursement of funds. However, most of the remaining activities are being planned for the next two quarters of 2014.

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

No

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2012 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2009	2010	2011	2012	2013		
1.1 BCG	134,993 (82%)	2005	181,379 (96%)	165,864 (93%)	165,603 (93%)	138,414 (74.9%)	167,109 (78%)	160,687 (85%)	143,615 (87%)	Administrative (HMIS)	Target was not achieved because of lack of funds to conduct regular outreach and health workers

											two months strike.
1.2 OPV3	101,278 (77%)	Same as above	148,270 (92%)	154,751 (90%)	140,881 (99%)	108,782 (73%)	138,144 (77%)	140,377 (93%)	136,690 (88%)	Same as above	Same as above
1.3 DPT3/ Penta3	114,572 (87%)	Same as above	148,270 (92%)	154,751 (85%)	132,697 (93%)	109,675 (74%)	129,510 (78%)	141,343 (93%)	137,411 (89%)	Same as above	Achieved
1.4 Measles	123,641 (94%)	Same as above	145,047 (96%)	154,751 (80%)	136,769 (96%)	104,974 (69.9%)	120,876 (73%)	121,703 (80%)	113,939 (74%)	Same as above	Same as above
1.5 Yellow Fever	116,649	Same as above	145,047 (75%)	154,751 (80%)	134,025 (94%)	98,844 (68.3)	126,920 (71%)	118,577 (78%)	113,484 (73%)	Same as above	Same reasons.
1.6 TT2+ coverage for pregnant women	118,055 (72%)	Same as above	151,149 (80%)	177,475 (85%)	171,457 (96%)	115,350 (63%)	148,542 (74%)	140,221 (74%)	134,439 (76%)	Same as above	ANC 4th and more visits is a challenge thereby impeding progress.
1.7.1 Vit-A supplement Mothers (<6 weeks from delivery)	25%	Same as above	40%	40%	N/A	140,938 (81%)	64,729 (38%)	65,841 (35%)		Same as above	Stock out of Vitamin A at health facilities and uncoordinated Vitamin A program between Nutrition and EPI Program.
1.7.2 Vit-A supplement Infants (>6 months)	75%	Same as above	85%	77,376 (85%)	133,087 (93%)	92,234 (63%)	98,535 (56.6%)	63,810 (42%)	44,573 (58%)	Same as above	Same as 1.7.1
Penta dropout rate (Penta1 – 3)	6,797 (5.6%)	Same as above	6,446 (4.2%)	13,154 (10%)	N/A	8,324 (6%)	13,046 (10.2%)	13,347 (8.6%)	13,204 (9%)	Same as above	Achieved
Fully Immunized	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79%	77%	Same as above	Health workers strike and limited resources
1.8 % of counties/health facilities implementing BPHS/EPHS, which include maternal and newborn health	<40%	Health Plan 2007/2011 & BPHS Document	70%	10%	34.9%	80.2%	100%	100%	100%	MOHSW Annual Report 2013	Achieved
1.9 Under-five Mortality Rate	194	1999/2000 LDHS	170	114	114	114	114	114	94	DHS 2013 preliminary result	N/A
1.10 Infant Mortality Rate	117	1999/2000 LDHS	N/A	72	72	72	72	72	54	DHS 2013 preliminary result	N/A
2.1 % of primary health facilities with functional community-based delivery of operationalized integrated BPHS/EPHS	<5%	N/A	N/A	N/A	N/A	50%	N/A	75%	75%	Estimated from community mapping exercise	N/A
2.2 % of health facilities with delivery of improved quality of integrated primary health care services at the lower level.	40%	BPHS Accreditation 2009	80%	N/A	N/A	N/A	84.3%	84.3%	84.3%	N/A	Achieved

3.1 % of timely and complete reports received at national level from counties	<30%	2007 MOHSW Annual Report	95%	50%	60%	76%	77%	82%	83%	MOHSW Annual Report 2013	Health workers strike
3.2 % of counties implementing quality HMIS and database for smooth management of health information	0%	2007 MOHSW Annual Report	100%	100%	100%	100%	100%	100%	100%	MOHSW Annual Report 2013	Achieved
3.3 % of identified and recruited community health workers by the communities two for each health facility and provision of operational support funds to CHW	<500	Community Health Policy and Strategy	1,500	3,727	N/A	N/A	750 (50%)	3,727	3,727	Community Health Mapping Report 2012	N/A

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

The health sector with support from partners and national government made progress in 2013, although there were daunting challenges that range from health workers' strike frequent delays in Government's budgetary disbursements to the Ministry. In2013, preliminary results from the Liberia Demographic and Health Survey revealed that the proportion of children receiving all basic vaccines increased from 39% in 2007 to 55% in 2013, total fertility rate reduce from 5.2 children per woman in 2007 to 4.7 children per woman in 2013 and the proportion of family planning users increase from 11% in 2007 to 19% in 2013. Also, the proportion of pregnant women assisted at delivery increased from 46% in 2007 to61% in 2013. These gains have contributed to decline in infant mortality rate from 72 deaths per 1,000 live births in 2007 to 54 deaths per 1,000 live births in 2013, and under-five mortality reduced from 111 deaths per 1,000 live births in 2007 to 94 deaths per 1,000 live births. Also, the continuous distribution of mosquito nets to households and pregnant women attending antenatal care across Liberia increased the proportion of households with at least one mosquito nets to 58% and have reduced the prevalence of malaria from 66% in2005 to 32% presently.

Other achievements worth noting under the health and social welfare sector include, the launched of the Promise Renewed by the President of Liberia in line with international "Child Survival Call to Action", construction of five microscopic laboratories in five counties to improve diagnostic services, installed 53 Solar Panels at health facilities in six counties to provide electricity and constructed eight incinerators to improve waste management and sanitation at 8 health facilities. The Ministry also launched the Post Graduate Medical Residency Program and started the training of 19 residents in the areas of General Surgery, Obstetrics &Gynecology, Internal Medicine and Pediatrics. According to the World Health Organization, Liberia is on track of achieving MDG 4 by 2015.

In November 2013, GAVI disbursed the last tranche (US$ 1,022, 500)of the old HSS grant. The delay in disbursement impeded the implementation of planned activities that could have facilitated remarkable accomplishments in relations to HSS indicators. However, support from GAVI and partners improves the immunization program and the immunization status of children as evidenced by zero case of Wild Polio Virus (WPV) and the reduction in the outbreak ofmeasles cases according to the HMIS and AFRO Polio monthly updates.

Liberia's immunization program offers seven antigens to children with Pneumococcal vaccine being introduced in 2014. The antigens administered to children age0-11 months with their coverage are as follows: BCG (86%), OPV3 (88%), Penta-3(88%), Measles (73%), Yellow Fever (73%), TT2+ (74%) and HepB-Hib (88%). Immunization coverage as reported by the Health Management Information System has shown unstable trend and pattern since 2007. However, the Liberia Demographic and Health Survey, 2013

preliminary result have shown gradual increased over the past six years. For example, BCG coverage increased from77.1% in 2007 to 93.9% in 2013, OPV3 from 49.4% in 2007 to 69.9% in 2013,Measles from 63% in 2007 to 74.2% in 2013, Penta-3 from 50.3% in 2007 to 71.4%in 2013 and yellow fever 72.8% in 2013. Additionally, vaccination cards retention increased from 48% in 2007 to 58% in 2013 and those receiving all basic vaccines from 39% in 2007 to 55% in 2013.

The Community Health Services Program produced a national road map for the improvement of community health program, capacity development for gCHVs and provision of services (ie: family planning commodities distribution,diagnosis and treatment of major childhood illness, defaulters tracing and immunization services especially during mass campaign).

A National Health Sector Review Conference was held in July 2013 with all stakeholders to assess progress made in the health sector in over one year of implementation ofthe10-years Plan. The conference ended with the approval of the operational plan of FY 2013/2014 which will be assessed October in 2014.

The Ministry conducted series of Data Use for action workshops for County Health Teams members for improved health services. Trainings in data collection, analysis and use for planning, budgeting and services improvement is key to the health sector drive to improve quality and expansion of healthcare delivery.

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

Problems that led to low utilization of funds and activities implementation could be attributed to continuous delay in the disbursement of funds. For example, Liberia is still implementing a grant that was approved in 2007 and should have ended in 2010. The last tranche should be released in 2010 but was disbursed in November 2013. These delays disrupt implementation schedules and leads to the prioritization of other activities.

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

GAVI HSS funded activities are mostly monitored at the central level. The two Deputy Ministers that are major implementers of the grant, exercise due diligence on all GAVI related transactions along with the Office of Financial Management. Requests are reviewed in relation to the annual work plan and budget.

At the county level, funds that are channel at the level is supervised by the County Health Officer and all financial transactions are carried out by the County Accountant and County Health Services Administrator. M&E officers are assigned to each county to monitor health sector activities within their counties which include GAVI HSS activities.

All programs and projects are monitor by both central and county level M&E officers, with monthly and quarterly monitoring and supervision visits made at all levels (central, county, health facility and community levels).

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

Monitoring and evaluation is a routine function of the Ministry of Health and Social Welfare.The Ministry conducts regular quarterly data verification exercises, frequent immunization program review meetings, annual county planning exercises that involves, county and health facilities levels performance assessment and regular annual National Health Sector Review conferences to monitor the implementation of the National Health Policy and Plan.

There are M&E teams and Units at the national and county levels that perform quarterly data verification with the TB, HIV and Malaria Programs, to ensure that these programs targets are met and data are of good quality. The central M&E team leads the performance based contracting data verification, base line and targets setting exercises. Also, the Unit is deeply involved with the organization and implementation of the Annual Health Sector reviews. At the county level, the M&E teams are responsible for data collection, management, analysis and reporting, data verification and provision of regular feedback to the health facilities.

The current indicators that are used to measure GAVI HSS grant performance are similar to the National Health Plan monitoring framework and the performance based health financing performance indicators (ie: Penta 3, Measles, TT 2+, Vitamin A, etc). See attached Health Sector Review Report 2013.

There are monitoring mechanisms in place to promote transparency and accountability within the health sector including the use of GAVI funds.

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

The Ministry of Health and Social Welfare is the only implementer of the GAVI HSS grant. Participation of key stakeholders is at the steering and technical committee levels. However, the new grant (performance based grant) considers the involvement of private health facilities and CSOs.

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

There is limited participation of civil society involvement in the implementation of the GAVI grant. They are only part of the health sector committee and immunization coordination committee. However, the new HSS grant involves the participation of the private sector and civil society organizations on a low scale (ie: Media institutions and the Liberian Immunization Platform) to provide immunization services at private health facilities and demand creation by civil society organizations on the importance and need for children vaccination. The involvement of CSO will also include social mobilization and defaulters tracing.

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

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

The management of GAVI HSS fund is effective and there is no hindrance in accessing funds.

- An annual work plan with budget is developed and approved by the health sector coordination committee (HSCC). The approved work plan is used to request and implement activities. Once the annual work plan is approved, and planned activity is align with the department's work plan it usually gets approved by the Deputy Minister.

- The GAVI HSS fund is managed by the office of financial management (OFM) like other projects funds received by the Ministry. There has been no change in the management of fund 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 or senior officer of a Unit or Division that has the mandate to deliver on such activity. Approval is either by any of the 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 or procurement unit for transaction. The Officer of Financial Management is headed by a Deputy Minister.

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)

Activity 1.1.1	Provide monthly performance incentive for essential MCH (e.g., immunization, deliveries, FP, etc) interventions in 50 private health facilities	75000	0	No	N/A	0
Activity 1.1.2	Provide monthly EPI performance based incentive for 75 health facilities not covered under the current performance based arrangement	90000	0	No	N/A	0
Activity 1.2.1	Re- produce visibility and identification materials (e.g., CHV badge, Jacket and bag) for 1,450 gCHVs	29000	0	Maintenance cost for walk in cold room	To maintain walk in cold room expected to be procured.	28858
Activity 1.2.2	Train 1,450 gCHVs in RED and REP Strategy	138700	0	No	N/A	0
Activity 1.3.1	Procure equipment and supplies for implementing infection control	12065	0	Procure 2 Walk-in Cold Rooms spare parts and voltage regulator and installation	Procure Walk- in Cold room which is key to EPI services. At the time of the proposal development UNICEF committed to this. However, that commitment will not be fulfilled.	113236
Activity 2.1.4	Conduct annual data quality audit (DQA) in compliance with national guidelines	12750	0	No	N/A	0
Activity 2.1.3	Finalize, print and disseminate research agenda and guidelines print and disseminate research agenda and guidelines	5250	0	No	N/A	0
Activity 2.1.4	Support annual health conference	53500	0	No	N/A	0
Activity 3.1.1	Undertake financial supervisory visit to the counties	4980	0	No	N/A	0
Activity 3.1.2	Conduct annual financial audits	35000	0	No	N/A	0
Activity 4.1.1	Conduct training for 75 health facilities managers on	11914	0	No	N/A	0

	PBC concept and SOPs					
Activity 4.1.2	Recruit TAs for health system strengthening	96000	0	Provide Monthly incentive to EPI staff (EPI Manager, EPI Deputy Manger, EPI support staff &Director County Health Services	Due to lack of support from UNICEF to pay incentive and salary top up to key EPI staff. Amount was take from Activity 4.1.2	95466
Activity 4.1.3	Procure 15 motorcycles for county level M&E staff	71070	0	No	N/A	0
Activity 4.2.2	Procure 15 vehicles for county outreach services	445500	0	No	N/A	0
Activity 4.2.3	Procure 1 refrigerated trucks for vaccine distribution	65000	0	No	N/A	0
Activity 4.2.3	Construct 2 regional cold stores for vaccine management	189724	0	No	N/A	0
Management Support	Registration and insurance of procured vehicles and motorcycles	10000	0	No	N/A	0
Management Support	Advertise Expression of Interest (EOI) for procurement activities	2000	0	No	N/A	0
Management Support	Procure fuel for quarterly monitoring and supervision of immunization activities (data quality)	15000	0	No	N/A	0
Management Support	Provide support for EPI and HMIS supervisory vehicles repair	15000	0	No	N/A	0
Management Support	Pay bank overdraft (bank transactions)	5000	0	No	N/A	0
Management Support	Procure stationary and office supplies (computer inks, A4 papers, etc)	5000	0	No	N/A	0
Management Support	GAVI APR writing and submission (HSCC meeting, honorarium for drafting team, etc)	3000	0	No	N/A	0
Management Support	Operational cost (e.g; DHL Service charge, scratch cards	20000	0	No	N/A	0

	etc)					
Activity 2.1.3	Conduct semi -annual programs review	70535	0	No	N/A	0
Activity 2.1.2	Conduct quarterly on-site data verification and validation	51000	0	No	N/A	0
Activity 2.1.1	Undertake quarterly supportive supervision	31425	0	Same as above (1.3.1)	Same as above (1.3.1)	0
Activity 1.3.3	Conduct annual quality assurance and health facilities accreditation assessment nationwide	218517	0	No	N/A	0
Activity 1.3.2	Conduct annual clinical audits in 28 hospitals nationwide	18604	0	Same as above (1.3.1)	Same as above (1.3.1)	0
		1800534	0			237560

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
Activity 1.1.1	Procure 100 motorbikes for integrated outreach services	236900	No	N/A	0
Activity 1.1.2	Provide monthly performance base incentives for essential MCH (e.g., immunization, deliveries, FP, etc) interventions in 50 private health facilities	75000	No	N/A	0
Activity 1.1.3	Provide monthly performance base incentives for 75 health facilities not cover under the current performance	90000	No	N/A	0

	based arrangement				
Activity 1.3.1	Conduct annual quality assurance and health facilities accreditation assessments in all health facilities	100000	No	N/A	0
Activity 2.1.1	Conduct quarterly on-site data verification and validation	24700	No	N/A	0
Activity 2.1.2	Conduct semi-annual programs reviews	70535	No	N/A	0
Activity 2.1.3	Contribute to annual health conference	53500	No	N/A	0
Activity 3.1.1	Conduct annual GAVI financial audits	35000	No	N/A	0
Activity 4.1.1	Recruit TAs for health system strengthening	96000	Provide Monthly incentive to EPI staff (EPI manager, EPI Deputy Manger, EPI support staff &Director County Health Services)	Due to lack of support from UNICEF to pay incentive and salary top up to key EPI staff. Amount was take from Activity 4.1.2	96000
Activity 4.1.2	Procure 8 vehicles for central level monitoring and supervision	237600	No	N/A	0
Activity 4.1.3	Conduct regular maintenance and repairs of vehicles	30000	No	N/A	0
Activity 4.2.1	Procure 1 refrigerated trucks for vaccine distribution	65800	No	N/A	0
Activity 4.2.2	Construct dry store at national level to improve cold chain	250000	No	N/A	0
Management Support	Register and insure procured vehicles and motorcycles	25000	No	N/A	0
Management Support	Advertise Expression of Interest (EOI) for procurement activities	2000	No	N/A	0
Management Support	Procure fuel for procured supportive supervision	5000	No	N/A	0
Management Support	Pay bank overdraft (bank transactions)	5000	No	N/A	0
Management Support	Procure stationary and office supplies	5000	No	N/A	0

	(computer inks, A4 papers, etc)				
Management Support	GAVI APR writing and submission (HSCC meeting, honorarium for drafting team, etc)	3000	No	N/A	0
Management Support	Procure Antivirus for HMIS server and computers	10000	No	N/A	0
Management Support	Operational cost (e.g; DHL Service charge, scratch cards, computers, etc)	15000	No	N/A	0
Management Support	Provide annual subscription of HMIS server	5000	No	N/A	0
		1440035			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
European Union	26000000	2014- 2016	EU funds are expected to support the implementation of the National Health Plan with special focus on MDG-5 using Sector Budget Support and performance based health financing to implement the Essential Package of Health Services.
Global Fund	12000000	2014 - 2016	• Provides salary payment for project staff-contract employees and top-up incentives for health workers (e.g., medical doctors assigned in counties, county and central levels M&E officers and project staff for HIV, Malaria and TB programs, 15 health service administrators, IT staff, supply chain, etc). Supports data verifications and validation exercise for the three programs (Malaria, HIV and TB). Procure drugs and medical supplies related to the 3 diseases (HIV, Malaria and Tuberculosis) Provides funds for supply chain management and improvement.

Health Sector Pool Fund (Irish Aid, DFID, SWISS, UNICEF, etc)	5000000	Continues	• Provides essential drugs for over 134 health facilities supported by the health sector pool fund. Supports M&E related activities including quarterly data verification exercise. Provides salaries for Pool Fund Project staff and operational cost for OFM.
USAID/FARA Project	22000000	2014- 2015	• Provides scholarships for midwives and lab technicians attending the Esther Bacon Midwifery School • Supports pre-service training institutions in Bong and Lofa counties. • Supports quarterly supervision, data verifications and validation exercises under the performance based health financing (PBF) scheme. • Provides monthly incentive for FARA project staff assigned at central MOHSW and at health facilities in three counties supported by the USAID. • Procure drugs and medical supplies for supported health facilities in three counties and support to strengthen the capacity of the National Drug Services.
World Health Organization (WHO)	150000	2014-2015	• Provides funds through the EU Policy Dialogue project for health financing activities, capacity development in planning and budgeting, training in monitoring and Health Information System. • WHO also provides fund for administrative support (incentive for health financing staff, stationary and office supplies) and fellowship (national and international).

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **No**

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
2013 DHS preliminary report	A review of the draft result by DHS in country technical committee	
Health Sector Review Report (FY 2012/2013)	Draft report is circulated to senior staff within the Ministry for validation before it is published.	
Ministry of Health and Social Welfare Annual Report 2013	Meetings with program managers, Directors, Assistant and Deputy Ministers to validate and endorse the 2013 MOHSW Annual Report. Draft report are circulated more than twice before finalization	

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

No problem.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?3

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

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

Liberia is not reporting on GAVI TYPE A CSO support for 2013

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

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

Liberia is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS *1*

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
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 expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
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 expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
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 expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	GAVI_Signature Pages.zip **File desc:** **Date/time :** 15/05/2014 04:59:30 **Size:** 929 KB
				GAVI_Signature Pages.zip **File desc:** **Date/time :** 15/05/2014 05:10:24 **Size:** 929 KB
				GAVI_Signature Pages.zip **File desc:** **Date/time :** 15/05/2014 05:13:07 **Size:** 929 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	GAVI_Signature Pages.zip **File desc:** **Date/time :** 15/05/2014 05:05:51 **Size:** 929 KB
				GAVI_Signature Pages.zip **File desc:** **Date/time :** 15/05/2014 05:12:52 **Size:** 929 KB
3	Signatures of members of ICC	2.2	✓	GAVI_Signature Pages.zip **File desc:** **Date/time :** 15/05/2014 05:13:25 **Size:** 929 KB
				GAVI_Signature Pages.zip **File desc:** **Date/time :** 15/05/2014 05:21:44 **Size:** 929 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	HSCC Minutes_ May 1_ 2014.pdf **File desc:** **Date/time :** 13/05/2014 01:01:18 **Size:** 669 KB
5	Signatures of members of HSCC	2.3	✓	HSCC_Attendance.zip **File desc:** **Date/time :** 14/05/2014 11:08:58 **Size:** 85 KB

6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	HSCC Minutes_ May 1_ 2014.pdf **File desc:** **Date/time :** 13/05/2014 01:02:59 **Size:** 669 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	GAVI_ISS Financial Statement_2013.pdf **File desc:** **Date/time :** 13/05/2014 01:04:11 **Size:** 131 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Audit Documents.zip **File desc:** **Date/time :** 13/05/2014 01:12:03 **Size:** 652 KB
9	Post Introduction Evaluation Report	7.2.2	✓	Post Introduction Evaluation_09_05_2014.doc **File desc:** **Date/time :** 09/05/2014 04:29:14 **Size:** 26 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	GAVI_ISS Financial Statement_2013.pdf **File desc:** **Date/time :** 14/05/2014 11:16:19 **Size:** 131 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	Audit Documents.zip **File desc:** **Date/time :** 13/05/2014 01:24:08 **Size:** 652 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	EVM _Liberia_Final report.doc **File desc:** **Date/time :** 10/04/2014 08:31:46 **Size:** 4 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Liberia_EVM_Report_D3-02072011.pdf **File desc:** **Date/time :** 24/04/2014 02:19:22 **Size:** 3 MB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	National EVM-Improvement-Plan-implementation_status_updated_Sept_2013.xls **File desc:** **Date/time :** 10/04/2014 08:38:26 **Size:** 221 KB
16	Valid cMYP if requesting extension of support	7.8	✗	Liberia_cMYP+Rev 25_03_2014.doc **File desc:** **Date/time :** 10/04/2014 08:35:45

				Size: 856 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	LIBERIA_cMYP_Costing_Tool_Vs+25_07_04_2014.xls **File desc:** **Date/time :** 10/04/2014 08:34:26 **Size:** 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	HSS Financial Statement.zip **File desc:** **Date/time :** 15/05/2014 04:45:58 **Size:** 221 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	HSS Financial Statement.zip **File desc:** **Date/time :** 15/05/2014 04:48:15 **Size:** 221 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	Audit Documents.zip **File desc:** **Date/time :** 13/05/2014 01:12:52 **Size:** 652 KB
22	HSS Health Sector review report	9.9.3	✓	Health Sector Review Report_2013.pdf **File desc:** **Date/time :** 10/04/2014 06:12:45 **Size:** 1 MB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded

26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	HSS Financial Statement.zip **File desc:** **Date/time :** 15/05/2014 05:23:41 **Size:** 221 KB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	No file loaded
	Other		✗	2013 Accreditation.zip **File desc:** **Date/time :** 16/04/2014 12:26:39 **Size:** 2 MB
				2013 National Health and Social Welfare Conference Report.pdf **File desc:** **Date/time :** 24/04/2014 02:14:20 **Size:** 1 MB
				GAVI_HSS Minutes_May_2013.pdf **File desc:** **Date/time :** 22/04/2014 01:49:12 **Size:** 581 KB
				GAVI_HSS Minutes_October_2013.pdf **File desc:** **Date/time :** 22/04/2014 01:48:39 **Size:** 327 KB
				HSCC_ICC Members Signature_2014.pdf **File desc:** **Date/time :** 15/05/2014 04:59:22 **Size:** 260 KB
				Liberia DHS 2013 - Preliminary Report - 30 Sept 2013 FINAL.pdf **File desc:** **Date/time :** 13/05/2014 01:11:07 **Size:** 356 KB
				LQAS_2012_Report.pdf **File desc:** **Date/time :** 10/04/2014 06:24:44 **Size:** 10 MB