



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Sierra Leone

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 5:58:10 PM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
INS			
NVS Demo	HPV bivalent, 2 dose(s) per vial, LIQUID		2014

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of **Sierra Leone** 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 **Sierra Leone**

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	Honorable Miata KARGBO	Name	Honorable Dr. Kelfala MARRAH
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr.Foday DAF AE	Supervisor EPI/CH Programme	+23276735266	fdafae@hotmail.com
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Dr Pamela MITULA	WHO EPI Team Leader	+ 232 76 751171	mitulap@sl.afro.who.int

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. Yaron WOLMAN-Chief of Child Survival and Development	UNICEF		
Dr. Foday DAF AE-Acting Manager CH/EPI programme	Ministry of Health and Sanitation		

Dr Amara JAMBAI-Acting Chief Medical Officer	Ministry of Health and Sanitation		
Dr. Pamela MITULA-WHO EPI Team Leader	WHO		
Mr. Charles MAMBU-Director of Health for all Coalition	Health for All Coalition		
Dr. Samuel A. KARGBO-Director of Reproductive and Child Health	Ministry of Health and Sanitation		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), of Sierra Leone, here by, 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
Madam Miata KARGBO-Hon . Minister of Health and Sanitation	Ministry of Health and Sanitation		
Dr. Amara JAMBAI - Acting Chief Medical Officer	Ministry of Health and Sanitation		
Mr Tamba Ramond GBETOWA - Permanent Secretary	Ministry of Health and Sanitation		
Mr. Roeland MONACH -UNICEF Representative, Sierra Leone	UNICEF		

DrTeniin GAKURUH - WHO Officer in-charge , Sierra Leone	WHO		
Mrs Uzoamaka GILPIN - Health Programme Manager	DFID		
Mrs Ratidzai NDLOVU -UNFPA Representative, Sierra Leone	UNFPA		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	243,642	241,507	249,490	249,490	255,478	255,478	261,609	261,609
Total infants' deaths	23,877	21,494	24,450	24,450	25,036	25,036	25,637	25,367
Total surviving infants	219765	220,013	225,040	225,040	230,442	230,442	235,972	236,242
Total pregnant women	265,384	241,507	271,753	271,753	278,275	278,275	284,954	284,954
Number of infants vaccinated (to be vaccinated) with BCG	243,642	237,414	249,490	249,490	255,478	255,478	261,609	258,993
BCG coverage	100 %	98 %	100 %	100 %	100 %	100 %	100 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	197,789	218,048	207,037	207,037	214,310	214,310	221,814	221,814
OPV3 coverage	90 %	99 %	92 %	92 %	93 %	93 %	94 %	94 %
Number of infants vaccinated (to be vaccinated) with DTP1	208,778	0	216,038	0	223,528	0	231,253	0
Number of infants vaccinated (to be vaccinated) with DTP3	197,789	0	207,037	0	214,310	0	221,814	0
DTP3 coverage	90 %	0 %	92 %	0 %	93 %	0 %	94 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	25	0	20	0	15	0	10	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.33	1.00	1.25	1.00	1.18	1.00	1.11	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	219,374	220,013	216,038	225,040	223,528	230,442	231,253	236,242
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	219,374	218,070	216,038	207,037	214,310	214,310	221,814	221,814
DTP-HepB-Hib coverage	90 %	99 %	92 %	92 %	93 %	93 %	94 %	94 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	10	0	10	15	10	10	5
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.11	1.25	1.11	1.18	1.11	1.11	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	212,792	202,596	193,172	206,136	197,464	212,007	199,611	217,095
Yellow Fever coverage	84 %	92 %	86 %	92 %	86 %	92 %	85 %	92 %
Wastage[1] rate in base-year and planned thereafter (%)	0	10	0	10	5	10	5	10

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.43	1.11	1.05	1.11	1.05	1.11	1.05	1.11
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	142,593	239,399	153,418	225,040	175,335	230,442	175,335	236,242
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	142,593	216,541	153,418	207,737	142,174	214,310	142,174	221,814
Pneumococcal (PCV13) coverage	52 %	98 %	55 %	92 %	62 %	93 %	60 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	183,803	202,596	193,172	206,136	197,464	212,007	199,611	217,095
Measles coverage	84 %	92 %	86 %	92 %	86 %	92 %	85 %	92 %
Pregnant women vaccinated with TT+	265,384	311,318	271,753	176,639	278,275	194,793	284,954	213,716
TT+ coverage	100 %	129 %	100 %	65 %	100 %	70 %	100 %	75 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	219,786	191,802	225,061	196,405	230,463	201,119	235,994	205,946
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	0 %	4 %	0 %	4 %	0 %	4 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

Progressive annual increase in birth based on annual growth rate.

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

Normal increase in surviving infants due to annual growth rate

- 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.**

Changes were mainly due to annual growth rate and for targets to be consistent with what is in the revised cMYP. Targets were changed due to coverage's in 2012. The EPI coverage in 2012 is higher than the targets set. Therefore, the targets for the following years were adjusted to reflect the 2012 achievement.

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

The changes reflects what is in the revised cMYP.

5.2. Immunisation achievements in 2012

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

There is still improvement in the administrative immunization coverage for all antigens based on the targets set for the different antigens. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

MAJOR ACTIVITIES:

- Conducted RED Micro-plan in all district (13-administrative districts)
- Supported the implementation of RED in five districts
- Conducted Immunization in practice training in all districts.
- Conducted MNTE Pre - validation
- Conducted monthly/quarterly monitoring and supervision of integrated Program implementation
- Conducted regular data analysis for action at all levels
- Conducted National bi-annual program reviews/ assessments, and monthly district meetings
- Developed joint plan with malaria program

- Conducted MCHW / AVW / NIDs and Defaulter tracing on routine Immunization
- Conducted out break response campaign in two chiefdoms
- Sensitize politicians and opinion leaders on sustainable immunization financing and EPI Service delivery
- Expanded ICC membership to include other partners for better integration
- Ensured road worthiness of vehicles and motor bikes; and maintenance of other capital equipment
- Distributed cold chain equipment and spare parts
- Supported study tours and conferences for EPI staff
- Supported the training of staff on DVDMT
- Supported trainings of community health workers on CIMNCI(Community Integrated Management on Newborn and Childhood Illness)

CHALLENGES:

- Inadequate support to implement annual work plan completely
- Inadequate transport
- Limited human resource capacity
- Frequent Cold chain break down at district and health facility levels
- Inadequate funding for EPI activities
- Weak support (weak, logistics) for out- reach service delivery

Administrative Actions

- Conducted advocacy and sensitisation meetings for Paliamentarians, Councillors and District Health Management Teams on

Sustainable Immunisation Funding

- Lobby with top Management Team to deploy more health staff

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

Targets were reached based on administrative data<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

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

Not applicable

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

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

There are some gender-related barriers affecting immunization services. Some of these barriers are due to socio economic condition in the country. The economic activities of some women, (pety trading, farming) does not give them time to take their children for immunization services. The economically disadvantaged women focus more on their daily economic activities; hence not prioritising immunization of their children.

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)

There is no immunization coverage data from any other source other than the administrative coverage for 2012. There is therefore no data to compare with.

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

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

Not applicable

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

-

-2012 Annual performance review meetings and 2013 health planning conducted for all districts.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

-National meeting held with districts to harmonize target populations indicators and programme objectives -Updated data collection and reporting forms for all levels

-National and district staff trained on data management

-Use of the new DVDMT

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.

- Establishment of effective data transmission mechanism through networking.
- In service training and building the capacity of EPI data managers
- Regular supportive supervision to the districts and health facilities to address data issues.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Institutionalize quarterly DQS -Holding monthly Data harmonization meetings.

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\$ = 4300	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	365,518	0	0	365,518	0	0	0	0
New and underused Vaccines**	7,427,397	340,000	7,087,397	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	22,098	0	0	22,098	0	0	0	0
Cold Chain equipment	205,000	65,000	0	140,000	0	0	0	0
Personnel	216,365	120,000	0	96,365	0	0	0	0
Other routine recurrent costs	470,969	110,000	0	200,000	160,969	0	0	0
Other Capital Costs	120,000	120,000	0	0	0	0	0	0
Campaigns costs	2,292,758	80,390	0	1,167,359	1,045,009	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	11,120,105							
Total Government Health		835,390	7,087,397	1,991,340	1,205,978	0	0	0

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

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

All traditional vaccines are currently procured by UNICEF. However, since the country have moved from a fragile to low income country, there are plans in place to create a budget line in the Ministry of Health and Sanitation to gradually start procuring traditional vaccines. The EPI Programme together with partners have held advocacy meetings with politicians <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

For increased ownership of EPI services by the government.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **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?
	No

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

Although a Financial Management Assessment was done, the action plans from the Aide Memoire has not yet been implemented.

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **0**

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

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

There is no specific budget line for EPI activities to ensure a sustainable immunization financing nationwide. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

GAVI to support the EPI Programme to embark on advocacy through the HSSG / HSCC for a development of specific budget line, that will be factored into the Sierra Leone Joint programme Reporting Work Force (JPRWF) to enhance continual support on immunization activities.

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

If **Yes**, which ones?

List CSO member organisations:
Health for all coalition
Inter Religious Council

5.8. Priority actions in 2013 to 2014

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

To improve Immunization service delivery <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- increase the number of outreach services from current 2% to at least 15% by December 2014
- increase static immunization sessions in rural PHUs to at least once a week
- strengthen the capacity for regular quarterly and monthly supportive supervision by national and district level respectively to improve on the implementation of the components of RED
- introduce ROTA and HPV demonstration by first quarter of 2014 and September 2013 respectively

To improve Data Management

□ analyse EPI data for action, on monthly bases and share analysis with districts and partners.

-Print and distribute EPI monitoring charts

-Procure one lap top computer per district for data management

To improve Human Resource capacity.

- Support the conduct of EPI related trainings both locally and internationally.
 - Train staff for the introduction of new vaccines (ROTA and HPV demonstration)
- To improve Supervision at all levels
- Conduct integrated supportive supervision at all levels
- To improve Coordination
- Conduct regular EPI review meeting with DMOs, DHMT's and Community stake holders
- To improve Vaccines, cold chain and Logistic maintenance at all levels
- Procure & distribute spare parts for solar equipment
 - Repair faulty solar refrigerators
 - Conduct a comprehensive cold chain assessments
 - Conduct temperature monitoring study as per WHO standards
 - Conduct Cold Chain Logistics Training based upon "Doing is Understanding" and "On the Job Mentoring".
 - Procure additional cold room for national level
 - Procure additional refrigerators for district and PHU level
 - Procure and distribute new fridge tags to replace the faulty or expired ones
 - Procure additional motorbikes for cold chain technicians
 - Maintenance of all faulty EPI transport
- To Support the implementation of IDSR strategic plan in all districts
- Establish case based surveillance for new vaccine preventable diseases (Rota and PBM)
 - Strengthen AEFI monitoring system in all districts including the establishment of national and district databases
 - Support quarterly IDSR and AEFI review meeting

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Non AD 0.05 mls and RUP 2ml	UNICEF
Measles	AD 0.5 mls and RUP 5ML	UNICEF
TT	AD 0.5 mls	UNICEF
DTP-containing vaccine	AD 0.5 mls	GOSL/UNICEF/GAVI
Yellow Fever	AD 0.5 mls and RUP 5ML	GOSL/UNICEF/GAVI
Pneumococcal	AD 0.5 mls	GOSL/UNICEF/GAVI

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)

-Funding gap for the procurement and installation of additional incinerators<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

-Inadequate funding for training of health workers on injection safety

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

Used sharps are directly disposed into the safety box. Which are disposed by incineration or pit burning and burying<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The problems encountered were mainly inadequate number of incinerators for final disposal of injection waste materials. There is only one incinerator at district level, which is not enough to serve all the PHUs generating injection waste.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	669,000	2,876,700,000
Remaining funds (carry over) from 2011 (B)	971	4,175,300
Total funds available in 2012 (C=A+B)	669,971	2,880,875,300
Total Expenditures in 2012 (D)	971	4,175,300
Balance carried over to 2013 (E=C-D)	669,000	2,876,700,000

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.

GAVI ISS funds are processed as part of the total annual budget for immunisation service delivery. Annual budgets are initially formulated and presented to the TCC for technical advice before presenting them to the ICC (now HSSG) for approval. This is then forwarded to the HSCC for endorsement before the funds can be used. Requests are then sent to the Chief Medical Officer and Permanent Secretary for activities at their respective times of implementation

GAVI ISS funds are extremely useful for immunisation service delivery. The EPI programme in Sierra Leone is mainly supported by the Government of Sierra Leone (GOSL), GAVI, UNICEF and WHO. Each of these stakeholders has traditional activities/budget lines that they support annually. Normally GOSL provides staff salary and infrastructure; UNICEF procures traditional vaccines and cold chain equipment and installs them, WHO mainly provide technical support, while GAVI contributes new vaccines in addition to HSS. The ISS funds have been mainly used to support operational issues of the immunisation service delivery, including outreach services

In 2012, there were challenges in accessing the GAVI ISS funds mainly due to the long approval process.

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

GAVI ISS funds are kept in a current account at the Sierra Leone commercial bank.. Annual budgets are initially formulated and presented to the TCC for technical advice before presenting them to the ICC (now HSSG) for approval. This is then forwarded to the HSCC for endorsement before the funds can be used. Requests are then sent to the Chief Medical Officer and Permanent Secretary for the release of funds to implement activities at the stated times in the work plan.

Activities are implemented both at national and district levels. For coordination purposes, the national EPI programme is used as the corridor for the remittance of funds for various activities. In this regard, the programme retains the mandate to supervise various activities and also services as guarantor for the complete liquidation of funds.

Copies of implementation and annual reports are shared with all members of the ICC (Now HSSG). Some of the activities will require the participation of HSSG members.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

The remaining fund was used to Support coordination activities at national level. Heightened community awareness in districts<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

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

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

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

6.3. Request for ISS reward

Request for ISS reward achievement in Sierra Leone is not applicable for 2012

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	938,626	866,800	0	No
Pneumococcal (PCV13)	449,168	711,000	0	No
Yellow Fever	309,800	431,300	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? ...)

Total doses of Penta received are lower than the doses in decision letter due to lower vaccine utilization as indicated in the coverage of Penta. Conversely the total PCV 13 dose received is higher than what is in the decision letter because more children were immunized with PCV as was anticipated. There was no approved dose for Y/F in the decision letter hence figures cannot be compared.

- 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.

-

-Prepare a shipment plan using the forecasting tool, based on the country's previous yearly consumption and early communication to UNICEF Sierra Leone office<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

-Nationwide Maintenance of cold chain equipments

-Increase cold chain capacity with an additional 40cm³ cold room

-Procurement of additional solar equipment and spare parts.

-Installation and use of Multilog, fridge tags at Central cold store, district and PHU refrigerators.

-Use of Vaccine management tools (SMT) to ensure proper stock management.

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.

Not applicable<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	No introduction of new vaccine in 2012

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	N/A

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	N/A

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

The main issues , recommendations, actions and Implementation status of the PIE for Pneumococcal introduction in 2011, are as follows;<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Main Issues

Recommendations

Status of Implementation

Planning

Update EPI Policy to include introduction of new vaccine

EPI Policy updated to include new vaccine introduction and is awaiting validation.

Training

Conduct On the Job training (OJT) for staff that could not participate in the training for new vaccine introduction

OJT and other forms of trainings conducted for staff.

Integration

Strengthen integration of EPI with other maternal and child health activities

EPI integrated with other maternal and child health activities.

Monitoring of Immunization Coverage and Reporting

- Conduct regular DQS
- Train staff to calculate and plot coverage data
- Conduct regular supportive supervision
- DQS planned for 2013
- Staff trained to calculate and plot immunization coverage data
- Supportive Supervision is ongoing

Cold chain Maintenance

- Repair faulty cold chain equipment
- Expand cold chain capacity at all levels
- Train staff on basic cold chain maintenance
- Some spare parts provided for maintenance of some refrigerators.
- New 35M3 walk in cold room installed at national level, additional refrigerators procured and installed at district level in all district.
- District solar technicians and some health facility staff trained on cold chain maintenance

Vaccine Management

- Train staff on effective vaccine management
- Staff trained on effective vaccine management.

Laboratory Surveillance System

- Establish effective laboratory surveillance system for Meningitis
- Meningitis included in the existing laboratory system.

Injection safety and waste management

- Provide ideal incinerators for the safe disposal of injection waste materials
- 14 Macro-burn Waste Management Unit installed in 14 districts.

AEFI Monitoring

- Strengthen AEFI monitoring
- AEFI committees established in all district
- Emergency drugs for AEFI are available in all health facilities.
- AEFI investigation and reporting forms available in all facilities
- Health staff trained on AEFI monitoring

Advocacy, Communication and Social Mobilization

- Strengthen advocacy and IEC on new vaccine introduction
- IEC materials printed and distributed
- Advocacy meetings held
- Programme communication on going

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? **Yes**

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? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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:

Even though studies are conducted on ROTA and PBM, the ICC has not reviewed these studies. However the country is using data from the sentinel sites to monitor disease burden, impact of vaccine and guide intervention. Based on data from PBM sentinel sites, streptococcus pneumonia is the commonest (22%) cause of morbidity.

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

There was no new vaccine introduction in 2012.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

Not applicable

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

N/A

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	177,593	71,900
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	84,000	24,000
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	46,652	54,500
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	MoHS/GOSL	
Donor	UNICEF	
Other	GAVI	
Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10,407	61,300
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	6,000	25,400
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	42,700	15,348
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding

Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	MoHS/GoSL
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	MoHS/GoSL
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	June	MoHS/GoSL
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	-Support to finalise the revised cMYP for resource mobilization. -Support to do advocacy with political leaders for more resource mobilization and allocation	

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

The country is not in default.

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? **March 2013**

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? **Yes**

If yes, provide details

The last EVM Assessment was conducted in March 2013. The country is yet waiting to receive the final report and improvement plan.

When is the next Effective Vaccine Management (EVM) assessment planned? **March 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Sierra Leone does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

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

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

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

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

Yes

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	220,013	225,040	230,442	236,242	911,737
	Number of children to be vaccinated with the first dose	Table 4	#	220,013	225,040	230,442	236,242	911,737
	Number of children to be vaccinated with the third dose	Table 4	#	218,070	207,037	214,310	221,814	861,231
	Immunisation coverage with the third dose	Table 4	%	99.12 %	92.00 %	93.00 %	93.89 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	415,480				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	415,480				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

No difference

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

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

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

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

		2013	2014	2015
Number of vaccine doses	#	684,500	701,100	674,200
Number of AD syringes	#	754,100	772,400	786,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	8,375	8,575	8,750
Total value to be co-financed by GAVI	\$	1,523,000	1,560,000	1,466,500

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

		2013	2014	2015
Number of vaccine doses	#	69,700	71,400	70,500
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	151,000	154,500	149,000

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

	Formula	2012	2013			
		Total	Total	Government	GAVI	
A	Country co-finance	V	0.00 %	9.23 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	220,013	225,040	20,777	204,263
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3	3		
D	Number of doses needed	$B \times C$	660,039	675,120	62,330	612,790
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.11	1.11		
F	Number of doses needed including wastage	$D \times E$	732,644	749,384	69,186	680,198
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		4,185	387	3,798
H	Stock on 1 January 2013	<i>Table 7.11.1</i>	415,480			
I	Total vaccine doses needed	$F + G - H$		754,069	69,619	684,450
J	Number of doses per vial	<i>Vaccine Parameter</i>		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		754,029	0	754,029
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		8,370	0	8,370
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		1,535,285	141,743	1,393,542
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		35,063	0	35,063
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		4,855	0	4,855
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		98,259	9,072	89,187
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		1,673,462	150,814	1,522,648
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		150,814		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		9.23 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	230,442	21,276	209,166	236,242	22,360	213,882
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	691,326	63,826	627,500	708,726	67,080	641,646
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.11			1.05		
F	Number of doses needed including wastage	$D \times E$	767,372	70,847	696,525	744,163	70,434	673,729
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	4,497	416	4,081	0	0	0
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	772,369	71,308	701,061	744,663	70,481	674,182
J	Number of doses per vial	<i>Vaccine Parameter</i>	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	772,364	0	772,364	786,686	0	786,686
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	8,574	0	8,574	8,733	0	8,733
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,572,544	145,183	1,427,361	1,478,901	139,975	1,338,926
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,572,544	0	35,915	1,478,901	0	36,581
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4,973	0	4,973	5,066	0	5,066
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	100,643	9,292	91,351	94,650	8,959	85,691
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,714,075	154,474	1,559,601	1,615,198	148,933	1,466,265
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	154,474			148,933		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	220,013	225,040	230,442	236,242	911,737
	Number of children to be vaccinated with the first dose	Table 4	#	239,399	225,040	230,442	236,242	931,123
	Number of children to be vaccinated with the third dose	Table 4	#	216,541	207,737	214,310	221,814	860,402
	Immunisation coverage with the third dose	Table 4	%	98.42 %	92.31 %	93.00 %	93.89 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	271,500				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	271,500				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

No difference

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

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

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

		2013	2014	2015
Number of vaccine doses	#	672,400	692,500	710,100
Number of AD syringes	#	749,400	772,100	791,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	8,325	8,575	8,800
Total value to be co-financed by GAVI	\$	2,534,500	2,610,500	2,676,500

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

		2013	2014	2015
Number of vaccine doses	#	38,400	39,500	40,500
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	142,500	146,500	150,500

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

	Formula	2012	2013		
		Total	Total	Government	GAVI
A Country co-finance	V	0.00 %	5.39 %		
B Number of children to be vaccinated with the first dose	Table 5.2.1	239,399	225,040	12,132	212,908
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	B X C	718,197	675,120	36,395	638,725
E Estimated vaccine wastage factor	Table 4	1.05	1.05		
F Number of doses needed including wastage	D X E	754,107	708,876	38,215	670,661
G Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H Stock on 1 January 2013	Table 7.11.1	271,500			
I Total vaccine doses needed	F + G – H		710,676	38,312	672,364
J Number of doses per vial	Vaccine Parameter		1		
K Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		749,384	0	749,384
L Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		8,319	0	8,319
N Cost of vaccines needed	I x vaccine price per dose (g)		2,487,366	134,091	2,353,275
O Cost of AD syringes needed	K x AD syringe price per unit (ca)		34,847	0	34,847
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)		4,826	0	4,826
R Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		149,242	8,046	141,196
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)		2,676,281	142,136	2,534,145
U Total country co-financing	I x country co-financing per dose (cc)		142,136		
V Country co-financing % of GAVI supported proportion	U / (N + R)		5.39 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	230,442	12,423	218,019	236,242	12,736	223,506
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	691,326	37,269	654,057	708,726	38,207	670,519
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	725,893	39,132	686,761	744,163	40,117	704,046
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	4,255	230	4,025	4,568	247	4,321
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	731,948	39,459	692,489	750,531	40,461	710,070
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	772,095	0	772,095	791,757	0	791,757
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	8,571	0	8,571	8,789	0	8,789
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,561,818	138,104	2,423,714	2,626,859	141,611	2,485,248
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,561,818	0	35,903	2,626,859	0	36,817
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4,972	0	4,972	5,098	0	5,098
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	153,710	8,287	145,423	157,612	8,497	149,115
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	2,756,403	146,391	2,610,012	2,826,386	150,108	2,676,278
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	146,390			150,107		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.39 %			5.39 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	220,013	225,040	230,442	236,242	911,737
	Number of children to be vaccinated with the first dose	Table 4	#	202,596	206,136	92.00 %	217,095	837,834
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	312,800				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	312,800				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.91	0.92	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	

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

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

No difference

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

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

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

		2013	2014	2015
Number of vaccine doses	#	182,600	188,600	193,800
Number of AD syringes	#	230,000	237,200	242,600
Number of re-constitution syringes	#	25,600	26,400	27,000
Number of safety boxes	#	2,850	2,925	3,000
Total value to be co-financed by GAVI	\$	192,000	199,500	208,500

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

		2013	2014	2015
Number of vaccine doses	#	47,400	48,500	48,800
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	46,000	47,500	48,500

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

	Formula	2012	2013			
		Total	Total	Government	GAVI	
A	Country co-finance	V	0.00 %	20.61 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	202,596	206,136	42,494	163,642
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	B X C	202,596	206,136	42,494	163,642
E	Estimated vaccine wastage factor	Table 4	1.11	1.11		
F	Number of doses needed including wastage	D X E	224,882	228,811	47,168	181,643
G	Vaccines buffer stock	(F – F of previous year) * 0.25		983	203	780
H	Stock on 1 January 2013	Table 7.11.1	312,800			
I	Total vaccine doses needed	F + G – H		229,894	47,392	182,502
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		229,903	0	229,903
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		25,519	0	25,519
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		2,836	0	2,836
N	Cost of vaccines needed	I x vaccine price per dose (g)		206,905	42,653	164,252
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		10,691	0	10,691
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		945	0	945
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		1,645	0	1,645
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		16,139	3,327	12,812
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		1,329	0	1,329
T	Total fund needed	(N+O+P+Q+R+S)		237,654	45,979	191,675
U	Total country co-financing	I x country co-financing per dose (cc)		45,979		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		20.61 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	20.46 %			20.10 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	212,007	43,367	168,640	217,095	43,638	173,457
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	1			1		
D	Number of doses needed	$B \times C$	212,007	43,367	168,640	217,095	43,638	173,457
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.11			1.11		
F	Number of doses needed including wastage	$D \times E$	235,328	48,138	187,190	240,976	48,438	192,538
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	1,630	334	1,296	1,412	284	1,128
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	237,058	48,492	188,566	242,488	48,742	193,746
J	Number of doses per vial	<i>Vaccine Parameter</i>	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	237,138	0	237,138	242,543	0	242,543
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	26,314	0	26,314	26,917	0	26,917
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	2,925	0	2,925	2,992	0	2,992
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	215,012	43,982	171,030	223,817	44,989	178,828
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	215,012	0	11,027	223,817	0	11,279
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	974	0	974	996	0	996
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	1,697	0	1,697	1,736	0	1,736
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	16,771	3,431	13,340	17,458	3,510	13,948
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,370	0	1,370	1,402	0	1,402
T	Total fund needed	$(N+O+P+Q+R+S)$	246,851	47,412	199,439	256,688	48,499	208,189
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	47,412			48,498		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	20.46 %			20.10 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

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 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, 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 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. 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 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 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 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in 2012

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: **5399371** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

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)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)		1161360	1053460			
Revised annual budgets (if revised by previous Annual Progress Reviews)			591290	575370	476010	529870
Total funds received from GAVI during the calendar year (A)		1154000	0	530950	0	0
Remaining funds (carry over) from previous year (B)		0	1090099	24100	228300	2480
Total Funds available during the calendar year (C=A+B)		1154000	1090099	557994	228962	2408
Total expenditure during the calendar year (D)		63901	1065999	329694	226554	0
Balance carried forward to next calendar year (E=C-D)		1090099	24100	228300	2408	
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	529870

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	5399371	0	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)		4993848000	4529878000	0	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)			2542547000	2474091000	2046843000	2278441000
Total funds received from GAVI during the calendar year (A)		4962200000	0	2283085000	0	0
Remaining funds (carry over) from previous year (B)		0	4687425700	103630000	981690000	10354400
Total Funds available during the calendar year (C=A+B)		4962200000	4687425700	2399274200	984536600	10354400
Total expenditure during the calendar year (D)		274774300	4583795700	1417684200	974182200	0
Balance carried forward to next calendar year (E=C-D)		4687425700	103630000	981690000	10354400	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	2278441000

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	2321729684	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	2007	2008	2009	2010	2011	2012
Opening on 1 January		2948	3001	3410	3736	4386
Closing on 31 December	2948	3001	3413	3734	4374	4300

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 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 2013 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.

The HSS funds are held in a foreign account at one of the major commercial banks in the country -

the Sierra<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Leone Commercial Bank (SLCB). The signatories to the account are the Permanent Secretary of the Ministry

of Health and Sanitation together with the Chief Medical Officer. The approved HSS proposal and work plan

were shared with all partners, Directors and Managers in the health sector.

The activities in the HSS Proposal are captured in the 3-Year Joint Programme of Work and Funding (JPWF).

Once funds for HSS activities are available in the Special Account for GAVI funds, the Units/Department

responsible for implementing the activity sends a request, together with a detailed proposal to the Director of

Planning and information for funds to implement the activity. The Director ensures that the activity is in the

Health Sector plan and that it should be supported with GAVI HSS funds. He then endorses the request and

sends it to the Chief Medical Officer for approval. The Chief Medical Officer reviews that proposal for technical

soundness and approves the request. He then forwards the request to the Permanent Secretary of the

Ministry who ensures that the requesting entity is legal and can receive funds from the Ministry. The

Permanent Secretary then approves and forwards the request to the Principal Accountant of the Ministry to

make the payment. The Principal Accountant then advises the Finance officer attached to the EPI programme

to prepare a cheque to be paid to the requesting unit's account. The cheque is attached to the approved

requests and submitted to the Permanent secretary and Chief Medical Officer for signature. The Cheque is

them paid to the Account of the Unit that will implement the activity.

The Recipient then informs the Director of Planning and Information about the schedule for implementing the

activity, so that on-the-spot monitoring could be conducted. After implementation, the recipient unit sends both

activity implementation report as well as financial report and receipts to the Director of Planning and

Information, who further submit them to the Directorate of Financial Resources and Internal Audit unit of the

Ministry, for verification. Information on the activity is shared with stakeholders and various forums including

the HSSG, and other meetings.

Delayed response to the findings and recommendations from the FMA slowed the implementation of the project in 2012.

Has an external audit been conducted? **Not selected**

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 2012 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 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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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
---	--

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

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?

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 2011 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	2012 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

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

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

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.

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.

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.

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

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
		0	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. 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 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)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
		0			

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

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

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

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.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?

Please attach:

1. The minutes from the HSCC meetings in 2013 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

Sierra Leone **has NOT received GAVI TYPE A CSO support**

Sierra Leone is not reporting on GAVI TYPE A CSO support for 2012

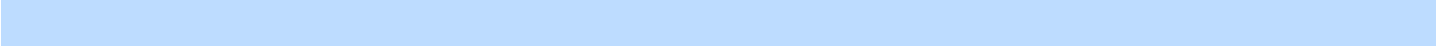
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Sierra Leone is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure










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

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







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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		SIGNATURES EXPLANTORY NOTE GAVI APR 2012.pdf File desc: Date/time: 5/15/2013 4:53:09 PM Size: 71632
2	Signature of Minister of Finance (or delegated authority)	2.1		TELECONFERENCE ON APR REPORT 14th May 2013.pdf File desc: Date/time: 5/15/2013 4:53:37 PM Size: 95653
3	Signatures of members of ICC	2.2		Signature of members of ICC.pdf File desc: Date/time: 5/15/2013 4:50:07 PM Size: 317750
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 4:55:14 PM Size: 319438
5	Signatures of members of HSCC	2.3		Signatures of members of HSCC.pdf File desc: Date/time: 5/15/2013 4:50:39 PM Size: 216788
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:21:55 PM Size: 319438
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:22:38 PM Size: 319438
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:23:14 PM Size: 319438
9	Post Introduction Evaluation Report	7.2.2		SIL PIE 2012 Rpt 3FO May 21 2012 final.doc File desc:

				Date/time: 4/12/2013 6:14:11 PM Size: 1075200
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:23:54 PM Size: 319438
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:24:29 PM Size: 319438
12	Latest EVSM/VMA/EVM report	7.5	✓	Draft Report Sierra Leone,s recent EVMA 2013.ppt File desc: Date/time: 4/12/2013 5:34:46 PM Size: 1368576
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Sierra Leone,s recent EVMA 2013DebriefingV2.ppt File desc: Date/time: 5/15/2013 5:36:07 PM Size: 1366528
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Sierra Leone,s recent EVMA 2013DebriefingV2.ppt File desc: Date/time: 5/15/2013 5:37:16 PM Size: 1366528
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:26:28 PM Size: 319438
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Signature of members of ICC.pdf File desc: Date/time: 5/15/2013 5:27:21 PM Size: 317750
17	Valid cMYP if requesting extension of support	7.8	✗	Sierra Leone -cMYP- 2012-2016 Narrative.doc File desc: Date/time: 4/17/2013 11:36:48 AM Size: 3452928

18	Valid cMYP costing tool if requesting extension of support	7.8		cMYP_Costing_Tool_Sierra_Leone 18-12 - 12.xls File desc: Date/time: 4/17/2013 11:12:05 AM Size: 3542528
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:28:33 PM Size: 319438
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:29:21 PM Size: 319438
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:30:04 PM Size: 319438
22	HSS Health Sector review report	9.9.3		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:31:44 PM Size: 319438
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		Challenges Sierra leone faced in completion of APR 2012.pdf File desc: Date/time: 5/15/2013 5:32:23 PM Size: 319438