GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Sri Lanka

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/21/2013 10:16:18 AM**

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, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
INS			

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	No	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	N/A	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 Sri Lanka 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 Sri Lanka

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	Dr. Y.D. Nihal Jayathilake	**Name**	Mr.
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr.(Mrs.) Shirani Champika Wickramasinghe	Director (Planning)	0094112674683	scwickrama@sltnet.lk
Dr. Sudath Peiris	Epidemiologist	0094717291315	peiristsr@yahoo.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

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), , 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

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)

Sri Lanka is not reporting on CSO (Type A & B) fund utilisation in 2013

3. Table of Contents

This APR reports on Sri Lanka's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	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	370,000	355,900	375,000	356,000	380,000	356,000	385,000	356,000
Total infants' deaths	3,500	3,203	3,400	3,200	3,300	3,200	3,200	3,200
Total surviving infants	366500	352,697	371,600	352,800	376,700	352,800	381,800	352,800
Total pregnant women	375,000	355,900	380,000	356,000	385,000	356,000	390,000	356,000
Number of infants vaccinated (to be vaccinated) with BCG	370,000	347,778	375,000	356,000	380,000	356,000	385,000	356,000
BCG coverage	100 %	98 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	365,000	351,738	370,000	353,000	375,000	353,000	380,000	353,000
OPV3 coverage	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	365,000	350,569	370,000	355,000	375,000	355,000	380,000	355,000
Number of infants vaccinated (to be vaccinated) with DTP3	365,000	351,411	370,000	353,000	375,000	353,000	380,000	353,000
DTP3 coverage	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	1	1	1	1	1	1	1	1
Wastage[1] factor in base-year and planned thereafter for DTP	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.01
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib		350,569	370,000	355,000	375,000	355,000	380,000	355,000
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib		351,411	370,000	353,000	375,000	353,000	380,000	353,000
DTP-HepB-Hib coverage	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%)		1	0	1	1	1	1	1
Wastage[1] factor in base-year and planned thereafter (%)		1.01	1.01	1.01	1.01	1.01	1.01	1.01
Maximum wastage rate value for DTP-HepB-Hib, 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	365,000	339,332	370,000	353,000	375,000	353,000	380,000	353,000
Measles coverage	100 %	96 %	100 %	100 %	100 %	100 %	100 %	100 %
Pregnant women vaccinated with TT+	375,000	324,268	380,000	356,000	385,000	356,000	390,000	356,000

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
TT+ coverage	100 %	91 %	100 %	100 %	100 %	100 %	100 %	100 %
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	0	0	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	1 %	0 %	1 %	0 %	1 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 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**

  As indicated in the 2011 APR clarifications on this matter, number of annual births are gradually declining since 2007. The number of births reported in 2007 was 386,573 and since then, it is declining gradually. Accordingly, the number of live births registered in Sri Lanka in 2012 was 355,900 against the 375,000 predicted in initial GAVI application based on 2007 registered births. For detailed explanations, please refer annexture

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

  In Sri Lanka, infant mortality also declining marginally and accordingly number of surviving infants also change from the original estimates and also from the numbers estimated in the CYMP

- 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.**

  There is no major change in targets for vaccines.

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

  No change in vaccine wastage

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:

Implementation of Immunization programme was smooth in 2012 and no major challenges encountered. Pentavalent vaccine coverage has further improved in 2012, most probably due to a section of parents who used to receive this vaccine from private sector may have come back to the public sector due to confidence building campaign carried out in 2011. Immunization coverage survey was conducted in 2012 at Batticaloa district of the Eastern Province, which subjected to 30 years of internal conflict, frequent internal migration and resettlement shows high infant and childhood immunization coverage - pl refer attachment for details.

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

Not applicable

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

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

In Sri Lanka immunization coverages for all antigens are near 100 % and issue of gender discrepancies not arises.

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

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

Not applicable this issue in Sri Lanka

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)

No discrepancies in EPI coverage data between different sources

* 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? **Yes**

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

EPI coverage survey was conducted in Batticaloa district (district in Eastern Province, a district much affected by 30 years of internal conflict in Sri Lanka and subjected to much internal migration and re settlement) in 2012. Report is attached.

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

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.

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$ = 127	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	Nil	Nil	Nil
Traditional Vaccines*	5,368,053	3,098,403	2,269,650	0	0	0	0	0

New and underused Vaccines**	2,192,672	2,192,672	0	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	669,950	626,600	43,350	0	0	0	0	0
Cold Chain equipment	101,439	101,439	0	0	0	0	0	0
Personnel	123,447	123,447	0	0	0	0	0	0
Other routine recurrent costs	525,993	452,533	0	49,285	24,175	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
HSS		0	2,835,532	0	0	0	0	0
Total Expenditures for Immunisation	8,981,554							
Total Government Health		6,595,094	5,148,532	49,285	24,175	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

In the above table Pentavalent vaccine is considerd as traditional vaccines as stated in current CYMP.. Hence GAVI and GOSL co-financing contribution for Pentavalent vaccine is indicated under Pentavalent vaccine. Live JE and MMR vaccines are considered as new vaccines for the Sti Lankan programme

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, partially 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?
1. Preparogamme activities	Yes
2. revise TOR of HSCC and ICC	No
3. improve format and contents of the procurement plan	Yes
4. appoiint a dedicated staff	Yes
5. Submit unadited interim report	No
6. Annual work plan and procurement plan	Yes
7. provide clarification of audit report	No
8.approval from auditor general to exclude FC	Yes

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

Activites are reporgrammed and funds reallocated. approval otained from GAVI. Still TOR were not revised. This will be done in due course and frequesnt meetings will be held.

Dedicated staff appointed to carry out the work. We are preparing unaudited interim report and will be submitted from July 2013.

clarifications were submitted to audit quesries of some years. Others will be sent soon

annual work plan and rocurement plan prepared and submitted to GAVI. this was approved by th emaster plan steering committee.

Approval from AG obtained ot work without FC. Reports will be sent to FC on the progress of the project.

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

Not applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **4**

Please attach the minutes **(Document nº 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

As stated in the previous APRs, Sri Lanka has very long established committee, National advisory Committee on Communicable Diseases. All issues related to communicable disease control including VPD control and immunization are discussed and decisions are taken at this committee. This committee meets regularly in every three months. VPD surveillance and immunization programme is a regular agenda item in this meeting. Since thee was no specific issues to be discussed and implementation of the EPI was smooth in 2012, there was no much discussions on this subject in 2012 except, Epidemiologist informing the committee on that.

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

If Yes, which ones?

List CSO member organisations:
Mainly from medical profesional organizations.

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

1. Consolidate and sustain the gains in coverage achieved.

2. Implement the recommendations of EVSM assessment with GAVI HSS support

3. Gradually implement the IT and mobile communication based immunization management information system WEBIIS). - pl refer to the attachments

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	AD	Government
Measles	AD	Governnent
TT	AD	Government
DTP-containing vaccine	AD	Government and GAVI

All 11 epi antigens	AD	Government

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)

Disposal of plastic wastes is an issue in Sri Lanka. Burning of plastic waste is an offence as per Sri Lankan law . Recycling of plastic injection wast is a priority.

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

Incineration in urban areas and open burning in rural areas . Open burning of plastics is against the country environmental law. However there is no solution to this issue yet.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Sri Lanka is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Sri Lanka is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Request for ISS reward achievement in Sri Lanka 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	1,170,225	1,170,225	0	Not selected

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

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

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

  No problems encountered

- 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.

  Sri Lanka is interested in moving to 10 dose presentations provided respective manufacturers take initiative to register their products with Sri Lankan drug control authority after fulfilling its requirements. .

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

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, 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	Not applicable

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2013**

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))

Sri Lanka introduced pentavalent vaccine in 2008 and suspended within 4 months. It was reintroduced in 2010 and since then under implementation without much issues. in 2008 and 2009 there were many consultations with all stack holders on reintroduction and after reintroduction there was no much post introduction issues came-up and post evaluation yet to be conducted. In 2011 Sri Lanka introduced MMR vaccine as a 2 dose schedule without any post introduction issues.

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? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Not selected**

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:

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

Not applicable

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

Not applicable

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$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	943,766	289,700
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	943766	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	14,173	300,000
	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, 1 dose(s) per vial, LIQUID	August	Government

	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing
	Government of Sri Lanka is committed to fully finance the co-financing amounts

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/

Not applicable

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? **May 2012**

Please attach:

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

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

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

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

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **May 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Sri Lanka does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Sri Lanka 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 Sri Lanka 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, 1 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	352,697	352,800	352,800	352,800	1,411,097
	Number of children to be vaccinated with the first dose	Table 4	#	350,569	355,000	355,000	355,000	1,415,569
	Number of children to be vaccinated with the third dose	Table 4	#	351,411	353,000	353,000	353,000	1,410,411
	Immunisation coverage with the third dose	Table 4	%	99.64 %	100.06 %	100.06 %	100.06 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.01	1.01	1.01	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	412,365				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	412,365				
	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	$		2.59	2.59	2.59	
cc	**Country co-financing per dose**	Co-financing table	$		0.66	1.95	2.49	
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.

Even though there was a balance stock of 412,365 doses of pentavalent vaccines at the beginning of the year, fair amount of it was used for 18th month DPT. This dose because of the non availability of DPT vaccine in the global market. Current stock position of pentavalaent vaccine with expected consignments will only sufficient for the 2013. Hence Sri Lanka require the full compliment of 2014 vaccines.

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

Co-financing group	Graduating

	2012	2013	2014	2015
Minimum co-financing	0.65	0.66	1.95	2.49
Recommended co-financing as per APR 2011				
Your co-financing	0.65	0.66	1.95	2.49

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

		2013	2014	2015
Number of vaccine doses	#	825,600	329,200	122,400
Number of AD syringes	#	907,400	361,800	134,600
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	10,075	4,025	1,500
Total value to be co-financed by GAVI	$	2,320,000	925,000	344,000

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

		2013	2014	2015
Number of vaccine doses	#	253,500	746,600	953,400
Number of AD syringes	#	278,600	820,500	1,047,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	3,100	9,125	11,650
Total value to be co-financed by the Country ^[1]	$	712,500	2,098,000	2,678,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	23.49 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	350,569	355,000	83,391	271,609
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	1,051,707	1,065,000	250,171	814,829
E	Estimated vaccine wastage factor	*Table 4*	1.01	1.01		
F	Number of doses needed including wastage	*D X E*	1,062,225	1,075,650	252,673	822,977
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		3,357	789	2,568
H	Stock on 1 January 2013	*Table 7.11.1*	412,365			
I	Total vaccine doses needed	*F + G – H*		1,079,057	253,473	825,584
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		1,185,877	278,565	907,312
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*		13,164	3,093	10,071
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		2,790,442	655,480	2,134,962
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		55,144	12,954	42,190
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)*		7,636	1,794	5,842
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		178,589	41,951	136,638
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)*		3,031,811	712,178	2,319,633
U	Total country co-financing	*I x country co-financing per dose (cc)*		712,178		
V	Country co-financing % of GAVI supported proportion	*U / T*		23.49 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	69.40 %			88.62 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	355,000	246,381	108,619	355,000	314,609	40,391
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,065,000	739,141	325,859	1,065,000	943,826	121,174
E	Estimated vaccine wastage factor	*Table 4*	1.01			1.01		
F	Number of doses needed including wastage	*D X E*	1,075,650	746,532	329,118	1,075,650	953,264	122,386
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0	0	0	0
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,075,700	746,567	329,133	1,075,700	953,309	122,391
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,182,150	820,447	361,703	1,182,150	1,047,647	134,503
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	13,122	9,108	4,014	13,122	11,629	1,493
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,781,761	1,930,622	851,139	2,781,761	2,465,256	316,505
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	2,781,761	38,151	16,819	2,781,761	48,716	6,254
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	7,611	5,283	2,328	7,611	6,746	865
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	178,033	123,561	54,472	178,033	157,777	20,256
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	3,022,375	2,097,615	924,760	3,022,375	2,678,493	343,882
U	Total country co-financing	*I x country co-financing per dose (cc)*	2,097,615			2,678,493		
V	Country co-financing % of GAVI supported proportion	*U / T*	69.40 %			88.62 %		

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 X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 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) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / T*

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: **1057230** 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*)	0	887500	1012500	897500	812500	895000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	448750	1251250	0
Total funds received from GAVI during the calendar year (*A*)	0	887495	1012500	458750	1089020	0
Remaining funds (carry over) from previous year (*B*)	0	0	715558	1251800	1020519	1778302
Total Funds available during the calendar year (*C=A+B*)	0	887495	1728058	1710550	2109539	1778302
Total expenditure during the calendar year (*D*)	0	171937	476258	690031	331237	816755
Balance carried forward to next calendar year (*E=C-D*)	0	715558	1251800	1020519	1778302	961547
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	887500	0	0	0	1057230	1057230

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	1057230			
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	961547			
Total Funds available during the calendar year (*C=A+B*)	961547			
Total expenditure during the calendar year (*D*)	0			
Balance carried forward to next calendar year (*E=C-D*)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	88750000	101250000	89750000	81250000	89500000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	44875000	125125000	0
Total funds received from GAVI during the calendar year (*A*)	0	95316963	114665625	51609375	118703180	0
Remaining funds (carry over) from previous year (*B*)	0	0	76403763	141766353	115360364	199439682
Total Funds available during the calendar year (*C=A+B*)	0	95316963	191069388	193375728	234063544	199439682
Total expenditure during the calendar year (*D*)	0	18913200	49303035	78015364	34623862	91600496
Balance carried forward to next calendar year (*E=C-D*)	0	76403763	141766353	115360364	199439682	107839186
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	88750000	0	0	0	136382670	136382670

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)	0			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	136382670			
Total funds received from GAVI during the calendar year (*A*)	0			
Remaining funds (carry over) from previous year (*B*)	107839186			
Total Funds available during the calendar year (*C=A+B*)	107839186			
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]	0	0	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	107.4	110	113.25	112.5	112.15175
Closing on 31 December	0	110	113.25	112.5	110.3	112.15175

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.

Each tranch of HSS funds received to the Treasury is deposited in Bank of Ceylon Account (Government Bank Account and no interest added) in Sri Lankan Rupees on behalf of the Ministry of Health.<?xml:namespace prefix = o />

Annual allocation is included to Health budgetary allocation of the National Budget by the Treasury.

The Ministry of Health requests imprests from the Treasury based on the requirements.

Below mentioned procedure is followed when funds are disbursed to Programme Managers at Ministry, Provincial and District level.

1. Each year based on the availability of funds, each programme manager is informed of the amounts allocated for each component and requested to send proposals(including technical and financial components).
2. The programme managers prepare proposals and send to the Coordinating Office at Planning Unit in the Ministry of Health for approval.
3. Coordinating office at the planning unit process the proposal including the technical and financial components of the proposals. Financial proposal is assessed based on the currently practiced financial regulations for management of foreign funds..
4. The proposals are approved depending on the amounts requested either by the Deputy Director General (Planning)-(Up to LKR 50,000) or Director General of Health Services(Up to LKR 800,000), Additional Secretary (Medical Services) (LKR 1,000,000) or Secretary of Health (Over 1,000,000/-).
5. Once a proposal is approved, the relevant programme managers is informed in writing and approved financial plan if also sent.
6. Based on the approved proposal and the working capacity, Program Manager submits a request of advance to the Coordinating Office (Planning Unit)
7. Then Planning Unit prepares voucher for approval by the Director General of Health Services and approved voucher sent to the Finance Division. Based on the approved voucher, a cheque is issued to the Programme Manager. Once the funds are received by the provincial director, he or she distribute funds to the district level (RDHS)
8. After implementation of activities it is required to settle the advance through same channel
9. It was proposed to follow partial settlement procedure to show the financial progress quarterly because the Ministry needs to account the expenditure for updating the account
10. A declaration has been signed by each Program Manager with regard to the reporting of expenditure to the Coordinating Office (Copy of the format is attached). According to this statement, no need to submit original bills/other document to the Ministry of Health by the Programme Manager. They submit only the Statement of Expenditure with progress and voucher nos. Later it was decided to collect certified copies of relevant vouchers for the better management of reporting / data base system.
11. Progress review meetings at National level are conducted to improve the progress of the project. And progress review / observation visits are also made for better coordination of the project activities.
12. In preparation of 2012 Action Plan a team of the Planning Unit visited to provincial level for technical support. According to the annual allocation activity proposals and budgets prepared by them were corrected and finalized. This procedure helped to give early approval and to prevent unnecessary delays.
13. The progress is finally discussed at a Health Master Plan Steering Committee Meeting.

Has an external audit been conducted? Yes

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)

Activity No: 1.1	Develop HR plan for underserved areas which will be an input for national HRD plan	0	
Activity No: 1.2	Improve the facilities for PHC staff training at six training schools (Jaffna/ Vavuniya, Batticaloa, Badulla, Kandy, Ratnapura and Galle)	100	Progress Report prepared based on the data from relevant program managers
Activity No: 1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	100	Progress Report prepared based on the data from relevant program managers
Activity No: 1.6	Conduct in-service training programmes for all PHC workers of underserved districts	86	Progress Report prepared based on the data from relevant program managers
Activity No: 1.7	Improvement of infrastructure facilities of NIHS - Kalutara	10	Progress Report prepared based on the data from relevant program managers
Activity No: 2.1	Improve the existing infrastructure facilities at MCH clinic centers in underserved districts	100	Progress Report prepared based on the data from relevant program managers
Activity No: 2.2	Supply basic MCH equipment packages to all MCH clinics in 10 underserved districts	100	Progress Report prepared based on the data from relevant program managers
Activity No: 2.3	Supply Double Cabs for MOH Divisions in 10 underserved districts	0	progress report sent by Director (Transport)
Activity No: 2.6	Supply 100 motor bikes for Public Health Inspectors in underserved districts for efficient immunization coverage	100	Progress report sent by Director (Transport)
Activity No: 2.7	Supply 2 double cabs (to FHB & Epid Unit) for strengthening of central support to MCH services at under served districts	100	Progress report submitted by Director (transport)
Activity No: 2.8	Supply scooters instead of Mopeds for the Public Health Midwives in 10 underserved districts	0	Progress report sumitted by Director(Transport)
Activity No: 3.1	Quarterly district management review meetings held in all 10 underserved districts	92	Progress Report prepared based on the data from relevant program managers
Activity No: 3.2	Conduct training programs for supervising staff on monitoring and supervision in a developed health system	87	Progress Report prepared based on the data from relevant program managers
Activity No: 3.3	Develop performance appraisal tool to asses MCH skills of and reporting by PHC staff		NA
Activity No: 3.4	Train district level managers and supervisors on PA Tool	78	Progress Report prepared based on the data from relevant program managers
Activity No: 3.5	Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance	100	Progress Report prepared based on the data from relevant program managers
Activity No: 3.6	Review the quality and efficiency of existing management information system on MCH including EPI	6	Progress Report prepared based on the data from relevant program managers

Activity No: 3.7	Staff performance appraisal will include assessing the completion and timely submission of monthly reports from PHC staff to divisions and quarterly reports from divisions to central level	95	Progress Report prepared based on the data from relevant program managers
Activity No: 4.1	Operational Research	0	Progress Report prepared based on the data from relevant program managers

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**
1.2 Improve the facilities for PHC staff training	By carrying out necessary renovation and providing equipment, training materials and furniture the facilities for PHC staff was improved. These facilities are useful for not only training of PHC staff but also for training of other health staff categories.
1.4 Annual training of PHC staff	238 PHMM were trained at Batticaloa, Vavuniya, Jaffna, Badulla, Ratnapura, and Kandy Training Centers under the GAVI HSS funds. 50 Midwives from Galle, 44 Midwives from Ratnapura, 63 Midwives from Kadugannawa, 40 Midwives from Badulla and 17 Midwives Batticaloa completed their induction training
1.6 Conduct in-service training for all PHC staff	In-service training on MIS, AEFI, MCH activities and preparation of reports were given to PHC staff in all 10 underserved Districts
1.7 Improvement of infrastructure facilities at NI	As the reprogramming approval was received in April, 2012 it was delayed in starting the work. Estimates prepared for some activities were obtained approval for implementation
2.1 Imroving existing infrastructure facilities	35 clinics were repaired and upgraded. Further basic facilities such as water, electricity and toilet facilities were provided to the clinics. Some clinics required to expand the waiting area for the patients.
2.2 Supply basic MCH equipment	Essential MCH equipment and accessories were provided under GAVI project based on the need of MCH clinic centers in 10 districts
2.3 supply 10 double cabs	allocation insufficient to complete pruchasing of 10. some more would be purchased once the last tranche is received.
2.4 supply 500 mopeds	allocation insufficient to purchase 500 mopeds. 80 already purchased. As it was identified that mopeds is not the solution to provide transport to PHM ministry of health has taken a policy decision to purchase scooters. approval obtained to purchse scooters under reprogramming. awiting supply
2.6 supply 25 motor ikes	activity completed.
2.7 supply 2 double cas to epid unit and FHB	activity completed
3.1 quarterly review meetings	conducted. in addition central level review meetings and visits to physically verify progress conducted.
3.2 conduct training for supervisory staff.	need to start in Kilinochchi and Batticaloa districts. others in rogress. will complete in 2013
3.3 develop Pa tool	activty completed. need to have a final meeting only.
3.4 train district level managers and supervisors	in progress
3.5 train PHC staff	comleted
3.6 review information system	slow in progress . need time to do a good job of work
3.7 staff performace appraisal	on going
operational research	funds would e utilized in planning evaluatin study
1.1 HR plan	as a strategic plan not in place progress slow. plan to carry out reseach to identify norms for north in 2014

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

1.1 HR plan- no strategic plan avaiable to start work also resettlement process makes it diffucult to plan for the future. as conditions improving plan to start work in 2014.

4.1. Operational Research. funds would be utilized in a final evaluation study. requested for assitance from local WHO office.

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?

The national human resource guideline was to provide 1 public health midwife for 3000 population. the guideline is to provide a public health inspector /10000 population. in the north and each provinces the number of PHM and PHI were very few and was not possible to carry out field MCH services including immunization. also due to disruption of education in those areas, it was not possile to recruite people with necessary qualifications. a cabinet approval obtained to reduce qualifications for north and east and using GAVI funds PHM training carried out. this helped to establish primary care including MCH and immunization in the north and east.. Also necessary repairs to the regional training centers and supply of teaching materials was carried out under the project.

The only area that could not be improved is capacity building of teaching staff.

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			2008	2009	2010	2011	2012		
Under five year Mortality Rate	16.0/1000 Live Births	HMIS 2005	11.0/1000 Live Births	12.0/1000	11.1/1000	NA	NA	NA	NA	Register General Department 2008	No published data for 2009 - 2012
Infant Mortality Rate	11.0/1000 Live Births	HMIS 2005	9.0/1000	10.0/1000	8.5	9	NA	NA	NA	Register General Department 2008	No published data for 2010 - 2012
National DPT3 coverage (%)	96%	Epidemiology, Unit MInistry of Health 2006	100%	100%	90.7	88.5%	92.4%	93.8%	99.6%	Epidemiology Unit, MoH	
% districts achieving >80% DPT3 coverage	100%	Epidemiology, Unit MInistry of Health 2006	100%	100%	100%	100%	100%	100%	100%	Epidemiology Unit, MoH	
Proportion of births attended by skilled PHC staff	98%	Family Health Bureau, Ministry of Health 2006	100%	99.7%	99%	99%	99.6%	99.7%	99.9%	Family Health Bureau	
% of children 1-5 utilizing PHC services at MCH ce	< 68 %	Family Health Bureau, Ministry of Health 2006	>95%	85%	58%	65%	73.4%	85%	83%	Family Health Bureau	
% of mothers receiving post natal care of accepted	< 67%	Family Health Bureau, Ministry of Health 2006	95%	70.1	72%	59%	69.2%	70.1%	75.3%	Family Health Bureau	
Staff trained on MCH best practices in place in 10 underserve districts	N/A	Regional Director of Health, who send them to Family Health Bureau	100%	100%	No	40%	60%	80%	100%	District reports	

All 10 districts will have sufficeient basic infrastructure facilities	N/A	Regional Director of Health, who send them to	100%	97%	60%	54%	82%	95%	97%	District reports	Mannar - 93.75%, Vavuniya 95.7%, Kilinochchi 65%, Mulaitivu 51% Other districts > 97 %
Increase MCH coverage	73%	Epidemiology Unit, MoH	>95%	79.5%	No	No	70%	No	81.4%	Epidemiology Unit	

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

Due to earlier conflict situation in the North and East provinces, the infrastructure of field health services was damaged. Also there were lot of vacancies in the Public Health Midwives who are the grass root workers providing MCH and immunization sevices. It is important to recruite PHM from that area in order to retain them. But as the education was disrupted during the conflict period, it was not possible to recrite officers with the required qualifications. therefore the cabinet approved reducing the qualifications.

From the GAVI HSS project, 238 Public Health Midwives were trained and released to the service. Further 57 MCH field clinic centers were renovated and strengthened in the above provinces and in Badulla and Nuwara Eliya districts. In addition, MCH equipments for MCH clinics in these underserved districts were also provided. Also in-service training programmes were conducted for Public Health Staff on Adverse Effects Following Immunization, Expanded Programme of Immunization etc. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

A survey / Audit on presence of AEFI was carried out in MOHH in selected 10 districts by the Epidemiology Unit with the assistance of GAVI funds. A guideline was prepared ased on the results.

All these project activities helped in improving the quality and coverage of immunization in the 10 districts concerned.

Further, from the GAVI HSS grant, Regional Training Centers were strengthened. The training for Primary Health Care staff categories have been commenced in these centers which would further improve the Primary health care services of the country. Activities were started for improvement of infrastructure facilities especially hostel/teaching units' facilities at NIHS, Kalutara.

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

Although we improved the training centers and recrited traineess, sufficient attention not paid to imporve the tutors. Tutors are directly recruted from te field. The training they receive need lot of improvement. this is an area that need improvemetn in the future.

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

At central level <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

1. Health Master Plan Implementation Steering Committee monitor and evaluate the progress. this is mostly an annual event.

2. Quarterly on line monitoring of funds is carried out by the treasury. in this the utilization of funds is monitored by a committee including Secretary, Ministry of Health and the Chief Accountant. they the data is fed to an on line monitoring system.

3. The stock Verification unit of Ministry of Health visited all institutions and verified that all purchases are inventralized in and use.

4. Government Auditor audited all activities conducted.

5. Visits were made by the planning officer and accountant to the implementing agencies and observed the physical progress and financial progress.

6. Review meetings held at central and provincial level.

7. Internal auditing is carrie dout of line minstry and provincial institutions.

Provincial level:

1. Supervision of provincial level staff carrie dout by the Provinical Director and Regional Director.

2. Monitroing of repairs carried out by Regional Directors of Health Services.

2. Review meetings held at district level. in addition discussions on progress carrie dout at immunizatoin and MCH reviews.

3. Submission of progress reports every 6 months.

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.

We currently do not have sector reviews.

But performance monitoring of the GAVI HSS project is made for the annual performance report for the budget and in annual administrative report. this is reported directly to the parliament. the indicators used here are not different to GAVI indicators.

A quarterly review is conducted through web based project monitoring system by the Finance Ministry for the foreign funded projects.

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.

We currently do not have sector reviews.

But performance monitoring of the GAVI HSS project is made for the annual performance report for the budget and in annual administrative report. this is reported directly to the parliament. the indicators used here are not different to GAVI indicators. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

A quarterly review is conducted through web based project monitoring system by the Finance Ministry for the foreign funded projects.

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.

Planning Unit, Ministry of Health<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Coordinating, planning, supervision and monitoring of the GAVI HSS project

Family Health Bureau

Policy formulation of MCH programme,

Supervision of implementation of MCH programme including immunization.

Formulation and implementation of the Management Information system

Training of Master Trainers

Epidemiology Unit

Training of PHC staff on AEFI surveillance

AEFI surveillance

Procurement and Supply of Vaccines

Provision of Cold Chain Equipment

Maintaining information system on Immunization

Surveillance of Vaccine preventable diseases

Education Training and Research Unit of the Ministry of Health.

Training of primary health care staff

Development of Training modules for primary health care staff

Supervision of primary healthcare training programmes

Provincial Health Staff

Planning and implementation of the GAVI HSS activities

WHO and UNICEF

Coordinate with project coordination unit

Monitoring of the GAVI HSS programme

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.

Not Applicable

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

Whether the management of HSS funds has been effective?

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

Constraints to internal fund disbursement, if any

Tere are delays in settlement of funds by the components. Also there are occations when disbursemet is delayed.

Actions taken to address any issues and to improve management

Review meetings are conducted every 3 month. partial settlement of funds introduced. Further supervision visits are conducted at least twice a year.

Any changes to management processes in the cominsg year

No

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)
1.1	Develop HR plan for underserved areas which will be an input for national HRD plan	0	0		Balance from 2012 = 17,423. Maximum amount usable in 2013 = 5000. Balance will be utilized in 2014	5000
1.2	Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, and Galle)	123040	4440		Balance from 2012 = 44,927. Maximum amount usable in 2013 = 100,000. Balance will be utilized in 2014	100000
1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	132348	0		23,806 over spent in 2012	108541
1.6	Conduct in-service training programmes for all PHC workers of underserved districts	20203	408		2012 Balance 100,292	120495
1.7	Improvement of training capacity at National Institute of Health Sciences (NIHS)	94961	0		2012 Balance 386,691	386691

2.1	Improve the existing infrastructure facilities at MCH clinic centers in underserved districts	249791	483	Re-programming balance of Activity 2.6 USD 32,732 Re-programming balance of 3.3 29,460	Balance from 2012 36,107	212192
2.2	Supply basic MCH equipment packages to all MCH clinics in 10 underserved districts	24543	0		Over spent 2012 = 1,196	23347
2.3	Supply 10 double cabs for MOH divisions in 10 underserved districts to ensure effective implementatio n of PHC services	200000	0	2.7 Activity completed. Balance 2.7 = 66924. This amount will be utilized in 2013 and initial allocation of 2013 will be allocated for 2014	2.7 Activity completed. Balance 2.7 = 66924. This amount will be utilized in 2013 and initial allocation of 2013 will be allocated for 2014	66924
2.6	Supply 100 motor bikes for Public Health Inspectors in underserved districts for efficient immunization coverage	0	0	Activity completed. Payment of 41,015 to be made. Balance 32,732 is transferred to Activity 2.1	Activity completed. Payment of 41,015 to be made. Balance 32,732 is transferred to Activity 2.1	41016
2.7	Supply 02 Double Cabs (to FHB & Epid Unit) for strengthening of central support to MCH services at National Lev	0	0	Balance from 2012 = 66,923 will e transfered to 2.3	Completed	0
2.8	Provision of scooters instead of mopeds to Public Health Midwives	0	0		2012 balance = 39,907 activity to be completed	39908
3.1	Quarterly district management review meetings held in all 10 underserved districts	5549	1013		2012 balance = 14,965 14,965 will e utilized in 2013 and 5,549 will be used in 2014	14965
3.2	Conduct training programs for supervising staff on monitoring and supervision in a developed health system	30000	136		Balance from 2012 = 23,936 will be ulitized in 2013. Initial allocation of 2013 will be used in 2014	23936
3.3	Develop performance appraisal tool to asses MCH skills of and reporting by PHC staff	3911	0	Balance of 2012 was added. Activity almost complete. 6,000 kept. Seeking approval to reprogramme 29,460 to 2.1	Balance of 2012 was added. Activity almost complete. 6,000 kept. Seeking approval to reprogramme 29,460 to 2.1	6000

3.4	Train district level managers and supervisors on PA Tool	0	3722		Balance of 2012 = 17,885. This will be utilized in 2013	17885
3.5	Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillan	4271	0		Balance 2012 = 863	5134
3.6	Review the quality and efficiency of existing management information system on MCH including EPI	0	0		Balance 2012 = 73,015	73015
3.7	Staff performance appraisal will include assessing the completion and timely submission of monthly reports from PHC staff to divisions and quarterly reports from divisions to central level	8313	0		Balance 2012 = 42,183	50496
4.1	Operational Research	20000	3763		Balance 2012 = 16,134 All money will be utilized for evaluation study in 2014	0
4.2	Implementation of EVM Action Plan	140300	0			140300
		1057230	13965			1435845

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)
1.1	Develop HR plan for underserved areas which will be an input for national HRD plan	0		Plan to complete this acivity in 2014	12,423

1.2	Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, and Galle)	0		Approved activities to be completed	67,968
1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	0			0
1.6	Conduct in-service training programmes for all PHC workers of underserved districts	0			0
1.7	Improvement of training capacity at National Institute of Health Sciences (NIHS)	0		Approved activities to be completed	94,961
2.1	Improve the existing infrastructure facilities at MCH clinic centers in underserved districts	0		Approved activities to be completed	135,897
2.2	Supply basic MCH equipment packages to all MCH clinics in 10 underserved districts	0			0
2.3	Supply 10 double cabs for MOH divisions in 10 underserved districts to ensure effective implementation of PHC services	0		Approved activities to be completed	200,000
3.1	Quarterly district management review meetings held in all 10 underserved districts	0		Approved activities to be completed	5,548
3.2	Conduct training programs for supervising staff on monitoring and supervision in a developed health system	0		Approved activities to be completed	30,000

3.3	Develop performance appraisal tool to asses MCH skills of and reporting by PHC staff	0			0
3.4	Train district level managers and supervisors on PA Tool	0			0
3.5	Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance	0			0
3.6	Review the quality and efficiency of existing management information system on MCH including EPI	0			0
3.7	Staff performance appraisal will include assessing the completion and timely submission of monthly reports from PHC staff to divisions and quarterly reports from divisions to central level	0		Approved activities to be completed	0
4.1	Operational Research	0		Approved activities to be completed	36,134
4.2	Implementation of EVM Action Plan	0		Approved activities to be completed	0
		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
Reprts sent by provinces inspection reports reports of Family Health Bureau Reports of Epidmiological Unit	Through discussions, at Health Master Plan Steering Committee meeting.	Some indicators are not updated as the data collection and verification process is not completed.

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

No

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

Sri Lanka **has NOT received GAVI TYPE A CSO support**

Sri Lanka 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

Sri Lanka **has NOT received GAVI TYPE B CSO support**

Sri Lanka 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	✓	MOH and MOF Signature Page.jpg File desc: Date/time: 5/15/2013 2:44:12 AM Size: 704744
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	MOH and MOF Signature Page.jpg File desc: Date/time: 5/15/2013 2:46:02 AM Size: 704744
3	Signatures of members of ICC	2.2	✓	ICCsignatures (2).docx File desc: Date/time: 5/15/2013 4:21:05 AM Size: 57922
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Minutes13-5-13.docx File desc: Date/time: 5/15/2013 6:01:02 AM Size: 115791
5	Signatures of members of HSCC	2.3	✗	Health Master Plan Steering Committee signatures.docx File desc: Health Master plan Steering Committe signaturers Date/time: 5/15/2013 7:24:35 AM Size: 85430
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Minutes13-5-13.docx File desc: Date/time: 5/15/2013 6:01:57 AM Size: 115791
9	Post Introduction Evaluation Report	7.2.2	✓	PIE Report 2012.docx File desc: Date/time: 5/15/2013 2:49:10 AM Size: 831604
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	✓	NVS Introduction Grant Report 2012.docx File desc: Date/time: 5/15/2013 2:59:22 AM Size: 831330
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	✓	NVS Introduction Grant Report 2012.docx File desc: Date/time: 5/15/2013 3:00:05 AM

				Size: 831330
12	Latest EVSM/VMA/EVM report	7.5	✓	SLanka EVM_report_D1 MH 12_05_30.pdf File desc: Date/time: 4/19/2013 4:30:56 AM Size: 1267525
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM-Improvement-Plan-D2 SL1.xls File desc: Date/time: 4/19/2013 4:31:28 AM Size: 196608
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	EVM Improvement plan implimentation ststus.docx File desc: Date/time: 5/15/2013 3:04:57 AM Size: 831526
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	✗	External AuditOC.docx File desc: Date/time: 5/15/2013 4:46:45 AM Size: 10006
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	✗	FS2012.docx File desc: Date/time: 5/11/2013 1:16:47 AM Size: 64407
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	✗	FS2013Apr.docx File desc: Date/time: 5/11/2013 1:27:37 AM Size: 67858
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	AuditGen2011.docx File desc: Date/time: 5/11/2013 2:02:01 AM Size: 353854
22	HSS Health Sector review report	9.9.3	✗	Performance Report English.pdf.pdf File desc: Date/time: 5/11/2013 1:57:14 AM Size: 5577898
				Bank Statement.docx

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		File desc: Date/time: 5/15/2013 4:47:33 AM Size: 12353