



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of
Sri Lanka

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **20/05/2014**

Deadline for submission: 22/05/2014

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: 2013

Requesting for support year: 2015

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available [here](#).

2. Signatures

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

By signing this page, the Government of **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. Suren Batagoda
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr. S.R.U. Wimalaratne	Director (Planning)	0094112674683	sruwimal@gmail.com
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
Dr. Y.D. Nihal Jayathilake, Secretary	Ministry of Health		
Mr. D.A.W. Wanigasooriya, Chief Accountant	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

No

Comments from the Regional Working Group:

No

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Dr. Y.D. Nihal Jayathilake, Secretary	Ministry of Health		
Mr. D.A.W. Wanigasooriya, Chief Accountant	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

No

Comments from the Regional Working Group:

No

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 2014

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	356,000	365,524	356,000	370,000	356,000	375,000
Total infants' deaths	3,200	3,290	3,200	3,300	3,200	3,400
Total surviving infants	352800	362,234	352,800	366,700	352,800	371,600
Total pregnant women	356,000	365,524	356,000	370,000	356,000	375,000
Number of infants vaccinated (to be vaccinated) with BCG	356,000	357,733	356,000	370,000	356,000	375,000
BCG coverage	100 %	98 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	353,000	352,789	353,000	370,000	353,000	375,000
OPV3 coverage	100 %	97 %	100 %	101 %	100 %	101 %
Number of infants vaccinated (to be vaccinated) with DTP1	355,000	356,233	355,000	370,000	355,000	375,000
Number of infants vaccinated (to be vaccinated) with DTP3	353,000	352,839	353,000	370,000	353,000	375,000
DTP3 coverage	100 %	97 %	100 %	101 %	100 %	101 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	1	1	1	10	1	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.01	1.01	1.01	1.11	1.01	1.11
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	370,000	356,233	355,000	370,000	355,000	370,000
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	370,000	352,789	355,000	370,000	353,000	370,000
DTP-HepB-Hib coverage	105 %	97 %	101 %	101 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%)	1	1	10	1	1	1
Wastage[1] factor in base-year and planned thereafter (%)	1.01	1.01	1.11	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 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	353,000	349,914	353,000	370,000	353,000	375,000
Measles coverage	100 %	97 %	100 %	101 %	100 %	101 %
Pregnant women vaccinated with TT+	356,000	331,337	356,000	340,000	356,000	342,000

TT+ coverage	100 %	91 %	100 %	92 %	100 %	91 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	0	0	0	0	0	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	1 %	1 %	1 %	0 %	1 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

In Sri Lanka over 98 % of the births are take place in institutions and registration of births are mandatory before discharge from the hospital. Hence, number of births reported by the Registrar General Department is the official figure for Sri Lanka. Hence for the respective year actual number of births reported has taken as the target for the base year and marginal higher number of births is taken as the estimated births for the subsequent years. Same methodology was adapted for previous APR's as well.

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

Number of infant deaths for particular year was estimated using latest available IMR on actual or estimated births.

- 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.**

No much change. Related to above explanations

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

In 2014 and 2015, Sri Lanka changed to 10 dose vials instead of 1 dose vials. Hence vaccine wastage has increased to 10 %

5.2. Immunisation achievements in 2013

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

In 2013, Sri Lanka was able to maintain high immunization coverage as in 2012. There was no specific challenges faced in 2013.

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 with close to 100 % immunization coverage, gender issue not arise. EPI coverage surveys conducted annually on district level indicate there is no gender bias with regard to the provision of health care services in Sri Lanka.

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

5.4. Data assessments

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

There is no discrepancy.. In Sri Lanka survey data is marginally higher than the coverage data due to non inclusion of private sector data into the government administrative data. In February 2014, Epidemiology Unit conducted a 30 cluster EPI coverage survey in Killinochchi and Mulathewu (worst affected two districts due the internal conflicts in Sri Lanka and found very high immunization not only in infant age group but also in childhood.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

Please refer above

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

Development and phase based implementation of Web Based Immunization Information system. Ame is to establish nominal web based immunization registry in time to come.

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.

Same as above

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\$ = 128	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	Nil	Nil	Nil
Traditional Vaccines*	5,264,700	5,264,700	0	0	0	0	0	0
New and underused Vaccines**	3,457,500	646,500	2,811,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	707,376	707,376	0	0	0	0	0	0
Cold Chain equipment	52,843	20,000	32,843	0	0	0	0	0
Personnel	49,939	49,939	0	0	0	0	0	0
Other routine recurrent costs	579,434	523,509	0	16,294	39,631	0	0	0
Other Capital Costs	109,242	109,242	0	0	0	0	0	0
Campaigns costs	72,000	72,000	0	0	0	0	0	0
Under GAVI HSS funding, 151,102 USD allocated for EPI to be used in 2012-15. Of which, 52,006 USD (32843+19163) used in 2014		0	19,163	0	0	0	0	0
Total Expenditures for Immunisation	10,293,034							
Total Government Health		7,393,266	2,863,006	16,294	39,631	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 2014 and 2015

NA

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
1. Programme activities	Yes
2. Improve format and contents of the procurement plan	Yes
3. appoint a dedicated staff	Yes
4. Submit unaudited interim report	Yes
5. Annual work Plan and Procurement plan	Yes
6. provide clarifications of audit report	Yes
7. 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

Last tranche of the programme was received in mid of 2013. about 70% of the planned activities completed in

2013 and balance will be completed in 2014.

Clarifications were submitted to audit queries.

Annual work plan and procurement plan prepared and it was approved by the Health Master Plan Implementation Steering Committee.

Approval from AG obtained to work without FC. Progress Reports are sent to FC.

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 2013? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 endorsing this report.

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

As stated in previous APRs, National Advisory Committy on Communicable diseases met regirally 4 times in 2013. Progress on implimantation of immunization programme and VPD survailance status during the previous quarter was informed to the committee. No much discussion on Epi since implementation of EPI in 2013 was smooth.

In the 1st meeting of the 2014, decision was taken to introduce one dose of IPV and change to BOPV in 2016 in line with WHO global polio end game plan.

Accordingly Application was submitted to GAVI for IPV support from 2015 to 2018.

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

If **Yes**, which ones?

List CSO member organisations:
Sri Lanka Collage of General Practitioners
Sri Lanka Collage of Community Physicians
Sri Lanka Medical Association
Sri Lanka Collage of Peadiatricians
Sri Lanka Collage of Physicians

5.8. Priority actions in 2014 to 2015

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

Compete the remaining activities of the EVM improvement plan

Introduction of IPV in 1sy January 2015

Phased based implementation of Web Based Immunization Information System in another district

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD	MOH

Measles	AD	MOH
TT	AD	MOH
DTP-containing vaccine	AD	MOH & GAVI
MMR	AD	MOH
JE	AD	MOH
ATd	AD	MOH
DT	AD	MOH

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)

No

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

Incineration in urban areas. Open burning in rural areas

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Sri Lanka is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

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

Sri Lanka is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Sri Lanka is not applicable for 2013

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	979,300	979,300	0	No

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

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

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

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.

From 2014 onwards Sri Lanka changed to 10 dose presentations from 1 dose presentation. Since Pentavalent vaccine multi dose presentations can be used in open vial policy, no increase in wastage encountered in 2014.

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 2013

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not planned in the proposal

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **September 2015**

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)

No PIE conducted in 2013

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? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

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

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

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

Nothing special to report

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2013 (A)	0	0

Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

No new vaccine introduction grant lump sum received in 2013

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 2014 onwards

Not applicable

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2013?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	183,100	574,940
Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?		
Government	574940	
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	10,070	201,410
Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	August	Government of Sri Lanka

	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 fully committed to finance its vaccine requirements.

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 in default

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **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? **September 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

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

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

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

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

For IPV. Application and proposal has already been submitted.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

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

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

7.11. Calculation of requirements

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

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	352,800	352,800	371,600	1,077,200
Number of children to be vaccinated with the first dose	Table 4	#	370,000	355,000	370,000	1,095,000
Number of children to be vaccinated with the third dose	Table 4	#	370,000	355,000	370,000	1,095,000
Immunisation coverage with	Table 4	%	104.88 %	100.62 %	99.57 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.01	1.11	1.01
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	230,740		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	230,740		
	Number of doses per vial	Parameter	#		1	1
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		1.51	1.64
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %

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

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

No difference

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

4.5

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

Co-financing group	Graduating		
	2013	2014	2015
Minimum co-financing	0.66	1.51	1.64
Your co-financing	0.66	1.51	1.64

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

		2014	2015
Number of vaccine doses	#	540,500	462,400
Number of AD syringes	#	536,700	503,800

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	5,925	5,550
Total value to be co-financed by GAVI	\$	1,479,500	1,252,500

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

		2014	2015
Number of vaccine doses	#	664,700	709,300
Number of AD syringes	#	660,100	772,800
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	7,275	8,525
Total value to be co-financed by the Country	\$	1,820,000	1,921,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	55.16 %		
B	Number of children to be vaccinated with the first dose	Table 4	370,000	355,000	195,802	159,198
B1	Number of children to be vaccinated with the third dose	Table 4	370,000	355,000	195,802	159,198
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,110,000	1,065,000	587,404	477,596
E	Estimated vaccine wastage factor	Table 4	1.01	1.11		
F	Number of doses needed including wastage	$D \times E$		1,182,150	652,018	530,132
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$		22,894	12,628	10,266
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	230,740		
H3	Shipment plan	UNICEF shipment report		1,277,200		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,205,050	664,649	540,401
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	$(I + G - H) \times 1.10$		1,196,684	660,035	536,649
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		13,164	7,261	5,903
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		3,049,982	1,682,226	1,367,756
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		53,851	29,702	24,149
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		66	37	29
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		195,199	107,663	87,536
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		3,299,098	1,819,626	1,479,472
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		1,819,626		
V	Country co-financing % of GAVI supported proportion	U / T		55.16 %		

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

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	60.54 %		
B	Number of children to be vaccinated with the first dose	Table 4	370,000	223,987	146,013
B1	Number of children to be vaccinated with the third dose	Table 4	370,000	223,987	146,013
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,110,000	671,960	438,040
E	Estimated vaccine wastage factor	Table 4	1.01		
F	Number of doses needed including wastage	$D \times E$	1,121,100	678,679	442,421
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.375) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.375)$	16,875	10,216	6,659
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.375$	- 33,573	- 20,323	- 13,250
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	386,840	234,181	152,659
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	1,171,550	709,220	462,330
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	1,276,492	772,749	503,743
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	14,042	8,501	5,541
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	2,928,875	1,773,050	1,155,825
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	57,443	34,775	22,668
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	71	43	28
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	187,448	113,476	73,972
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	3,173,837	1,921,342	1,252,495
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,921,342		
V	Country co-financing % of GAVI supported proportion	U / T	60.54 %		

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

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

Sri Lanka changed to 1 dose vials to 10 dose vials in 2014. Looks this change is not indicate in above format

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

Sri Lanka changed to 1 dose vials to 10 dose vials in 2014. Looks this change is not indicate in above format

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

- a. Progress achieved in 2013
- b. HSS implementation during January – April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

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

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

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

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

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

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

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

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

It is expected to complete all sheduled activities by 31-12-2014.

Evaluation study will be started very soon. After completion this study report will be submitted.

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

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

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

CSOs were not involved.

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

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

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

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

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **0** US\$

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

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

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

Table 9.1.3a (US)\$

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	887500	1012500	897500	812500	895000	0

Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	448750	1251250	0	1057230
Total funds received from GAVI during the calendar year (A)	887495	1012500	458750	1089020	0	1057230
Remaining funds (carry over) from previous year (B)	0	715558	1251800	1020519	1778302	961547
Total Funds available during the calendar year (C=A+B)	887495	1728058	1710550	2109539	1778302	2018777
Total expenditure during the calendar year (D)	171937	476258	690031	331237	816755	899310
Balance carried forward to next calendar year (E=C-D)	71558	1251800	1020519	1778302	961547	1119467
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	1057230	1057230	0

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	0	0		
Revised annual budgets (if revised by previous Annual Progress Reviews)	582931	0		
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (B)	1119467			
Total Funds available during the calendar year (C=A+B)	1119467			
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			

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)	88750000	101250000	89750000	81250000	89500000	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	44875000	125125000	0	136382670
Total funds received from GAVI during the calendar year (A)	95316963	114665625	51609375	118703180	0	136382670
Remaining funds (carry over) from previous year (B)	0	76403763	1417663353	115360364	199439682	107839186
Total Funds available during the calendar year (C=A+B)	95316963	191069388	193375728	234063544	199439682	244221756
Total expenditure during the calendar year (D)	18913200	49303035	78015364	34623862	91600496	108794143
Balance carried forward to next calendar year (E=C-D)	76403763	141766353	115360364	199439682	107839186	135427613
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	136382670	136382670	0

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	0	0		
Revised annual budgets (if revised by previous Annual Progress Reviews)	70520136	0		
Total funds received from GAVI during the calendar year (A)	0	0		
Remaining funds (carry over) from previous year (B)	135427613			
Total Funds available during the calendar year (C=A+B)	135427613			
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			

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	107.4	110	113.25	112.5	112.15175	112.15175
Closing on 31 December	110	113.25	112.5	110.3	112.15175	120.9751

Detailed expenditure of HSS funds during the 2013 calendar year

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

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

Financial management of HSS funds

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

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

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

Each tranche 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.

Annual allocation is included to the 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 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 distributes 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. Delays are observed in providing imprest and in reporting expenditure due to the long procedure of funds disbursement and following government financial rules & regulations / procurement guidelines etc. Actions are taken to minimize delays in order to smooth implementation
12. 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.
13. In preparation of 2013 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. However due to delay of receiving last tranche of the funds for 2013, some activities planned to continue in 2014.

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 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
1.1	Develop HR Plan for North & East Provinces	5	Annual Progress Report
1.2	Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, and Galle)	95	Progress Report submitted by relevant Programme Manager
1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	100	Progress Report submitted by relevant Programme Manager
1.6	Conduct in-service training programmes for all PHC workers of underserved districts	93	Progress Report submitted by relevant Programme Managers
1.7	Improvement of training capacity at National Institute of Health Sciences(NIHS)	90	Progress Report submitted by relevant Programme Manager
2.1	Improve the existing infrastructure facilities at MCH clinic centers in underserved districts	92	Progress Report submitted by relevant Programme Managers
2.2	Supply basic MCH equipment packages to all MCH clinics in 10 underserved districts	97	Progress Report submitted by relevant Programme Managers
2.3	Supply 10 double cabs for MOH divisions in 10 underserved districts to ensure effective implementation of PHC services	0	Progress Report submitted by relevant Programme Manager
2.6	Supply 100 motor bikes for Public Health Inspectors in underserved districts for efficient immunization coverage	100	Progress Report submitted by relevant Programme Manager
2.7	Supply 02 Double Cabs (to FHB & Epid Unit) for strengthening of central support to MCH services at National Level	0	Completed in 2012
2.8	Provision of scooters instead of mopeds to Public Health Midwives	100	Progress Report submitted by relevant Programme Manager
3.1	Quarterly district management review meetings held in all 10 underserved districts	100	Progress Report submitted by relevant Programme Manager
3.2	Conduct training programs for supervising staff on monitoring and supervision in a developed health system	96	Progress Report submitted by relevant Programme Manager
3.3	Develop performance appraisal tool to asses MCH skills of and reporting by PHC staff	100	Progress Report submitted by relevant Programme Manager
3.4	Train district level managers and supervisors on PA Tool	100	Progress Report submitted by relevant Programme Manager
3.5	Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance	0	completed in 2012
3.6	Review the quality and efficiency of existing management information system on MCH including EPI	40	Progress Report submitted by relevant Programme Manager

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	100	Progress Report submitted by relevant Programme Manager
4.1	Operational Research	5	Progress Report submitted by relevant Programme Manager
4.2	Implementation of EVM Action Plan	55	Progress Report submitted by relevant Programme Manager

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
1.1	The resettlement in Northern Province was completed in end of 2013. Until the resettlement completed the planned activities for survey could not be started.
1.2	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.
1.6	In-service training on MIS, AEFI, MCH activities and preparation of reports were given to PHC staff in all 10 underserved Districts
1.7	Renovations were done for buldings utilized for teaching / training activities and provision of accommodation to the trainees.
2.1	63 clinics were repaired and upgraded. Further basic facilities such as water, electricity and toilet facilities and furniture were provided to the clinics. Some clinics required to expand the waiting area for the patients and quarters facilities.
2.2	Essential MCH equipment were provided under GAVI project based on the need of MCH clinic centers in 10 districts. Accessories such as stripes (HB, urine, HCC).
2.3	Available funds was inadequate and more cabs to be purchased in 2014 with funds received in 2013.
1.4	150 PHMM were trained at Badulla, Galle, Ratnapura, and Kandy Training Centers under the GAVI HSS funds.
3.3	Activity completed.
3.2	Activity completed.
3.1	Review meetings are conducted at district level and National level. In addition to meetings, a team of the Planning Unit of Ministry of Health visited to the project areas for reviewing physical progress/ observation in Central RTC – Kadugannawa & Nuwaraeliya), Uva (Badulla), Northern and Eastern Provinces, RTC- Galle and NIHS – Kalutara
2.8	25 nos. of scooters purchased and distributed to the PHMM.
2.6	Activity completed.
3.4	Activity completed.
3.5	Completed in 2012.
3.6	In progress and planned to complete in 2014 as more time taken to process some sub activities such as evaluation, tender procedures etc..
3.7	Continue for 2014 for final ceremoney at national level.
4.1	Evaluation study will be processed in 2014.
3.4	Activity completed.

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

1.1 Activity was planned to start in 2014 as the resettlement in Northern Province was completed in end of 2013.

2.3 Tender procedures not processed for procurement of double cabs until funds received. Therefore, procurement could not be completed.

4.2 Due to delay of receiving funds, implementation of most activities were also delayed.

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 policy of the government is to have one midwife per 3000 population. By the end of the conflict, number of PHM working in North and East was very low. This project helped in improving the number of PHM specially in the North. Further transport facilities for the Public Health staff and the infrastructure were also developed using the GAVI funds. In 2012, approval was received to improve the infrastructure facilities of National Institute of Health Sciences, Kalutara to ensure the availability of adequate facilities for not only PHC staff training but also for the all kind of training for health staff island wide as it is the National level health training centre.

Giving in-service training for all PHC staff including new recruitments in the 10 districts, GAVI HSS funds supported to strengthen the health workforce.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2013 Target	2009	2010	2011	2012	2013	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Under five year Mortality Rate	16.0/1000 Live Births	HMIS 2005	11.0/1000	12.0/1000	12.07/1000	NA	NA	NA	NA	Register General Department 2009	No published data for 2010, 2011, 2012 & 2013
Infant Mortality rate	11.0/1000 Live Births	HMIS 2005	9.0/1000	10.0/1000	9.68/1000	NA	NA	NA	NA	Do	No published data for 2010, 2011, 2012 and 2013
National DPT3 coverage (%)	96%	Epidemiology Unit, Ministry of Health 2006	100%	100%	88.5%	92.4%	93.8%	99.6%	99.6%	Epidemiology Unit, WHO	
% districts achieving >80% DPT 3 coverage	100%	Epidemiology Unit, Ministry of Health 2006	100%	100%	100%	100%	100%	100%	100%	Epidemiology Unit, WHO	
Proportion of births attended by skilled PHC staff	98%	Family Health Bureau, Ministry of Health 2006	100%	99.7%	99%	99.6%	99.7%	99.9%	99.9%	Family Health Bureau	
% of children 1-5 utilizing PHC	<68%	Family Health Bureau	>95%	85%	65%	73.4%	85%	83%	83%	Family Health	

services at MCH ce		Ministry of Health- 2006									Bureau	
% of mothers receiving post natal care of accepted	<67%	Family Health Bureau, Ministry of Health	95%	70.1%	59%	69.2%	70.1%	75.3	75.3%	Family Health Bureau		
Staff trained on MCH best practices in place in 10	N/A	Regional Director of Health, who send them to Family Health Bureau	100%	100%	40%	60%	80%	100%	100%	District reports		
All 10 districts will have sufficient basic infrastructure	N/A	Regional Director of Health, who send them to Family Health Bureau	100%	100%	54%	82%	95%	97%	98%	District reports		
Increase MCH coverage	73%	Epidemiology Unit, MoH	>95%	79.5 %	No	70%	No	81.4%	81.4%	Epidemiology Unit		

9.4. Programme implementation in 2013

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

During the resettlement period in North and East an efficient field health service was not available. By end of 2013 resettlement was completed. In 2013 also the GAVI HSS project provided funds for training 158 nos. Public Health Midwives at improved training centres. 25 nos of scooters were also provided to PHMM under GAVI funds and government funds supported to provide remaining requirements. Further 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 Management Information System, Adverse Effects Following Immunization, Expanded Programme of Immunization etc.

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.

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

At central level

1. Health Master Plan Implementation Steering Committee and Health Development Committee monitor and evaluate the progress.
2. Quarterly on line monitoring of funds is carried out by the treasury.
3. The stock Verification unit of Ministry of Health visited all institutions and verified that all purchases are inventorized in and use.
4. Government Auditor audited all activities conducted.
5. Internal Audit Division make the auditing according to their rules and regulations.
6. Visits were made by the planning officer and accountant to the implementing agencies and observed the physical progress and financial progress.

7. Review meetings held at central and provincial level.

<?xml:namespace prefix = o />

Provincial level:

1. Supervision of provincial level staff.
2. Review meetings.
3. Submission of progress reports.

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.

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

A performance monitoring of the GAVI HSS project is made for the annual performance report for the budget and in annual administrative report.

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 />

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

Planning Unit, Ministry of Health

Coordinating, 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

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.

No participation of Civil Society Organizations.

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

Management of HSS funds have been effective.

At the beginning of the year releasing imprests to the Programme Managers is delay and in the last month, December, imprests are not issued according to the conditions followed by the Finance Department. There are delays in settlement of funds by the components.

To address these issues / constraints. it is advised to programme managers to request imprest as early as

possible and to make partial settlements. And also for procurements / civil works, asked to request for bill amount resulting no settlement.

For improvement of disbursement system, officers from the GAVI Coordinating Office / Planning Unit visited to relevant Programme Managers's Office to collect necessary documents / information for reporting the progress.

9.5. Planned HSS activities for 2014

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

Table 9.5: Planned activities for 2014

| Major Activities (insert as many rows as necessary) | Planned Activity for 2014 | Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2014 actual expenditure (as at April 2014) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2014 (if relevant) |
|---|---|---|--|--------------------------------|---|---------------------------------------|
| 1.1 | Develop HR plan for underserved areas which will be an input for national HRD plan | 0 | 4578 | | Balance from 2013 and Plan to complete this activity in 2014 | 16532 |
| 1.2 | Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, and Galle) | 0 | 46459 | | Balance from 2013 and Approved activities to be completed. | 74395 |
| 1.4 | Annual Training of 300 PHC staff at 6 upgraded training schools | 0 | 32258 | | Approved activities to be completed. | 57863 |
| 1.6 | Conduct in-service training programmes for all PHC workers of underserved districts | 0 | 8450 | | Remaining activities in 2013 to be completed. | 24798 |
| 1.7 | Improvement of training capacity at National Institute of Health Sciences(NIHS) | 0 | 44817 | | Approved activities to be completed. | 276917 |
| 1.8 | Provision of A/C facilities to the Auditorium of Healthcare Quality & Safety Secretariate for training | 0 | 0 | | New item included with the concurrence of HSCC meeting held on 16-01-2014 | 12813 |
| 2-1 | Improve the existing infrastructure facilities at MCH clinic centers in underserved districts | 0 | 28718 | | Approved activities to be completed. | 90928 |
| 2.2 | Supply basic MCH equipment packages to all MCH clinics in 10 underserved districts | 0 | 4730 | | Balance Payments of 2013 to be made | 8602 |
| 2.3 | Supply 10 double cabs for MOH divisions in 10 | 0 | 0 | | Approved activities to be completed. | 275310 |

| | | | | | | |
|-----|--|---|--------|--|---|---------|
| | underserved districts to ensure effective implementation of PHC services | | | | | |
| 3.1 | Quarterly district management review meetings held in all 10 underserved districts | 0 | 1395 | | Approved activities to be completed. | 5501 |
| 3.2 | Conduct training programs for supervising staff on monitoring and supervision in a developed health system | 0 | 4206 | | Approved activities to be completed. | 15504 |
| 3.3 | Develop performance appraisal tool to assess MCH skills of and reporting by PHC staff | 0 | 197 | | Approved activities to be completed. | 5109 |
| 3.4 | Train district level managers and supervisors on PA Tool | 0 | 715 | | Balance of 2013 will be continued in 2014. | 6731 |
| 3.5 | Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance | 0 | 0 | | Balance of 2013 to be completed. | 5346 |
| 3.6 | Review the quality and efficiency of existing management information system on MCH including EPI | 0 | 5331 | | Approved activities to be completed. | 32983 |
| 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 | 2214 | | Approved activities in 2013 to be completed. | 32786 |
| 4.1 | Operational Research | 0 | 0 | | Balance of 2013 and planned to complete in 2014. | 32783 |
| 4.2 | Implementation of EVM Action Plan | 0 | 17310 | | Approved activities in 2013 to be completed. | 113972 |
| 5.0 | Administrative Support for project coordination office (15%) | 0 | 252 | | According to the approved estimate, 3% of the each year budget was available for administrative expenses. | 30585 |
| | | 0 | 201630 | | | 1119458 |

9.6. Planned HSS activities for 2015

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

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

evidence for requested changes

Table 9.6: Planned HSS Activities for 2015

| Major Activities (insert as many rows as necessary) | Planned Activity for 2015 | Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2015 (if relevant) |
|---|---------------------------|---|--------------------------------|--|---------------------------------------|
| No | | | | | |
| | | 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 |
|----------------|----------------|---------------------|---------------------------|
| Not Applicable | | | |

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 |
|--|--|---|
| Reports sent by relevant Programme Managers, Provincial / District level Inspection Reports, Reports of Family Health Bureau, Reports of Epidemiology Unit | Through discussions, at Health Master Plan Implementation Steering Committee meeting, at Health Sector Development Committee Meeting, Annual Performance Report. | Some indicators (national level) are not updated to the 2013 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 2013?3

Please attach:

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

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

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

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

Sri Lanka is not reporting on GAVI TYPE A CSO support for 2013

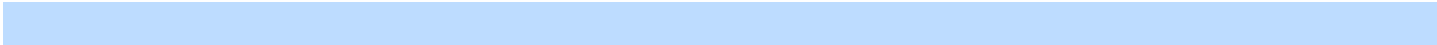
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Sri Lanka is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

| Detailed analysis of expenditure by economic classification ** – GAVI ISS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

- I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

| Detailed analysis of expenditure by economic classification ** - GAVI HSS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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










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

| Detailed analysis of expenditure by economic classification ** - GAVI CSO | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|--|---------|-----------|---|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | Signature Page GAVI APR 2013.pdf
File desc:
Date/time : 12/05/2014 07:10:11
Size: 548 KB |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | Signature Page GAVI APR 2013.pdf
File desc:
Date/time : 12/05/2014 07:11:25
Size: 548 KB |
| 3 | Signatures of members of ICC | 2.2 | ✓ | Advisory committee signature page.jpg
File desc:
Date/time : 12/05/2014 07:56:08
Size: 748 KB |
| 4 | Minutes of ICC meeting in 2014 endorsing the APR 2013 | 5.7 | ✓ | HSCCminutes12-5-14.pdf
File desc:
Date/time : 17/05/2014 01:30:04
Size: 748 KB |
| 5 | Signatures of members of HSCC | 2.3 | ✓ | SignaturepageHSS.pdf
File desc:
Date/time : 17/05/2014 01:38:37
Size: 990 KB |
| 6 | Minutes of HSCC meeting in 2014 endorsing the APR 2013 | 9.9.3 | ✓ | HSCCminutes12-5-14.pdf
File desc:
Date/time : 17/05/2014 01:22:31
Size: 748 KB |
| 7 | Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | No file loaded |
| 8 | External audit report for ISS grant (Fiscal Year 2013) | 6.2.3 | ✗ | No file loaded |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | PIE Report.docx
File desc:
Date/time : 12/05/2014 08:02:32
Size: 831 KB |

| | | | | |
|----|---|-------|---|--|
| 10 | Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 |  | NVS Financial support Report.docx
File desc:
Date/time : 12/05/2014 08:07:34
Size: 831 KB |
| 11 | External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000 | 7.3.1 |  | NVS External aduit report on NVS VIG.docx
File desc:
Date/time : 12/05/2014 08:08:53
Size: 831 KB |
| 12 | Latest EVSM/VMA/EVM report | 7.5 |  | SLanka EVM_report_D1 MH 12_05_30.pdf
File desc:
Date/time : 12/05/2014 07:13:54
Size: 1 MB |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 |  | EVM-Improvement-Plan-D2 SL1.xls
File desc:
Date/time : 12/05/2014 07:15:18
Size: 194 KB |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 |  | GAVIHSS EVM Progress 2014 05 14.xlsx
File desc:
Date/time : 12/05/2014 07:34:37
Size: 14 KB |
| 16 | Valid cMYP if requesting extension of support | 7.8 |  | CMYP 2010 - 2016 Sri Lanka.pdf
File desc:
Date/time : 12/05/2014 07:39:18
Size: 843 KB |
| 17 | Valid cMYP costing tool if requesting extension of support | 7.8 |  | cMYP_Costing_Tool_Sri Lanka 2012_2016-V1.0.xls
File desc:
Date/time : 12/05/2014 07:41:07
Size: 3 MB |
| 18 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 |  | Advisory commitee signature page.jpg
File desc:
Date/time : 12/05/2014 08:00:44
Size: 748 KB |
| 19 | Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 |  | Expenditure Statements 2013.pdf
File desc:
Date/time : 12/05/2014 02:34:08
Size: 2 MB |

| | | | | |
|----|---|--------|---|---|
| 20 | Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | Expenditure2014.pdf
File desc:
Date/time : 20/05/2014 05:59:07
Size: 1 MB |
| 21 | External audit report for HSS grant (Fiscal Year 2013) | 9.1.3 | ✓ | General Audit Report.pdf
File desc:
Date/time : 12/05/2014 02:41:57
Size: 3 MB |
| 22 | HSS Health Sector review report | 9.9.3 | ✓ | Performance Report 2012 English pdf.pdf
File desc:
Date/time : 12/05/2014 01:51:27
Size: 5 MB |
| 23 | Report for Mapping Exercise CSO Type A | 10.1.1 | ✗ | No file loaded |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2013) | 10.2.4 | ✗ | No file loaded |
| 25 | External audit report for CSO Type B (Fiscal Year 2013) | 10.2.4 | ✗ | No file loaded |
| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013 | 0 | ✓ | Bank statement.xlsx
File desc:
Date/time : 12/05/2014 02:22:19
Size: 11 KB |
| 27 | Minutes ICC meeting endorsing change of vaccine presentation | 7.7 | ✗ | No file loaded |
| | Other | | ✗ | ACCD-12th December minutes(2013).docx
File desc:
Date/time : 12/05/2014 08:14:08
Size: 29 KB |

[ACCD-1st March_minutes\(2013\).docx](#)

File desc:

Date/time : 12/05/2014 08:12:54

Size: 30 KB

[HDC Meeting.pdf](#)

File desc:

Date/time : 20/05/2014 05:33:06

Size: 7 MB

[HSCCM2013.pdf](#)

File desc:

Date/time : 17/05/2014 03:53:33

Size: 2 MB

[Minutes of the Advisory Committee on Communicable Diseases march 2014.docx](#)

File desc:

Date/time : 12/05/2014 08:10:53

Size: 21 KB

[Minutes13-5-13.docx](#)

File desc:

Date/time : 17/05/2014 03:58:33

Size: 115 KB