**Responses to Issues raised by GAVI IRC.**

|  | **Issue** | **Response** |
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| 1 | 77% of the funds are earmarked for capital costs and related procurement and supply and mainly benefit objectives 1 and 3. In addition there is a further 19% of the budget for a mix of planning and administration, M&E, training and TA. Given the importance of Output 2 please demonstrate how the funds requested will help achieve indicator 2. | An assessment of the total funding shows that 30%, 35% and 34% of the total budget are to support Objectives 1,2 and 3 respectively. Objective 2 therefore is properly supported. |
| 2 | Two outcomes indicators deemed relevant by GAVI could not be found on the log-frame: 1) drop-out rate between DPT1 and DPT3 and 2) equity in immunisation coverage, please clarify why they have not been included. | Both drop-out rate between DPT1 and DPT3 and equity in immunisation coverage are very important indicators for immunisation. However these are not in the Results and Accountability Framework (RaF), and we wanted to align the indicators in the proposal with those that are in the RaF. Nevertheless, these indicators are routinely used at the programme level in a bid to improve access to immunisation service for all segments of the population. |
| 3 | The justification for 28 covered 4-wheel drive vans is unclear. Please provide further clarification. | Objective 2 requires strengthening supportive supervision of health facilities in their implementation of the Red approach. For this we are requesting 13 four-wheel drive vehicles. Objective 3 is strengthening supply and distribution of vaccines to health facilities. For this we are requesting 14 four-wheel drive vehicles for distribution of drugs to health facilities. In our setting, we cannot combine routine supervision with the distribution of drugs, because while the former can be properly planned the latter is based on request. Judging from our experience, it is more beneficial to provide independent logistics support to both activities. |
| 4 | Renovations/extensions are funded through the EC and ADB support to HSS, Please show that the $411,000 earmarked for renovation/extension of central store and district facilities with GAVI funds are not provided for within the EEC and ADB programmes. | The funds from EC and ABD are supporting the expansion of stores from medicines. The request to GAVI is to support the storage facilities for vaccines, which is different from that used for medicines and other consumables. There is therefore no duplication, as these are at different locations. |
| 5 | The budget in the proposal merits further explanation and revision given that there are a number of discrepancies, this list is not extensive but some of the over estimations are: | All the discrepancies between the budget and the main texts have been identified and corrected. |
| 6 | o   The training for 30 people is budgeted for 45 in two quarters. |
| 7 | o   The rehabilitation of 4 regional maintenance units becomes 8 in the budget |
| 8 | o   The tools for the 13 districts (one set each) is calculated in the budget for 15 districts (Additional kits will be fitted in a number of vehicles and these have been costed as part of the vehicle cost). | Activity 1.1.2.2 is to procure tools for both district and national level offices. We are procuring 1 set of tools for each district teams and 2 sets of tools for National teams, totalling 15 sets. National level units will need the additional set because they will manage the repair for all secondary and tertiary hospitals as well as repairs that cannot be handled at district level. |
| 9 | o   15 motorbikes (at US$5,000 each) are budgeted for each of the districts which are 13 in the main text of the proposal.  Please justify the cost of $5,000/vehicle. | Activity 1.1.4.2 is to procure 15 motorbikes (13 for district and 2 for national level teams). The reason for providing the National Teams with the 2 motor bikes in addition to the vehicle is because if the vehicle is in one region of the country and the other regions need urgent support, the bikes will be used to transport the staff to the other location requesting assistance. In this way, there will be no very little in repairing equipments. |
| 10 | o   The JPWF describes the need for two boats but three are budgeted. | Page 58 of JPWF, item 2.1.2.4 mentions 10 boats for the following districts- Moyamba 2, Bonthe 3, Western Area 1, Kambia 2 and Pujehun 2. |
| 11 | o   There are allocations for vehicles at the central level for both the management team and for national supervision with no explanation as to why there is this ‘double’ requirement. | The Facility Maintenance Teams will be required to support districts in the repair of their equipment. They will be called at anytime, and will be required to respond in good time. The National level supervision team will conduct supportive supervision of district teams and some facilities. They will visit few facilities in each quarter. For experience, these two activities cannot be conducted concurrently. |
| 12 | The proposed PSM activities should be linked with the soon to be established National Pharmaceutical Procurement Unit that will be in charge of procurement, storage and distribution. Please clarify how this linkage will be structured once this unit has been established. | The proposed PSM activities will be linked with activities of the NPPU. Vehicles and stores for the distribution of drug will be handed over to the NPPU when it starts functioning. |
| 13 | A comprehensive programmatic gap analysis is required in which all stakeholders supporting HSS in the country are mapped out to demonstrate that the request contained in this proposal is harmonised and aligned with existing efforts. | At the time of developing the JPWF, the Health Sector undertook a programmatic and financial gap analysis involving all stakeholders in the health sector. However, we were unable to get comprehensive information from all stakeholders. Therefore, a programmatic and financial gap analysis is a critical part of the current Annual Health Sector Planning that will start in August. The Financial and Programmatic gap analysis is ongoing and will be submitted as soon as it is completed. Notwithstanding, the activities identified in for GAVI HSS support are those that are either not funded by any partner or seriously under-funded. |
| 14 | The proposal does not explain how Sierra Leone will propose to retain the bio medical engineers in order to benefit from their newly acquired skills over the life of the project. This is especially important given that low morale and brain drain of qualified staff are some of the HR challenges in Sierra Leone. | The Biomedical Engineers will be recruited by Government and will be placed on a designated grade. As the current salaries are competitive with that for health workers in the sub-region, we are certain to retain then. |