GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Liberia

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 8:23:08 PM**

Deadline for submission: 9/24/2013

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 is available here.

2. Signatures

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

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

For the Government of Liberia

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

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

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

Full name	Position	Telephone	Email
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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
Hon. Blamo T. Nelson, Minister of Internal Affairs	Ministry of Internal Affairs		

Hon. Amara Konneh, Minister of Finance	Ministry of Finance		
Dr. Walter T. Gwenigale, Minister of Health and Social Welfare	Ministry of Health and Social Welfare		
Nester Ndayimirije, WHO Representative	WHO		
Esperance Fundira, Country Representative	UNFPA		
Dr. Fazlul Haque, Acting UNICEF Representative	UNICEF		
Randolph Augustin, Health Team Leader	United States Agency for International Development (USAID)		
Juan Casanova, EU Representative	European Union		
Jason Andean, Merlin Country Representative	Merlin (NGO Sector)		
Mr. George Gooding, National Chairman, Polio Plus, Rotary International	Rotary International		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Dr. Walter T. Gwenigale, Minister of Health and Social Welfare	Ministry of Health and Social Welfare		
Jason Andean, Merlin Country Representative	Merlin (NGO)		
Juan Casanova, Representative	European Union		
Dr. Esperance Findira, Country Representative	UNFPA		
Mr. George Gooding, National Chairman, Polio Plus, Rotary International Coordinator	Rotary International		
Augustin, Randolph, Health Team Leader	United States Agency for International Development		
Dr. Fzlul Haque, Acting Resident Representative, UNICEF	United Nations Children's Fund		
Nester Ndayimirije, WHO Representative	World Health Organization		
Hon. Blamo T. Nelson, Minister of Internal Affairs	Ministry of Internal Affairs		
Hon. Amara Konneh, Minister of Finance	Ministry of Finance		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	143,563	189,576	146,578	166,459	149,656	169,955	152,799	173,524
Total infants' deaths	11,334	37,915	11,572	11,153	11,815	11,047	12,063	11,106
Total surviving infants	132229	151,661	135,006	155,306	137,841	158,908	140,736	162,418
Total pregnant women	136,007	189,576	138,863	181,440	141,779	185,250	144,757	189,141
Number of infants vaccinated (to be vaccinated) with BCG	123,464	160,697	127,523	154,807	131,697	159,758	135,991	164,848
BCG coverage	86 %	85 %	87 %	93 %	88 %	94 %	89 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	105,783	140,377	114,755	132,010	121,300	139,839	126,662	146,176
OPV3 coverage	80 %	93 %	85 %	85 %	88 %	88 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	115,039	154,690	118,805	147,541	122,678	152,552	126,662	155,921
Number of infants vaccinated (to be vaccinated) with DTP3	105,783	141,343	114,755	132,010	121,300	139,839	126,662	146,176
DTP3 coverage	80 %	93 %	85 %	85 %	88 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	3	5	3	5	2	5	2	5
Wastage[1] factor in base-year and planned thereafter for DTP	1.03	1.05	1.03	1.05	1.02	1.05	1.02	1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	130,365	154,690	101,310	147,541	122,678	152,552	126,662	155,921
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	130,365	141,343	101,310	132,010	121,300	139,839	126,662	146,176
DTP-HepB-Hib coverage	80 %	93 %	85 %	85 %	88 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5	2	5	2	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.03	1.05	1.02	1.05	1.02	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	126,920	118,577	108,005	124,245	117,165	143,017	126,662	146,176
Yellow Fever coverage	75 %	78 %	80 %	80 %	85 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	0	45	0	45	30	45	30	45

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.82	1.82	1.43	1.82	1.43	1.82	1.43	1.82
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	99,172	121,703	108,005	124,245	117,165	143,017	126,662	146,176
Measles coverage	75 %	80 %	80 %	80 %	85 %	90 %	90 %	90 %
Pregnant women vaccinated with TT+	103,365	140,221	108,313	163,296	113,423	166,725	118,700	170,227
TT+ coverage	76 %	74 %	78 %	90 %	80 %	90 %	82 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	61,203	65,841	69,432	69,133	77,979	72,590	86,854	76,220
Vit A supplement to infants after 6 months	76,693	63,810	81,003	67,001	85,461	70,351	95,700	73,869
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	8 %	9 %	3 %	11 %	1 %	8 %	0 %	6 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

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

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

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

  Same as aboves

- 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 change more than 10%. However, Liberia achievements as per the JRF reflected in section 4 (baseline and targets) have key data related problems:

  1. The 93% DPT 3 coverage is not realistic. Also some programatic issues contributted to DPT 3 attaining higher coverage than BCG. Factors contributing to the problems are as follows:

  - Immunizing over age children

  - Equating child's age to the dose of DPT, instead of checking doses against attendance

  - Double entry of figures into the HMIS data tracking tools

  - National EPI policy restricted BCG administration to first week of life; this was later revised during the course of the year, which now allows health workers to administer the vaccine up to the 11th month of life.

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

  No change. However, Liberia is conducting a wastage study which result will be available at the end of 2013 calenda. Findings will be shared with the GAVI Secretariat and other stakeholders.

5.2. Immunisation achievements in 2012

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

- Comprehensive National EPI program review conducted along with cluster survey and post Measles Vaccination Campaign surveys. Results, key findings and analyses from these activities are uploaded in the attachment section.
- As part of the implementation of the EVM recommendations, Liberia expanded its cold chain facilities by procuring 200 solar refrigerators167 of which have been installed. Additionally,1000 cold boxes were procured 646 of which have been distributed to service delivery points (counties and health facilities). 20 cold chain officers trained across the country, followed by procurement and distribution tools kits for the maintenance of the solar refrigerators.
- Fridge Tag and Multi-Log (cold chain monitoring devices) procured to be used pending installation and training.
- Capacity building for county level supervisors and health facility EPI service providers.<?xml:namespace prefix = o />
- Four rounds of Polio Immunization campaigns were conducted national wide. Population vaccinated during these exercieses include refugee and host communities.
- Provided long term technical support to poor performing counties. Five counties were focused as poorly performing: Maryland, River Gee, Sinoe, Montserrado and Gbarpolu. Progress on these counties is reflected in the EPI annaul report (attached).
- Integrated supportive supervision conducted on a quarterly basis by National and County levels.
- Quarterly EPI data verification and harmonization exercise at all levels (National, County and Health facility)
- Conducted Periodic Intensification of Routine Immunization (PIRI) in all counties.
- Defaulter tracing and vaccination activities conducted in Montserrado County to reduce the number of unimmunized children.
- Advocacy meeting held with parliamentarian to increase budgetary support for immunization

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

Targets were reached.

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?

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

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

The Liberia National EPI policy makes provision for equitable access to immunization for those in the target age group irrespective of their gender. The National Health Policies and Plans (2007-2011 and 2011-2021) call for "an equitable, effective, efficient,responsive, and sustainable health care delivery system". The fullimplementation of these policies will ensure equal access to immunizationservices for boys and girls.<?xml:namespace prefix = o />

National immunization mass campaigns target every child under five years regardless of gender and location and is house to

house approach thus creating equal access forboys and girls

Lastly, both immunization and the Essential Package of Health Services (EPHS) are free thus reducing financial barriers and preferential treatment (boys versus girls) by parents and care takers.

5.4. Data assessments

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

Though the WHO/UNICEF estimate for 2012 is not yet available, however, there were two national data sources (cluster survey and administrative coverage) which variances in coverage. Copies of these documents are attached. Another authentic reference source is the ongoing Demographic Health Survey (DHS) which results will be available 2014.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

- Quarterly EPI data verification and harmonization exercise was conducted at all levels (National County and Health facility). This activity is supported by the USAID country health program in Liberia, under the Fixed Amount Reimbursable Agreement (FARA). Current thrust is to attain consistency of data in a select few counties.

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

- Quarterly EPI data verification and harmonization exercise was conducted at all levels (National, County and Health facility)
- Provided long term technical support to poor performing counties.
- Integrated supportive supervision conducted on a regular basis by National and County levels.

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.

- Revise EPI performance based indicator of from DPT 3 coverage to fully immunized children under one year..

5.5. Overall Expenditures and Financing for Immunisation

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

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

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

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	USAID	NA	NA
Traditional Vaccines*	461,911	0	0	461,911	0	0	0	0
New and underused Vaccines**	688,973	116,773	572,200	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	617,350	67,975	549,375	0	0	0	0	0
Cold Chain equipment	353,150	0	0	169,150	184,000	0	0	0
Personnel	735,707	663,257	35,050	29,000	8,400	0	0	0
Other routine recurrent costs	174,342	15,000	22,382	35,985	10,000	90,975	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	1,470,261	296,408	0	114,518	1,059,335	0	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	4,501,694							
Total Government Health		1,159,413	1,179,007	810,564	1,261,735	90,975	0	0

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

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

Liberia’s economy is recovering; current government budget cannot accommodate the cost of traditional vaccines. However, there is ongoing advocacy with government and parliamentarians to prioritize immunization for increased budgetary allocation.Meanwhile, UNICEF mobilizes funding for traditional vaccines.<?xml:namespace prefix = o />

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
AWPB	Yes
APP	Yes

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

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

- Annual Procurement Plan (APP) being developed by the TCC

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

Not applicable to Liberia.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 endorsing this report.

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

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

If Yes, which ones?

List CSO member organisations:
Rotary International
Merlin (NGO)

5.8. Priority actions in 2013 to 2014

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

The following objectives are culled from the EPI annual work plan which is aligned with the Essential Package of Health Services (EPHS)<?xml:namespace prefix = o />

- To Update micro-plan for routine immunization at county and health facility level, with detailed focus on hard-to-reach and under-served communities
- To maintain and sustain MNTE validation status

•□□□□□□□□□ To maintain and sustain quarterly data harmonization at county and health facility levels, in collaboration with the USAID through its FARA Project

•□□□□□□□□□ To conduct sensitization meetings for physicians, general community health volunteers (gCHVs) and other communities focus point on vaccine preventable diseases surveillance.

•□□□□□□□□□ To conduct quarterly supportive supervision to health facilities.

•□□□□□□□□□ To establish sentinel site for rotavirus surveillance

•□□□□□□□□□ Conduct training of gCHVs on Routine Immunization communication

•□□□□□□□□□ Roll out media campaign for Routine Immunization.

•□□□□□□□□□ Celebration of 2nd African VaccinationWeek and Global Immunization Week inApril 2013

•□□□□□□□□□ Prepare and introduce Pneumoccocal Conjugate Vaccine (PCV) into the EPI program.

•□□□□□□□□□ Implement urban Immunization Strategy in Monrovia

Application for introduction of Rotavirus vaccine

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD syringes	UNICEF
Measles	AD syringes	UNICEF
TT	AD syringes	UNICEF
DTP-containing vaccine	AD syringes	Government and GAVI

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

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

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

Liberia has an integrated waste management and injection safety plan that takes into consideration proper waste disposal system.

- The plan has its monitoring and evaluation component that is in line with the Essential Package of Health services (EPHS)
- A major challenge with implementation of the policy/plan is delayed repair of broken incinerators at service delivery level

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

The sharps waste were disposed of in the following manner:
1. By Incineration
2. By burn and bury

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	127,534	127,534
Total funds available in 2012 *(C=A+B)*	127,534	127,534
Total Expenditures in 2012 *(D)*	35,050	35,050
Balance carried over to 2013 *(E=C-D)*	92,484	92,484

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

The management of GAVI ISS fund is flexible and there is no hindrance in accessing funds.

To access fund, requesting Unit do not need an external level of approval.

The GAVI ISS fund is managed by the office of financial management (OFM) like other projects funds received by the Ministry.

There areclear procedures in place to access fund with limited internal bureaucracy.

Request forfund to implement an activity is generated by the Director of the Unit that hasthe mandate to deliver on such activity.

The GAVI fund like most project funds (Global Fund, Pool Fund, HSRP-World Bank Project, etc) account is banked in a commercial bank (ECO Bank).

Funds are channeled through Counties Accounts to implement activities at that level.These funds are liquidated through regular procedures established by the OFM.

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

Two bank accounts have been opened in both the Central Bank of Liberia and Ecobank. These are maintained by the Office of Financial Management (OFM) to receive GAVI payments. For information, please refer the signed copy of Aide Memoire.

• Management of these funds follow the same procedures as described in section 6.1.1

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

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

• Payment of stipend to national level EPI staff

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

• Purchase of one printer for use in the central EPI office

• Payment for bank charges

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

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

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

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

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

6.3. Request for ISS reward

Calculations of ISS rewards will be carried out by the GAVI Secretariat, based on country eligibility, based on JRF data reported to WHO/UNICEF, taking into account current GAVI policy.

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	410,649	412,500	0	Not selected
Yellow Fever	238,900	238,900	0	Not selected

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

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

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

  We were supplied an excess of 1851 of DTP-HpB-Hib vaccine as compared to actual doses as of the decision letter for 2012.

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

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

  No problem encountered as far as shipment schedule is concerned.

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

Not applicable.

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	We were not approved for introduction of new vaccine in 2012.

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

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

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

Not applicable.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Not selected**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Not selected**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Not selected**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Not selected**

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? **Not selected**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Not selected**

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

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

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

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

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

7.3.2. Programmatic Reporting

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

Not applicable

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

Not applicable

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

Not applicable.

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,109,458	412,500
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	245,178	288,900
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	158136	
Donor	1196500	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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	33,475	31,300
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	34,500	46,100

	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	May	Government of Liberia through Ministry of Health
Awarded Vaccine #2: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	May	Government of Liberia through Ministry of Health
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	To develop multi-sectoral advocacy strategy for communities, Government agencies, parliament, donors and development partners.	

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

Liberia is not a defaulting country.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

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

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

If yes, provide details

Not applicable

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Liberia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

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

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

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

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements

Yes

If you don't confirm, please explain

Not applicable.

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	151,661	155,306	158,908	162,418	628,293
	Number of children to be vaccinated with the first dose	Table 4	#	154,690	147,541	152,552	155,921	610,704
	Number of children to be vaccinated with the third dose	Table 4	#	141,343	132,010	139,839	146,176	559,368
	Immunisation coverage with the third dose	Table 4	%	93.20 %	85.00 %	88.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	435,600				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	435,600				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

There is no difference between the stock on 31st December 2012 and 1st January 2013.

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

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20

Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	**2014**	**2015**
Number of vaccine doses	#	421,900	439,900	447,200
Number of AD syringes	#	491,400	512,400	522,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	5,475	5,700	5,800
Total value to be co-financed by GAVI	$	940,000	980,000	972,500

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

		2013	**2014**	**2015**
Number of vaccine doses	#	43,000	44,800	46,800
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	93,000	97,000	99,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.23 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	154,690	147,541	13,622	133,919
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B X C*	464,070	442,623	40,865	401,758
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*	487,274	464,755	42,908	421,847
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		0	0	0
H	Stock on 1 January 2013	*Table 7.11.1*	435,600			
I	Total vaccine doses needed	*F + G – H*		464,805	42,913	421,892
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		491,312	0	491,312
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		5,454	0	5,454
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		946,343	87,370	858,973
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		22,847	0	22,847
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		3,164	0	3,164
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		60,566	5,592	54,974
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		1,032,920	92,962	939,958
U	Total country co-financing	*I x country co-financing per dose (cc)*		92,961		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.23 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	152,552	14,085	138,467	155,921	14,758	141,163
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	457,656	42,253	415,403	467,763	44,273	423,490
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	480,539	44,366	436,173	491,152	46,487	444,665
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	3,946	365	3,581	2,654	252	2,402
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	484,535	44,735	439,800	493,856	46,743	447,113
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	512,379	0	512,379	522,163	0	522,163
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	5,688	0	5,688	5,797	0	5,797
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	986,514	91,079	895,435	980,799	92,831	887,968
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	986,514	0	23,826	980,799	0	24,281
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	3,300	0	3,300	3,363	0	3,363
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	63,137	5,830	57,307	62,772	5,942	56,830
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,076,777	96,909	979,868	1,071,215	98,773	972,442
U	Total country co-financing	*I x country co-financing per dose (cc)*	96,908			98,772		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	151,661	155,306	158,908	162,418	628,293
	Number of children to be vaccinated with the first dose	Table 4	#	118,577	124,245	90.00 %	146,176	532,015
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.82	1.82	1.82	1.82	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	89,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	89,000				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.91	0.92	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

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

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

There is no difference between the stock on 31st December 2012 and 1st January 2013.

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

Co-financing group	Low

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

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

		2013	2014	2015
Number of vaccine doses	#	181,700	214,000	213,800
Number of AD syringes	#	140,800	168,300	163,900
Number of re-constitution syringes	#	25,400	29,900	29,800
Number of safety boxes	#	1,850	2,200	2,150
Total value to be co-financed by GAVI	$	186,000	220,500	224,000

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

		2013	2014	2015
Number of vaccine doses	#	47,200	55,100	53,800
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	46,000	54,000	54,000

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	20.61 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	118,577	124,245	25,613	98,632
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B X C*	118,577	124,245	25,613	98,632
E	Estimated vaccine wastage factor	*Table 4*	1.82	1.82		
F	Number of doses needed including wastage	*D X E*	215,811	226,126	46,616	179,510
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		2,579	532	2,047
H	Stock on 1 January 2013	*Table 7.11.1*	89,000			
I	Total vaccine doses needed	*F + G – H*		228,805	47,168	181,637
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		140,775	0	140,775
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		25,398	0	25,398
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		1,845	0	1,845
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		205,925	42,451	163,474
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		6,547	0	6,547
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		940	0	940
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		1,071	0	1,071
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		16,063	3,312	12,751
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		856	0	856
T	Total fund needed	*(N+O+P+Q+R+S)*		231,402	45,762	185,640
U	Total country co-financing	*I x country co-financing per dose (cc)*		45,762		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		20.61 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	20.46 %			20.10 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	143,017	29,255	113,762	146,176	29,383	116,793
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	143,017	29,255	113,762	146,176	29,383	116,793
E	Estimated vaccine wastage factor	*Table 4*	1.82			1.82		
F	Number of doses needed including wastage	*D X E*	260,291	53,244	207,047	266,041	53,476	212,565
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	8,542	1,748	6,794	1,438	290	1,148
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	268,933	55,012	213,921	267,579	53,785	213,794
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	168,231	0	168,231	163,852	0	163,852
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	29,852	0	29,852	29,702	0	29,702
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,199	0	2,199	2,149	0	2,149
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	243,923	49,896	194,027	246,976	49,644	197,332
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	243,923	0	7,823	246,976	0	7,620
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	1,105	0	1,105	1,099	0	1,099
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	1,276	0	1,276	1,247	0	1,247
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	19,026	3,892	15,134	19,265	3,873	15,392
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,021	0	1,021	997	0	997
T	Total fund needed	*(N+O+P+Q+R+S)*	274,174	53,787	220,387	277,204	53,516	223,688
U	Total country co-financing	*I x country co-financing per dose (cc)*	53,787			53,516		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	20.46 %			20.10 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

   a. Progress achieved in 2012

   b. HSS implementation during January – April 2013 (interim reporting)

   c. Plans for 2014

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

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2012

   b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2012 calendar year

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

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

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

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

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

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

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

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

9.1.1. Report on the use of HSS funds in **2012**

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

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

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

If yes, please indicate the amount of funding requested: **1800000** US$

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

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

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

<u>Table 9.1.3a (US)$</u>

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	1022380	1022380	1022380	1022380	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	1022500	1022500	0	1022500	0	0
Remaining funds (carry over) from previous year (*B*)	0	995329	743743	202148	587267	403442
Total Funds available during the calendar year (*C=A+B*)	1022500	2017829	743743	1224648	722665	403439
Total expenditure during the calendar year (*D*)	27171	1274085	541596	637379	319223	221139
Balance carried forward to next calendar year (*E=C-D*)	995329	743743	202148	587267	403442	182300
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1022380	1022380	1022380	1022380	1022380	1022380

	2013	2014	2015	2016
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)	182300			
Total Funds available during the calendar year (*C=A+B*)	182300			
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	1800000	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	0	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	0	0	0
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	0	0	0	0	0
Total Funds available during the calendar year (*C=A+B*)	0	0	0	0	0	0
Total expenditure during the calendar year (*D*)	0	0	0	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	0	0	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

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

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	0	0	0	0	0
Closing on 31 December	0	0	0	0	0	0

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

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

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

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

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

Activities that are county specific received funds based on planned activities and budgetary allocation through their bank accounts for implementation.

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

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

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

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

Activity 1	Develop and disseminate an integrated BPHS, which include maternal and newborn health; child health and immunizations; Nutrition; Communicable Diseases; and Health promotion and behavioural change communication.	100	BPHS document and MOHSW 2008 Annual Report available at www.mohsw.gov.lr. 100% completed in 2008 and no budgetary allocation since 2007.
Activity 2	Define the role of the community in the delivery of nutrition, integrated management of childhood illness, treatments for diarrhea diseases, malaria, pneumonia and home based care for HIV/AIDS and other basic health services.	100	Community Health Policy and Plan document and the National Health Policy and Plan 2011-2021 available at www.mohsw.gov.lr 100% completed in 2008 and no budgetary allocation since 2007.
Activity 3	Develop roles and responsibilities of identified community health workers, develop training materials and train community health workers based on integrated BPHS for community health workers.	100	Ministry of Health 2012 Annual Report
Activity 4	Establish a training Unit and define roles and responsibility of the Unit which should be composed of representatives from each health unit of the MOHSW and relevant technical partners.	100	100% completed in 2008 no budgetary allocation since 2007.
Activity 5	Develop or revise treatment protocols and guidelines, including those for health promotion and behavioural change	100	100% completed in 2008 and no budgetary allocation since 2007.
Activity 6	Develop training manuals for the integrated BPHS, including training health institutions.	100	100% completed in 2008 and no budgetary allocation since 2007.
Activity 7	Conduct monthly EPI outreach in low performing counties and districts	100	EPI Annual Report 2012
Activity 8	Conduct annual health sector review	100	Ministry of Health 2012 Annual Report & Conference Report
Activity 9	Purchase two vehicles for smooth coordination and mobility of training unit and plan for maintenance system.	100	100% completed in 2008 and no budgetary allocation since 2007.
Activity 10	Develop HR data based and update the 2009 health workforce data.	25	25% completed. Consultant hired to finalize the database by July 2013.
Activity 11	Provision of local TA to assist with developing and HR Plan and strengthening of MOHSW HR management.	100	Human Resource Policy and Plan 2011-2021 available at www.mohsw.gov.lr (HR Plan and Strategy developed and launched in 2011 and TA assisting with Unit).
Activity 12	Identify 800 CHWs based on criteria and provide operational funds to the CHWs.	100	CHVs Mapping Report
Activity 13	Develop gCHVs curricula and train gCHVs based on developed modules.	50	

Activity 14	Purchase one vehicle for smooth coordination of HR activities	100	100% completed in 2008 and no budgetary allocation since 2007.
Activity 15	Conduct sensitization meeting with gCHVs and other community focus point on case detection and reporting.	100	
Activity 16	Update county and health facility levels micro-plans	100	County Planning Report 2012
Activity 17	Plan and conduct operational research for community based services and BCC/IEC to enhance linkages of health facilities with the community for improved community participation and involvement.	100	CHVs Mapping Report
Activity 18	Develop and implement quality HMIS and database for smooth management of health information and human and financial resources of the integrated BPHS.	75	
Activity 19	Provide data management tools and conduct regular training and refresher training of key health workers on data collection, analysis, management of information and resources.	75	MOHSW 2012 Annual Report
Activity 20	Plan and establish a computerized stock management and logistics system to support the forecasting and distribution of drugs and supplies and rehabilitation of equipments.	50	
Activity 21	Establish an M&E system to monitor and evaluate the regular and appropriate use of the National Health Information and Management system.	100	Ministry of Health 2012 Annual Report
Activity 22	Purchase one vehicle to ensure smooth coordination and monitoring of the health information and management system.	100	100% completed in 2008 and no budgetary allocation since 2007.

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Objective 1: To implement BPHS with child survival	Most of the planned HSS activities were accomplished over the past 5 years (2007 -2011). Only few activities were implemented using the balance funds that were carried forward from 2011. Over 80% of health facilities are implementing the Basic Package of Health Services (BPHS). This has increased access to health services nationwide and has contributed to the improvement in health outcomes especially, MDGs 4, 5 and 6. As a result of increased access from less than 50% in 2007 (LDHS-2007) to over 60% in 2012, immunization services have improved with coverage above 80% and child mortality has reduced as documented in the WHO 2012 Statistics on MDGs progress in the AFRO Region. However, the full package of health services has not been implemented by most of these institutions and their quality of services are still poor.

Activity 3. Develop roles and responsibilities of	The Ministry reviewed and revised the Malaria, ARI and Diarrhea training modules for general Community Health volunteers (gCHV) and produced facilitators' training guide for the three diseases (ARI, Diarrhea and Malaria). In 2012, gCHVs diagnosed, treated and referred patients especially, children with fever, diarrhea, acute respiratory infections and malaria to health facilities. A total of 25,766 patients with diarrhea, ARI and malaria were treated, and 22,374 patients with severe condition were referred to health facilities by gCHVs. The introduction and training of CHWs have improved community case management of priority diseases, immunization performance and outcome.
Activity 7. Conduct monthly EPI outreach in low pe	In an effort to increase immunization coverage in low performing counties, a decision was reached at the EPI review meeting to intensify outreach activities in these counties. Technical assistances were provided by the program to help these counties improve their immunization services. At the end of the year 4 out of 5 counties achieved over 80% for Penta-3 and 3 out of 5 attained over 70% coverage for Measles.
Activity 7. Conduct monthly EPI outreach in low pe	In an effort to increase immunization coverage in low performing counties, a decision was reached at the EPI review meeting to intensify outreach activities in these counties. Technical assistance were provided by the program to help these counties improve their immunization services. At the end of the year 4 out of 5 counties achieved over 80% for Penta-3 and 3 out of 5 attained over 70% coverage for Measles.
Objective 2: To link health services with the comm	Community health workers' policy and strategy have been developed, training modules and reporting tools produced and community-based workforce identified and training in malaria, ARI and diarrhea diagnosis and treatment ongoing. CHWs identification and training have contributed greatly to health promotion, community based services delivery such, DOTS, Family Planning, management of Malaria, Diarrhea and ARI, and immunization through defaulters tracing, NIDs and outreach sessions.
Activity 12. Identify 800 gCHVs based on criteria	In 2012, a community health mapping exercise was conducted and 8,052 community-based health workers were identified. 59% of these CHWs were recruited from 2010-2013, 86% attained education above primary level and 66% are 35 years and above. 85% of CHW have been orientated on community health services, 14% were trained in Malaria diagnosis and treatment, 11% in diarrhea and 5% in ARI diagnosis and treatment respectively. Training of CHWs will improve MCH outcomes particularly, institutional delivery, family planning services, and immunization coverage.
Objective 3: To strengthen evidence-based manageme	The Ministry is gradually adopting the culture of information use for decision making as evidence by the conduct of various policies studies, the establishment of a functional HMIS and M&E Units and the regular conduct of the annual accreditation surveys and review meetings. These activities have provided evidence for decision making for the strengthening of primary health care in Liberia. The improvement in M&E and health management information system has contributed to immunization data quality.
Activity 8. Conduct annual health sector meetings	There has been regular annual health sector reviews since 2007. The annual review meetings provide the forum for assessing performance of the Ministry, planning for the next year and providing feedback to stakeholders on the use of resources and key interventions. The conference also brings together key stakeholders in the sector (e.g., development partners, donors, members of parliament, health workers, local authorities, etc) to discuss improvements, challenges and remedies. These annual meetings are supported by many donors and partners including GAVI. The 2012 review was focus on reducing maternal mortality and the assessment of the 2011-2021 National Health Plan first year of implementation.

Activity 16. Update county and health facility lev	In 2012, all counties and districts micro-plans were revised with support from WHO. The existence of micro-plans contributed to the improvement in immunization services, though few of the targets were not met. Micro-plans were used to develop county operational plans for the fiscal year, establish MCH baselines and set targets.
Activity 18. Train M&E Officers, data managers and	In 2012, a regional District Health Information System (DHIS) workshop was held in Liberia with participants from within and outside the country. The use of the software has contributed to data quality, timely reporting and the management and analysis of facility based data by the county and national levels. Also, a data use for decision making workshop was held with selected counties to increase in country capacity in data analysis and to develop the culture for data use for evidence-based budgeting and planning.

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

Most of the 2012 planned activities were not implemented due to lack of fund. There has been no disbursement to Liberia since 2010. However, activities implemented were accomplished with balance funds from previous years and from other sources. The major achievements with GAVI funds were: community health workers mapping, DHIS training, Data Use workshop, development and printing of gCHVs reporting ledgers.

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

No

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2008	2009	2010	2011	2012		
1.1 BCG	134,993 (82%)	2005	181,379 (96%)	123,464 (96%)	179,653 (92%)	165,603 (93%)	138,414 (74.9%)	167,109 (78%)	160,687 (85%)	Administrative (HMIS	Target was not achieved because of lack of funds to conduct regular outreach.
1.2 OPV3	101,278 (77%)	Same as above	148,270 (92%)	105,783 (80%)	144,714 (92%)	140,881 (99%)	108,782 (73%)	138,144 (77%)	140,377 (93%)	Same as above	
1.3 DPT3/ Penta3	114,572 (87%)	Same as above	148,270 (92%)	145,486 (92%)	144,469 (92%)	132,697 (93%)	109,675 (74%)	129,510 (78%)	141,343 (93%)	Same as above	
1.4 Measles	123,641 (94%)	Same as above	145,047 (96%)	145,047 (96%)	148,185 (95%)	136,769 (96%)	104,974 (69.9%)	120,876 (73%)	121,703 (80%)	Same as above	Target was not achieved because of lack of funds to conduct regular outreach and defaulters tracing.
1.5 Yellow Fever	116,649	Same as above	145,047 (75%)	145,047 (75%)	146,295 (93%)	134,025 (94%)	98,844 (68.3)	126,920 (71%)	118,577 (78%)	Same as above	

1.6 TT+ coverage for pregnant women	118,055 (72%)	Same as above	151,149 (80%)	151,149 (80%)	176,129 (90%)	171,457 (96%)	115,350 (63%)	148,542 (74%)	140,221 (74%)	Same as above	ANC 4th and more visits is a challenge thereby impeding progress.
1.7.1 Vit-A supplement Mothers (<6 weeks from delivery)	25%	Same as above	40%	40%	N/A	N/A	140,938 (81%)	64,729 (38%)	65,841 (35%)	Same as above	Stock out of Vitamin A at health facilities and uncoordinated Vitamin A program between Nutrition and EPI Program.
1.7 Vit-A supplement Infants (>6 months)	75%	Same as above	85%	85%	114,719 (73%)	133,087 (93%)	92,234 (63%)	98,535 (56.6%)	63,810 (42%)	Same as above	Same as 7.1.1
Penta dropout rate (Penta1 – Penta3)	6,797 (5.6%)	Same as above	6,446 (4.2%)	6,446 (4.2%)	N/A	N/A	8,324 (6%)	13,046 (10.2%)	13,347 (8.6%)	Same as above	There is a high dropout due to limited outreach sessions and lack of defaulters tracing. The MOH plans to institute defaulters tracing this year.
Fully Immunized	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	79%	Same as above	
1.8 % of counties/health facilities implementing BPHS/EPHS, which include maternal and newborn health	<40%	Health Plan 2007/2011 & BPHS Document	70%	70%	10%	34.9%	80.2%	100%	100%	MOHSW Annual Report 2012 & Health Sector Review Report 2012	
1.9 Under-five Mortality Rate	235	1999/2000 LDHS	170	170	114	114	114	114	114	Same as above	
2.1 % of primary health facilities with functional community-based delivery of operationalized integrated BPHS/EPHS	<5%	N/A	N/A	N/A	N/A	N/A	50%	N/A	75%	Estimation from Community Mapping Exercise	
2.2 % of health facilities with delivery of improved quality of integrated primary health care services at the lower level.	40%	BPHS Accreditation 2009	80%	80%	N/A	N/A	N/A	84.3%	84.3%	MOHSW 2011 Accreditation	
3.1 % of timely and complete reports received at national level from counties	<30%	2007 MOHSW Annual Report	95%	95%	50%	60%	76%	77%	82%	MOHSW Annual Report 2012 & Health Sector Review Report 2012	
3.2 % of counties implementing quality HMIS and database for smooth management of health information	0%	2007 MOHSW Annual Report	100%	100%	100%	100%	100%	100%	100%	MOHSW Annual Report 2012	

3.3 % of identified and recruited community health workers by the communities two for each health facility and provision of operational support funds to CHW	<500	Community Health Policy and Strategy	1,500	1,500	3,727	N/A	N/A	750 (50%)	3,727	Community Health Mapping Report 2012	

9.4. Programme implementation in 2012

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

The overall objective of the GAVI HSS proposal submitted by the Government of Liberia was to request GAVI support for Health Systems Strengthening (HSS) within the renewed GAVI Phase 2 commitment for 2007-2010 in line with the National Health and Social Welfare Plan 2007 – 2011 and the end of cMYP 2010.Though the National Health Plan and the cMYP have been revised after 5 year of successful implementation, the HSS is still been implemented due to delays in the disbursement of funds from GAVI. Since 2007 three disbursements have been made (2007, 2008 and 2010) and the last tranche of fund is expected in 2013. Due to delay in the 2010 disbursement, the balance funds of 2011 (approximately US$400,000) was used to implement the Community Health Workers mapping, training in data used for decision making, the hiring of a local consultant to establish the HR data base, EPI outreach sessions among others. This balance of funds was complimented by other HSS funds from USAID, WHO, Global Fund and the Health Sector Pool Fund.

The main goal of the2007 proposal is to promote the health of children and women by implementing plans to significantly reduce infant, childhood and maternal mortality and morbidity aimed at reaching the MDGs. The objectives are 1) to implement BPHS with child survival as an entry point; 2) to link health services with the community by expanding community-based workforce; and 3) to strengthen evidence-based management of primary health care service provision by managing BPHS with emphasis on community-based health services.

To implement the National Health Plan (2011-2021), key activities were identified to be delivered within the grant cycle. The main indicators for measuring progress of implementation of the HSS grants were coverage of DPT3/Penta-3, and measles.

With support from GAVI and partners immunization status of children continues to improve as evidenced by zero case of Wild Polio Virus (WPV) and the reduction in the outbreak of measles cases according to the HMIS and AFRO Polio monthly updates.

Liberia's immunization program offers five antigens to children less than one year. The antigens administered to children age 0-11 months are as follows: BCG (85%), OPV3 (93%),Penta-3 (93%), Measles (80%) and Yellow fever (78%). Immunization coverage has shown gradual increased since 2010, from less than 76% for the major antigens (BCG, OPV3,Measles and Yellow Fever) to 80% and above for three of antigens, as indicated in the graph below. This improvement in coverage has been documented in the 2012EPI coverage survey and it is expected that the ongoing LDHS will confirmed this achievement. (Please see attached 2012 MOHSW Annual Report for details.The APR EPI rates are slightly different from the 2012 annual report because the annual report covered January –November while the APR covered January–December).

Improvements in immunization coverage has contributed to the overall reduction in childhood mortality as indicated in the WHO Statistics 2012 on MDG progress.

The Community Health Services Program revised their policy and strategy including the production of reporting instrument. This revision is intended to address issues raised and embedded in the Essential Package of Health Services document and to address maternal and child health issues at the community level including defaulters tracing, diagnosis and treatment of ARI, Malaria, Diarrhea, health promotion and immunization outreach sessions.

In 2012, gCHVs diagnosed, treated and referred patients especially, children with fever,diarrhea, acute respiratory infections and malaria to health facilities. A total of 25,766 patients with diarrhea, ARI and malaria were treated, and22,374 patients with these same conditions but severe were referred to health facilities. Annex G provides diseases diagnosed and treated by gCHVs. See attached MOHSW 2012 Annual Report.

A National Health Sector Review Conference was held in July 2012 with all stakeholders to assess progress made in the health sector in over one year of implementation of the10-years Plan. The conference ended with the approval of the operational plan of FY 2012/2012 which will be assessed October this year.

M&E officers from the15 counties of Liberia were trained in data management using the District Health Information Software (DHIS-2). The DHIS-2 Academy was organized in Liberia by the West Africa Health Organization (WAHO) and University of Oslo.The training for the county M&E Officers was supported with funding from GAVI Health System Strengthening Project and WHO. The Unit also carried out integrated monitoring of health programs and project on a quarterly basis during the year. Data verification and selected projects implementation were assessed for Pool Fund implementing partners, county Health Teams and selected facilities. Findings from these verifications showed the need for rigorous follow ups of NGOs implementing health programs and health services activities including immunization reporting and documentation, and continue capacity building for the County Health Teams to strengthen oversight and improve performance on key health indicators. Improving the quality of data is critical for decision making and for prompt interventions during out breaks, low performing counties in the area of immunization among others. The training of county level staff in the DHIS software and the use of data for decision making has improved health facility based outpatient reporting to 82% in 2012. Please see attached MOHSW 2012 annual report for detailed information.

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

The only problem is the delay in the disbursement of fund by GAVI.

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

GAVI HSS funded activities are mostly monitored at the central level. However, there are M&E officers posted at the county level to monitor health sector activities within their respective counties which include GAVI HSS activities. At the county level, M&E officers are trained to collect and submit monthly report and monitor their county performance.

Programs and projects are monitor by both central and county level M&E officers and during quarterly and annual health sector review meetings/conferences each level perform are assessed.

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.

The M&E Unit serves the entire Ministry (health system). They are involve with quarterly data verification with the TB, HIV and Malaria Programs, with the Global Fund Local Funding Agency (LFA) to ensure that target are met and respond to query.The M&E team leads the performance based contracting data verification,base line establishment and target evaluation. Also, the Unit is deeply involved with the organization and implementation of the Annual Health Sector reviews. At the county level, the M&E team is responsible for data collection, management, analysis and reporting, data verification and provision of regular feedback to the health facility level.

The current indicators that are used to measure GAVI HSS performance are similar to the National Health Plan monitoring framework and the performance based health financing performance indicators (ie: Penta 3, Measles, TT 2+, Vitamin A, etc). See attached Health Sector Review Report 2012.

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

1). Regular annual health sector review with the participation of donors (DFID, USAID, EU, Irish Aide, etc), UN agencies (WHO, UNICEF, UNFPA, World Bank, UNDP, etc), NGOs partners, county health teams, private sectors among others.

2). Annual and quarterly budget performance report to the National Legislature

3). Annual Report of the Ministry of Health and Social Welfare

4). “Open Budget Initiative” by the Ministry of Finance

5). Biannual review meeting with county health teams and partners

6). HSCC, Pool Fund and ICC forum for review and decision making in the health sector

7). National M&E Policy and Strategy with performance matrix

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

The Ministry of Health and Social Welfare is the only implementer of the GAVI HSS grant. Participation of key stakeholder is at the steering and technical committee levels. However, there will be active participation of the private health sector in the implementation of the new HSS grant. Their involvement will include provision of immunization services under a performance based arrangement.

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

There is limited participation of civil society involvement in the implementation of the GAVI grant. They are only part of the health sector committee and immunization coordination committee. However, the new HSS grant involves the participation of the private sector (civil society)in the implementation of performance based financing of immunization services.

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

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

- The management of GAVI HSS fund is effective and there is no hindrance in accessing funds.
- To access fund, requesting Unit do not need an external level of approval like other grants. Once the annual work plan is approved by the department heads, and is align with the department work plan it usually gets approved. However, the new approach that will be used in 2013 and onward is to acquire HSCC approval of annual work plan and provide periodic update on implementation status.
- The GAVI HSS fund is managed by the office of financial management (OFM) like other projects funds received by the Ministry.
- There are clear procedures in place to access fund.Request for fund to implement an activity is generated by the Director of the Unit that has the mandate to deliver on such activity and approve by two Deputy Ministers (1. Deputy for Planning and 2. Deputy for Health Services) who have oversight responsibilities. When request are approved by any of these Deputy Ministers, it is forwarded to the office of financial management for release.The OFM is headed by the Deputy Minister for Administration.
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9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2013 actual expenditure** (as at April 2013)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Activity 1	Develop and disseminate an integrated BPHS, which include maternal and newborn health; child health and immunizations; Nutrition; Communicable Diseases; and Health promotion and behavioural change communication	0	0	Activity completed and no funds required.	N/A	0
Activity 2	Define the role of the community in the delivery of nutrition, integrated management of childhood illness, treatments for diarrhea diseases, malaria, pneumonia and home based care for HIV/AIDS and other basic health services.	0	0	Activity completed and no funds required.	N/A	0

Activity 3	Develop roles and responsibilities of identified community health workers, develop training materials and train community health workers based on integrated BPHS for community health workers.	50000	0	N/A	N/A	0
Activity 4	Establish a training Unit and define roles and responsibility of the Unit which should be composed of representatives from each health unit of the MOHSW and relevant technical partners.	0	0	Activity completed and no funds required.	N/A	0
Activity 5	Develop or revise treatment protocols and guidelines, including those for health promotion and behavioural change	10000	0	N/A	N/A	0
Activity 6	Develop training manuals for the integrated BPHS, including training health institutions.	0	0	Activity completed and no funds required.	N/A	0
Activity 7	Plan and implement outreach sessions using the defined integrated BPHS for outreach activity, while ensuring quality of services and impact.	112000	0	N/A	N/A	0
Activity 8	Conduct annual health sector review conference	15000	0	N/A	N/A	0
Activity 9	Purchase two vehicles for smooth coordination and mobility of training unit and plan for maintenance system.	0	0	Activity completed and no funds required.	N/A	0

Activity 10	Train HR officers in the use of established HR database	15000	0	N/A	N/A	0
Activity 11	Recruit Technical Assistance (TA) to finalize HR database	15000	0	N/A	N/A	0
Activity 12	Identify and select 800 CHWs, two for each health facility, by the community using given criteria and provision of operational support fund to the CHWs.	250000	0	N/A	N/A	0
Activity 13	Standardize curricula of CHW, develop skill competency testing train new CHWs and increase the skills of existing CHWs in implementing specific interventions within the BPHS.	50000	0	N/A	N/A	0
Activity 14	Purchase one vehicle for smooth coordination of HR activities.	0	0	Activity completed and no funds required	N/A	0
Activity 15	Establish linkages between communities and formal health by defining and putting in place community based surveillance and information system.	30000	0	N/A	N/A	0
Activity 16	Update district and county micro plans	30000	0	N/A	N/A	0
Activity 17	Plan and conduct operational research for community based services and BCC/IEC to enhance linkages of health facilities with the community for improved community participation and involvement.	30000	0	N/A	N/A	0

Activity 18	Develop and implement quality HMIS and database for smooth management of health information and human and financial resources of the integrated BPHS.	190000	0	N/A	N/A	0
Activity 19	Provide data management tools and conduct regular training and refresher training of key health workers on data collection, analysis, management of information and resources.	50000	0	N/A	N/A	0
Activity 20	Plan and establish a computerized stock management and logistics system to support the forecasting and distribution of drugs and supplies and rehabilitation of equipments.	30000	0	N/A	N/A	0
Activity 21	Establish an M&E system to monitor and evaluate the regular and appropriate use of the National Health Information and Management system.	30000		N/A	N/A	0
Activity 22	Purchase one vehicle to ensure smooth coordination and monitoring of the health information and management system.	0		Activity completed and no funds required.	N/A	0
	Management cost	90000	0	N/A	N/A	0
Technical Support	Technical Support	25380	0	N/A	N/A	0
		1022380	0			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Activity 1.1.1	Establish biomedical technology workshops at central and in 2 regions	0	No Budget for year 2	N/A	N/A
Activity 1.1.2	Procure 100 motorbikes for integrated outreach services	236900		N/A	N/A
Activity 1.1.3	Provide monthly performance base incentives for essential MCH (e.g., immunization, deliveries, FP, etc) interventions in 50 private health facilities	75000		N/A	N/A
Activity 1.1.4	Provide monthly performance base incentives for essential MCH (e.g., immunization, deliveries, FP, etc) interventions in 50 private health facilities	90000		N/A	N/A
Activity 1.1.5	Re-produce 50,000 home based cards and 50,000 road to health cards	0	No Budget for year	N/A	N/A
Activity 1.1.6	Re-produce 75,000 TT cards	0	No Budget for year	N/A	N/A
Activity 1.1.7	Train 4 Pediatricians	0	No Budget for year	N/A	N/A
Activity 1.2.1	Re- produce visibility and identification materials (e.g., CHV badge, Jacket and bag) for 1,450 gCHVs	0	No Budget	N/A	N/A
Activity 1.2.2	Train 1,450 CHVs in RED and REP Strategies	0	No Budget	N/A	N/A

Activity 1.3.1	Procure equipment and supplies for implementing infection control	20382		N/A	N/A
Activity 1.3.2	Conduct annual clinical audits in 28 hospitals nationwide	18604		N/A	N/A
Activity 1.3.3	Train 1,000 clinical staff in infection prevention and control systems in line with SOP	41207		N/A	N/A
Activity 1.3.4	Conduct annual quality assurance and health facilities accreditation assessments in all health facilities	218517		N/A	N/A
Activity 2.1.1	Undertake quarterly supportive supervision	31425		N/A	N/A
Activity 2.1.2	Conduct refresher training 50 M&E and 75 County Health Team staff in M&E and Research	0	No Budget for year 2	N/A	N/A
Activity 2.1.3	Conduct EPI coverage survey	0	No Budget for year 2	N/A	N/A
Activity 2.1.4	Conduct quarterly on-site data verification and validation	51000		N/A	N/A
Activity 2.1.5	Conduct semi-annual programs reviews	70535		N/A	N/A
Activity 2.1.6	Conduct review of Essential Package of Health Services 3yrs of implementation	0	No Budget for year 2	N/A	N/A
Activity 2.1.7	Conduct annual data quality audit (DQA) in compliance with national guidelines.	12750		N/A	N/A
Activity 2.1.8	Finalize, print and disseminate research agenda and guidelines	0	No Budget for year 2	N/A	N/A

Activity 2.1.9	Re-produce registers (e.g., ANC, Deliveries, PNC, etc) for all health facilities	0	No Budget for year 2	N/A	N/A
Activity 2.1.10	Train 1,000 health workers in data analysis and reporting	0	No Budget for year 2	N/A	N/A
Activity 2.1.11	Contribute to annual health conference	53500		N/A	N/A
Activity 3.1.1	Conduct refresher trainings on planning, budgeting and financial management for 100 County Accountants and Administrators	0	No Budget for year 2	N/A	N/A
Activity 3.1.2	Undertake annual financial assessment to the counties	4980		N/A	N/A
Activity 3.1.3	Conduct annual GAVI financial audits	35000		N/A	N/A
Activity 4.1.1	Conduct training for 75 health facilities managers on PBC concept and SOPs	0	No Budget for year 2	N/A	N/A
Activity 4.1.2	Recruit TAs for health system strengthening	96000		N/A	N/A
Activity 4.1.3	Procure 32 desktop computers, 32 laptops and 32 printers and 1 photocopier for county and central levels reporting	0	No Budget for year 2	N/A	N/A
Activity 4.1.4	Procure 8 vehicles for central level monitoring and supervision	237600		N/A	N/A
Activity 4.1.5	Procure 15 motorcycles for county level M&E staff	0	No Budget for year 2	N/A	N/A
Activity 4.1.6	Conduct regular maintenance and repairs of vehicles	52000		N/A	N/A
Activity 4.2.1	Procure 20 high frequency based radios for selected hard to reach health facilities	0	No Budget for year 2	N/A	N/A

Activity 4.2.2	Procure 20 solar panels for selected hard to reach health facilities	0	No Budget for year 2	N/A	N/A
Activity 4.2.3	Procure 15 vehicles for county outreach services	0	No Budget for year 2	N/A	N/A
Activity 4.2.4	Procure 2 refrigerated trucks for vaccine distribution	129600		N/A	N/A
Activity 4.2.5	Procure 10 solar refrigerators for private health providers	0		N/A	N/A
Activity 4.2.6	Procure 150 vaccine cold boxes for both private and public health providers	0		N/A	N/A
Activity 4.2.7	Construct dry store at national level to improve cold chain	250000		N/A	N/A
Activity 4.2.8	Construct 2 regional cold stores for vaccine management	0	No Budget for year 2	N/A	N/A
	Management support cost	75000		N/A	N/A
		1800000			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
European Union	74000000	2012- 2016	EU funds are expected to support the implementation of the National Health Plan with special focus on MDG-5 using Sector Budget Support and performance based health financing for NGOs to implement the Essential Package of Health Services.

Global Fund	12000000	2010 - 2016	• Provides salary payment for project staff-contract employees and top-up incentives for health workers (e.g., Medical doctors assigned in counties, county and central levels M&E officers and project staff for HIV, Malaria and TB programs, 15 health service administrators, IT staff, supply chain, etc). Supports data verifications and validation exercise for the three programs (Malaria, HIV and TB). Procure drugs and medical supplies related to the 3 diseases (HIV, Malaria and Tuberculosis)
Health Sector Pool Fund (Irish Aid, DFID, SWISS, UNICEF, etc)	10000000	Continues	• Provides Essential drugs for over 134 health facilities supported by the health sector pool fund. Supports M&E related activities. Provides salaries and operation cost for OFM.
USAID	30000000	2008- 2015	• Provides scholarships for midwives and lab technicians in 3 counties (Bong, Nimba, Lofa) and • Supports pre-service training institutions in Bong and Lofa counties. • Supports supervision, data verifications and validation exercises under the performance based health financing (PBF) scheme. • Provides monthly incentive for contract employees assigned at central MOHSW and health facilities supported by the USAID. • Procure drugs and medical supplies for supported health facilities and strengthen the capacity of the National Drug Services.
World Health Organization (WHO)	250000	2012 - 2013	Provides fund local and external fellowships, provision of stationery and office supplies including computers, printing and publications policy documents. Provides funds through the EU Policy Dialogue project for health financing activities, capacity development in planning and budgeting, M&E and Health Information System.

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Health Sector Fiscal Year 2011-2012 Review Report	Draft report is circulated to senior staff within the Ministry for validation before it is published.	
M&E Quarterly Data Verification exercises	By receiving feedback from CHTs and Officers –In-Charge of health facilities.	

Ministry of Health and Social Welfare Annual Report 2012	Meeting with all program managers, directors, Assistant and Deputy Ministers to validate and endorse the 2012 MOHSW Annual Report.	
National Health Review Conference Report	This report is usually circulated among partners for inputs before it is finalized.	

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.

The only problem is the frequent unavailability or poor access to the online portal for report development.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?3

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report **(Document Number: 6)**
2. The latest Health Sector Review report **(Document Number: 22)**

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

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

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

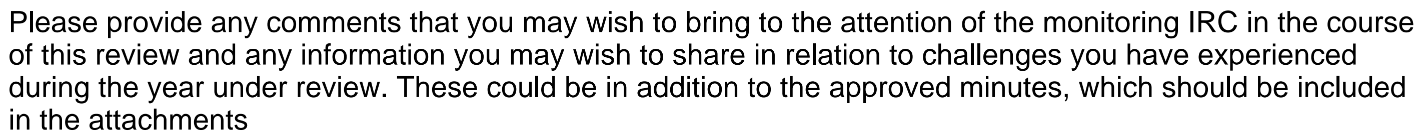
Liberia is not reporting on GAVI TYPE A CSO support for 2012

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

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

Liberia is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs



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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✔	2012 APR Signature sheet final.pdf File desc: Date/time: 6/12/2013 3:36:35 AM Size: 246982
2	Signature of Minister of Finance (or delegated authority)	2.1	✔	2012 APR Signature sheet final.pdf File desc: Date/time: 6/12/2013 3:36:46 AM Size: 246982
3	Signatures of members of ICC	2.2	✔	2012 APR Signature Sheets.doc File desc: Date/time: 5/15/2013 7:27:53 PM Size: 1562112
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✔	Draft HSCC Meeting Minutes .doc File desc: Date/time: 5/15/2013 1:59:34 PM Size: 401920
5	Signatures of members of HSCC	2.3	✘	2012 APR Signature Sheets.doc File desc: Date/time: 5/15/2013 7:30:42 PM Size: 1562112
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✔	Draft HSCC Meeting Minutes .doc File desc: Liberia cc meeting to endorse GAVI 2012 APR. Date/time: 5/15/2013 1:49:33 PM Size: 401920
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✘	GAVI-ISS Financial Statement.pdf File desc: Date/time: 4/15/2013 7:30:06 AM Size: 467460
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✘	GAVI REPORT.pdf File desc: GAVI ISS audit report 2012 Date/time: 5/13/2013 10:33:33 AM Size: 4306639
9	Post Introduction Evaluation Report	7.2.2	✔	Liberia_EVM_Report_D3-02072011.pdf File desc: Date/time: 5/15/2013 8:16:51 PM Size: 3504365
				GAVI HSS_Financial_Audit 2011.pdf

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✔	File desc: Date/time: 5/15/2013 8:16:51 PM Size: 5651886
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✔	GAVI HSS_Financial_Audit 2011.pdf File desc: Date/time: 5/15/2013 8:16:51 PM Size: 5651886
12	Latest EVSM/VMA/EVM report	7.5	✔	Liberia_EVM_Report_D3-02072011.pdf File desc: Date/time: 4/15/2013 5:13:10 PM Size: 3504365
13	Latest EVSM/VMA/EVM improvement plan	7.5	✔	National EVM-Improvement-Plan-Liberia-D1-April-26-2011.xls File desc: Date/time: 4/15/2013 5:13:10 PM Size: 203776
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✔	National EVM-Improvement-Plan-Implementation Status.xls File desc: Date/time: 5/12/2013 5:41:56 AM Size: 204288
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	Liberia audit report and review letter_Feb.2013.pdf File desc: Date/time: 5/15/2013 8:16:51 PM Size: 66801
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	GAVI HSS_Financial_Audit 2011.pdf File desc: Date/time: 5/15/2013 8:16:51 PM Size: 5651886
17	Valid cMYP if requesting extension of support	7.8	✗	National EVM-Improvement-Plan-Liberia-D1-April-26-2011.xls File desc: Date/time: 5/15/2013 8:16:51 PM Size: 203776
18	Valid cMYP costing tool if requesting extension of support	7.8	✔	National EVM-Improvement-Plan-Liberia-D1-April-26-2011.xls File desc: Date/time: 5/15/2013 8:16:51 PM

				Size: 203776
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	×	GAVI-HSS_financial Statement.pdf File desc: Date/time: 4/15/2013 7:32:17 AM Size: 496933
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	×	GAVI-ISS Financial Statement.pdf File desc: Date/time: 5/15/2013 8:19:03 PM Size: 467460
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	×	GAVI HSS_Financial_Audit 2011.pdf File desc: Date/time: 5/13/2013 11:14:32 AM Size: 5651886
22	HSS Health Sector review report	9.9.3	×	2012 Health Sector Annual Review Report.pdf File desc: Date/time: 4/15/2013 12:48:33 PM Size: 3507934
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	GAVI-ISS Financial Statement.pdf File desc: Date/time: 5/15/2013 8:20:09 PM Size: 467460