Annual Progress Report 2009

Submitted by

The Government of

[***SIERRA LEONE***]

Reporting on year: **2009**

Requesting for support year: **2011**

Date of submission: ……

Deadline for submission: 15 May 2010

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Note: *Before starting filling out this form get as reference documents the electronic copy of the APR and any new application for GAVI support which were submitted the previous year.*

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION
The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 language of the arbitration will be English.
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.*

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

By signing this page, the Government hereby attest 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 page 2 of this Annual Progress Report (APR).

For the Government of [*Name of Country*]……..……

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

Minister of Health (or delegated authority):

Title: ……

Signature: ……

Date: ……

Minister of Finance (or delegated authority):

Title: ……

Signature: ……

Date: ……

This report has been compiled by:

Full name . **Rev. Dr. Thomas T. Samba** Position.. **Child Health/EPI Manager** Telephone.. **+232 33/30/76 662 162** E-mail.... **ttsamba@yahoo.com**	Full name .**Dr. Fussum Daniel** Position...**WHO EPI Team Leader** Telephone...**+232 76 637 690** E-mail...danielf@sl.afro.who.int.
Full name .**Dr. Nuhu Maksha** Position.....**Immunisation Specialist** Telephone.... **+232 76 901 211**..... E-mail...nmaksha@unicef.org.....	Full name ..... Position..... Telephone..... E-mail.....

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the immunisation Inter-Agency Co-ordinating 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.

The GAVI Alliance Transparency and Accountability Policy 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.

Name/Title	Agency/Organisation	Signature	Date

ICC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

.....

.....

Comments from the Regional Working Group:

.....

.....

.....

HSCC Signatures Page

If the country is reporting on HSS

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), …… *[insert name]* 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/Organisation	Signature	Date

HSCC may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

Comments from partners:

.....

.....

Comments from the Regional Working Group:

.....

.....

.....

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

This report on the GAVI Alliance CSO Support has been completed by:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name of committee) endorse this report on the GAVI Alliance CSO Support.

Name/Title	Agency/Organisation	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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List of supporting documents attached to this APR

1. *Expand the list as appropriate;*
2. *List the documents in sequential number;*
3. *Copy the document number in the relevant section of the APR*

Document N°	Title	APR Section
	Calculation of ***[Country's]*** ISS-NVS support for 2011 *(Annex 1)*	1.1; 2.4; 3.7
	Minutes of all the ICC meetings held in 2009	1.5
	Financial statement for the use of ISS funds in the 2009 calendar year	2.3
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1. General Programme Management Component

1.1 *Updated baseline and annual targets (fill in Table 1 in Annex1-excell)*

The numbers for 2009 in Table 1 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2009.** The numbers for 2010-15 in Table 1 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 the space below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

*Provide justification for any changes **in births**:*

There is no change in the number of births

*Provide justification for any changes **in surviving infants**:*

There is no change in the number of surviving infants as reported in the APR 2008.

*Provide justification for any changes **in Targets by vaccine**:*

The targets for vaccines remains the same as outlined in the cMYP

*Provide justification for any changes **in Wastage by vaccine**:*

The wastage rates remain the same as in the cMYP

1.2 *Immunisation achievements in 2009*

Please comment on the achievements of immunisation programme against targets (as stated in last year's APR), the key major activities conducted and the challenges faced in 2009 and how these were addressed:

There is improvement in the administrative immunization coverage for all antigens based on the targets set for the different antigens.

Major Activities

- ***Conduct regular outreach services***
- ***Conduct monthly/quarterly monitoring and supervision of integrated Programme implementation***
- ***Conduct regular data analysis for action at all levels***
- ***Conduct National bi-annual programme reviews/ assessments, and monthly district meetings***
- ***Develop joint plan with malaria programme***
- ***Distribute bed nets with routine immunisation***
- ***Monitor AFP surveillance database and district reporting***
- ***Conduct measles follow up and Yellow Fever Preventive campaigns in 2009***
- ***Include Vitamin A and de-worming in measles SIA***
- ***Conduct TT immunization in schools***
- ***Sensitize politicians and opinion leaders***
- ***Expand ICC membership to include other partners for better integration***
- ***Active surveillance in every districts***
- ***Monitor active sites***
- ***Sensitize and orientate community health agents including traditional healers***
- ***Procure vehicles, motor bikes, bicycles, boats office equipment and other capital equipment for EPI activities***
- ***Ensure road worthiness of vehicles and motor bikes; and maintenance other capital***

equipment
- ***Repair faulty cold chain equipment***
- ***Procure cold chain equipment and spare parts***
- ***Create a specific budget line in MOHS for vaccines purchase***
- ***Support international training for EPI national staff***
- ***Conduct training on vaccinology***
- ***Support study tours and conferences for EPI staff***

Problems related to multiyear plan.
- *Inadequate transport*
- *Limited support to social mobilization activities*
- *Limited human resource capacity*
-
- *Cold chain maintenance at health facility level*
- *Inadequate funding*

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

Targets were reached based on administrative data

1.3 *Data assessments*

1.3.1 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)[1].

Coverage survey was only done for supplemental immunisation activities (yellow fever and measles)
YF (Jan in Bo): Admin (87%) Survey (card 78%), (History 89.9%)
YF (June in South East): Admin (103.8%) Survey (card 87.2%), (History 96.5%)
YF (Nov in North West): Admin (97.7%) Survey (card 71.5%), (History 83.4%)
Measles: Admin (100.7%) Survey (card 66.4%), (History 83.8%)

WHO/UNICEF estimate is usually lower than administrative data. However, the national EPI programme is in the process of establishing an effective data management system.

1.3.2 Have any assessments of administrative data systems been conducted from 2008 to the present? [**YES**]. If YES:

Please describe the assessment(s) and when they took place.

Data Quality Self Assessment was done in eight districts in September and December 2009.
Results not yet available

1.3.3 Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- ***Procurement of desktop computers for district operation officers***
- ***Updated data collection and reporting forms***
- ***Staff trained on HMIS***

1.3.4 Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- ***Establishment of effective data transmission mechanism through networking.***
- ***Recruitment, training and equipping of EPI data manager***

[1] *Please note that the WHO UNICEF estimates for 2009 will only be available in July 2010 and can have retrospective changes on the time series*

1.4 *Overall Expenditures and Financing for Immunisation*

The purpose of Table 2 is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Table 2: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$.

Expenditures by Category	**Expenditure Year 2009**	**Budgeted Year 2010**	**Budgeted Year 2011**
Traditional Vaccines[2]	251,520	262,794	269,101
New Vaccines	2,621,064	3,905,910	3,999,652
Injection supplies with AD syringes	60,000.	119,465	122,332
Injection supply with syringes other than Ads	40,000	NA*	NA*
Cold Chain equipment	65,000	415,527	278,482
Operational costs	2,838,393	667,026	733,729
Other (please specify ,) Supplemental Immunisation Activities(Y/F, Measles, NIDs & MCHW)	5,776,031	2,446,548	2,661,082
Total EPI	**11,652,008**	**7,817,250**	**8,064,378**
Total Government Health	**20,686,315**	**40,657,895**	**47,184,211**

:Re-use preventable syringes in use instead of other than AD syringes and therefore captured under AD

Exchange rate used	**3,000**

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

1.5 *Interagency Coordinating Committee (ICC)*

How many times did the ICC meet in 2009? .....Once.....
Please attach the minutes **(Document N°.....)** from all the ICC meetings held in 2009, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on items 1.1 through 1.4

ICC meeting of the 11/03/09

- Endorsement of the introduction plan for PCV 10
- Validation of the Basic Package of Essential Health Services and RCH to commence supervision
- Adoption of the RED strategy for implementation in Sierra Leone

ICC meeting of the 13/05/10

- The provision of incinerators for health facilities
- Setting aside special funds for clearance for vaccines
- Advocacy to the President to launch the Maternal and Child Week implementation in May

[2] *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.*

Are any Civil Society Organisations members of the ICC ?: **[Yes /** No **].** If yes, which ones?

List CSO member organisations:
Civil Society Coalition for Health

1.6 *Priority actions in 2010-2011*

What are the country's main objectives and priority actions for its EPI programme for 2010-2011? Are they linked with cMYP?

MAIN OBJECTIVES

- ***By 2010, Pneumococcal vaccine would have been introduced in all 13 districts***
- ***By 2011, all 13 districts would have achieved Penta3 and Pneumo3 coverage of at least 80%.***
- ***By 2011, dropout rate would have been reduced from 15% to 10% and below.***

PRIORITY ACTIONS

- ***Intensify RED approach to include RCH components***
- ***Introduction of PVC 10 into routine services***
- ***Conduct Supplemental Immunization Activities***
- ***Conduct EPI coverage survey***
- ***Focus on reaching the unimmunized children***
- ***Expand EPI cold chain***
- ***Installation of additional incinerators***

2. Immunisation Services Support (ISS)

1.1 *Report on the use of ISS funds in 2009*

Funds received during 2009: US$...**NONE.**.....
Remaining funds (carry over) from 2008: US$.....**516,563.48**.....
Balance carried over to 2010: US$...**152,631.33**.....

Please report on major activities conducted to strengthen immunisation using ISS funds in 2009.

- ***Generator serving EPI activities in 13 districts***
- ***Vehicle maintenance***
- ***Maintenance of refrigerators***
- ***Administrative cost***
- ***Staff training***
- ***Programme reviews***
- ***Outreach***
- ***National level supportive supervision***
- ***District level supportive supervision***
- ***Fuel for distribution of vaccines***
- ***Fuel for EPI cold room in 13 districts***
- ***Fuel for national level generator***
- ***Expansion of EPI cold room***
- ***Procurement of 21KVA generator for Koinadugu district***
- ***Procurement of 17 desktop computers***
- ***Procurement of one 4WD Hilux vehicle***
- ***Procurement of one LCD projector***
- ***Vaccine clearing***

1.2 *Management of ISS Funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2009 calendar year? **[** IF YES**] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds.

Issues on administrative data not in line with Joint WHO/UNICEF best estimate which has prevented the country from qualifying from reward for ISS; EPI coverage survey and Data quality surveys will be conducted to further provide a clearer status of coverage in the country.

Part B: 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.

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.

The programme develops annual operational plans based on priorities. In the plans, columns exist for funding source (s) and any gaps. GAVI ISS funds are reflected in the national health sector plan and budget.

ISS funds are operated using a commercial banking system.

Budget for utilization of ISS funds is prepared by the Technical Committee of the EPI (MoHS, WHO & UNICEF). The budget is presented to the ICC by the EPI Programme manager for their review, clarifications and approval.
ISS funds are sent to the sub-levels using the follow channels:

- ***Direct supply of commodities (e.g. fuel sheets, spare parts, equipment etc)***
- ***District Health Management Teams sign and collect funds from the programme finance officer for district based activities (e.g. Outreach Allowance, trainings, support for supervision, etc)***

1.3 *Detailed expenditure of ISS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of ISS funds during the 2009 calendar year **(See Table 1).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.
External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your ISS programme during your government's most recent fiscal year, this must also be attached **(See Table 2)**.

1.4 *Request for ISS reward*

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the previous high), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year.

If you may be eligible for ISS reward based on DTP3 achievements in 2009 immunisation programme, estimate the $ amount by filling Table 3 in Annex 1.[3]

[3] The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available.

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

3.1 *Receipt of new & under-used vaccines for 2009 vaccination programme*

Did you receive the approved amount of vaccine doses that GAVI communicated to you in its decision letter (DL)? Fill Table 4.

Table 4: Vaccines received for 2009 vaccinations against approvals for 2009

	[A]		[B]	
Vaccine Type	**Total doses for 2009 in DL**	**Date of DL**	**Total doses received by end 2009 ***	**Total doses of postponed deliveries in 2010**
Yellow Fever	**211300**	**10/03/09 and 07/07/09**	**211300**	**0**
Pentavalent	**674999**	**31/03/09, 15/12/09 and 22/12/09**	**674999**	**0**

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

If numbers [A] and [B] are different,

What are the main problems encountered? *(Lower vaccine utilisation than anticipated? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date?...)*	• ***Lower vaccine utilisation than anticipated***
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 SD)	• ***Postponement of vaccine delivery date to avoid overstocking***.

3.2 *Introduction of a New Vaccine in 2009*

3.2.1 If you have been approved by GAVI to introduce a new vaccine in 2009, please refer to the vaccine introduction plan in the proposal approved and report on achievements.

Vaccine introduced:	.....**NONE**.....
Phased introduction [YES / NO]	Date of introduction .....
Nationwide introduction [YES / NO]	Date of introduction .....
The time and scale of introduction was as planned in the proposal? If not, why?	•

3.2.2 Use of new vaccines introduction grant (or lumpsum)

Funds of Vaccines Introduction Grant received:	US$	Receipt date:

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.

NA

Please describe any problems encountered in the implementation of the planned activities:

NA

Is there a balance of the introduction grant that will be carried forward? [YES] [NO]
If YES, how much? US$.....

Please describe the activities that will be undertaken with the balance of funds:

NA

3.2.3 Detailed expenditure of New Vaccines Introduction Grant funds during the 2009 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

3.3 *Report on country co-financing in 2009 (if applicable)*

Table 5: Four questions on country co-financing in 2009

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in 2009	Actual Payments Date in 2009	Proposed Payment Date for 2010
	(month/year)	(day/month)	
1st Awarded Vaccine (specify) **Yellow fever**	***June 2009***	***December 2009***	***June 2010***
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: Actual co-financed amounts and doses?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (specify) **Yellow fever**	***55,000***	***56,000***
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Sources of funding for co-financing?	
1. Government	***YES***
2. Donor (specify)	
3. Other (specify)	

Q. 4: What factors have accelerated, slowed or hindered mobilisation of resources for vaccine co-financing?
1. Poor understanding of the concept of co-funding by the politicians led to delay in the release of funds.
2. Sustained advocacy and follow up eventually led to accelerated release of co-funding
3.
4.

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/resources/9___Co_Financing_Default_Policy.pdf

The country is not in default.

3.4 *Effective Vaccine Store Management/Vaccine Management Assessment*

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[**12/2007**]*

If conducted in 2008/2009, please attach the report. (**Document N°**.....)
An EVSM/VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.
Was an action plan prepared following the EVSM/VMA? *[**YES**]*

If yes, please summarise main activities to address the EVSM/VMA recommendations and their implementation status.

RECOMMENDATIONS OF VMA

- *Plan and implement a periodic (regular) supportive supervision on vaccine and cold chain management* - **Ongoing**
- *Provide adequate thermometers to cold stores* - **Done**
- *Provide temperature monitoring charts to cold stores* - **Done**
- *Provide cabinets for documentation storage* – **To be done in 2010**
- *Provide freeze indicators (for the storage and transportation of freeze sensitive vaccines)* - **Done**
- *Provide voltage regulators for refrigerators and freezers* - **Done**
- *Provide where necessary vaccines carriers and cold boxes (to comply with the national equipment policy)* - **Done**
- *Rehabilitate/build a new primary store to accommodate adequately the vaccine* – **Done (Central)**
- *Provide updated recording documents (ledger books) for vaccines, diluents and injection materials* - **Done**
- *Install and use the computerized stock management tool (SMT) at central level* – **In use**
- *Regular report and feedback on vaccine management during the integrated EPI/surveillance quarterly review meetings* - **Done**
- *Provide a desk top for the management of vaccines at central cold store* - **Done**

When is the next EVSM/VMA* planned? *[**11/2011**]*

*All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.

3.5 *Change of vaccine presentation*

If you would prefer during 2011 to receive a vaccine presentation which differs from what you are currently being supplied (for instance, the number of doses per vial; from one form (liquid/lyophilised) to the other; ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation:

No change

Please attach the minutes of the ICC meeting **(Document N°.....)** that has endorsed the requested change.

3.6 *Renewal of multi-year vaccines support for those countries whose current support is ending in 2010*

If 2010 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2011 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for *.....[vaccine type(s)]* vaccine for the years 2011-*.....[end year].* At the same time it commits itself to co-finance the procurement of *.....[vaccine type(s)]* vaccine in accordance with the minimum GAVI co-financing levels as summarised in Annex 1.

The multi-year extension of *.....[vaccine type(s)]* vaccine support is in line with the new cMYP for the years ..... *[1st and last year]* which is attached to this APR **(Document N°.....).**

The country ICC has endorsed this request for extended support of *.....[vaccine type(s)]* vaccine at the ICC meeting whose minutes are attached to this APR. **(Document N°.....)**

3.7 Request for continued support for vaccines for 2011 vaccination programme

In order to request NVS support for 2011 vaccination do the following:

1. Go to Annex 1 (excel file)
2. Select the sheet corresponding to the vaccines requested for GAVI support in 2011 (e.g. Table4.1 HepB & Hib; Table4.2 YF etc)
3. Fill in the specifications of those requested vaccines in the first table on the top of the sheet (e.g. Table 4.1.1 Specifications for HepB & Hib; Table 4.2.1 Specifications for YF etc)
4. View the support to be provided by GAVI and co-financed by the country which is automatically calculated in the two tables below (e.g. Tables 4.1.2. and 4.1.3. for HepB & Hib; Tables 4.2.2. and 4.2.3. for YF etc)
5. Confirm here below that your request for 2011 vaccines support is as per Annex 1:

[YES, I confirm**]** ***/*** **[NO**, I don't**]**

If you don't confirm, please explain:
I confirm

4. Injection Safety Support (INS)

In this section the country should report about the three-year GAVI support of injection safety material for routine immunisation. In this section the country should not report on the injection safety material that is received bundled with new vaccines funded by GAVI.

4.1 *Receipt of injection safety support in 2009 (for relevant countries)*

Are you receiving Injection Safety support in cash *[**NO**]* or supplies *[**YES**]* ?

If INS supplies are received, please report on receipt of injection safety support provided by the GAVI Alliance during 2009 (add rows as applicable).

Table 7: Received Injection Safety Material in 2009

Injection Safety Material	Quantity	Date received
AD Syringes 0.5 ml for Pentavalent	**674999**	**24/04/09**
AD Syringes 0.5 ml for Yellow fever	**211300**	**05/08/09**
Mixing syringes (RUP) 5 ml & 2 ml	**295,200(5ml) 14,000(2ml)**	**29/09/09**
Safety boxes	**Yet to be cleared from port.**	**??**

Please report on any problems encountered:

Delay in clearance of injection safety materials from the port.

4.2 *Progress of transition plan for safe injections and management of sharps waste.*

Even if you have not received injection safety support in 2009 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report what types of syringes are used and the funding sources:

Table 8: Funding sources of Injection Safety material in 2009

Vaccine	Types of syringe used in 2009 routine EPI	Funding sources of 2009
BCG	AD Syringes 0.05 ml	GoSL/UNICEF
Measles	AD Syringes 0.5 ml	GoSL/UNICEF
TT	AD Syringes 0.5 ml	GoSL/UNICEF
DTP-containing vaccine	AD Syringes 0.5 ml	GAVI
Yellow fever	AD Syringes 0.5 ml	GAVI/GoSL

Please report how sharps waste is being disposed of:

Injection wastes including sharps are disposed of through:

- ***Collection in safety boxes***
- ***Burning of injection waste in incinerators in health facilities that have incinerators.***
- ***Burning and burying in health facilities that do not have incinerators as yet.***

Does the country have an injection safety policy/plan? [**YES**]
If YES: Have you encountered any problem during the implementation of the transitional plan for safe injection and sharps waste? (Please report in box below)
IF NO: Are there plans to have one? (Please report in box below)

- ***Lack of funds to implement the plan.***
- ***Problems of identifying sources of standard (de-montfort) incinerators.***

4.3 *Statement on use of GAVI Alliance injection safety support in 2009 (if received in the form of a cash contribution)*

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Fund from GAVI received in 2009 (US$): .....**NONE**.....
Amount spent in 2009 (US$):.....
Balance carried over to 2010 (US$):.....

Table 9: Expenditure for 2009 activities

2009 activities for Injection Safety financed with GAVI support	Expenditure in US$
Total	

If a balance has been left, list below the activities that will be financed in 2010:

Table 10: Planned activities and budget for 2010

Planned 2010 activities for Injection Safety financed with the balance of 2009 GAVI support	Budget in US$
Total	

5. Health System Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. This section **only needs to be completed by those countries that have been approved and received funding for their HSS application before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year this section can be used as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
2. All countries are expected to report on GAVI HSS on the basis of the January to December calendar year. In instances when countries received funds late in 2009, or experienced other types of delays that limited implementation in 2009, these countries are encouraged to provide interim reporting on HSS implementation during the 1 January to 30 April period. This additional reporting should be provided in Table 13.
3. HSS reports should be received by 15th May 2010.
4. It is very important to fill in this reporting template thoroughly and accurately and to ensure that, **prior to its submission to the GAVI Alliance, this report has been verified by the relevant country coordination mechanisms** (HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead the Independent Review Committee (IRC) either to send the APR back to the country (and this may cause delays in the release of further HSS funds), or to recommend against the release of further HSS funds or only 50% of next tranche.
5. Please use additional space than that provided in this reporting template, as necessary.
6. Please attach all required supporting documents (see list of supporting documents on page 8 of this APR form).

Background to the 2010 HSS monitoring section

It has been noted by the previous monitoring Independent review committee, 2009 mid-term HSS evaluation and tracking study[4] that the monitoring of HSS investments is one of the weakest parts of the design.

All countries should note that the IRC will have difficulty in approving further trenches of funding for HSS without the following information:

- Completeness of this section and reporting on agreed indicators, as outlined in the approved M&E framework outlined in the proposal and approval letter;
- Demonstrating (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- Evidence of approval and discussion by the in country coordination mechanism;
- Outline technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year
- Annual health sector reviews or Swap reports, where applicable and relevant
- Audit report of account to which the GAVI HSS funds are transferred to
- Financial statement of funds spent during the reporting year (2009)

5.1 *Information relating to this report*

5.1.1 Government fiscal year (cycle) runs from **January** month) to **December**.(month).
5.1.2 This GAVI HSS report covers 2009 calendar year from January to December
5.1.3 Duration of current National Health Plan is from **2010** (month/year) to **2015** (month/year).
5.1.4 Duration of the current immunisation cMYP is from **2007** (**Jan./2007**) to **2011**(**Dec./2011**)

5.1.5 Person(s) responsible for putting together this HSS report who can be contacted by the GAVI secretariat or by the IRC for possible clarifications:

[4] All available at http://www.gavialliance.org/performance/evaluation/index.php

[It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.*']

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any programmatic clarifications:			
Dr Magnus K. Gborie	Ministry of Health and Sanitation	Coordinated the preparation of Draft Report	yeawoma@gmail.com +232 33 601 690
Focal point for any accounting of financial management clarifications:			
Mr. Osman Bangura	Ministry of Health and Sanitation	Provision of financial information	+232-76-869-281
Other partners and contacts who took part in putting this report together:			
Mr Ade Renner	WHO	Information sharing	+232-76-611-652
Dr. Nuhu Maksha	UNICEF	Information sharing	+232-76-911-211

5.1.6 Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information (especially financial information and indicators values) and, if so, how were these dealt with or resolved?

[This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*]

The main source of information was the routine health management information system, through the District Health Information Systems software (DHIS). The Directorate of Planning and Information conducts annual data quality audit exercises, to verify the data quality at facility level. In addition to this, checking of data quality is part of the task the district supervisors should undertake during supportive supervision.

The draft report was submitted to partners for comments and corrections.

5.1.7 In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

It was especially difficult to convene the HSCC meetings. This is because the Vice President is acting as the Pro-tem Minister of Health and it has therefore not been

easy to fit in a HSCC meeting within his busy schedule.

5.1.8 Health Sector Coordinating Committee (HSCC)

How many times did the HSCC meet in 2009? .....
Please attach the minutes **(Document N°.....)** from all the HSCC meetings held in 2009, including those of the meeting which discussed/endorsed this report
Latest Health Sector Review report is also attached **(Document N°.....).**

5.2 *Receipt and expenditure of HSS funds in the 2009 calendar year*

Please complete the table 11 below for each year of your government's approved multi-year HSS programme.

Table 11: Receipt and expenditure of HSS funds

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Original annual budgets (per the originally approved HSS proposal)		1,161,360	1,053,460						
Revised annual budgets (if revised by previous Annual Progress Reviews)			591,290	**575,370**	478990				
Total funds received from GAVI during the calendar year		1,154,000	None						
Total expenditure during the calendar year		63,901.02	1,031,099	0					
Balance carried forward to next calendar year			1,944						
Amount of funding requested for future calendar year(s)				574,470	478,990				

Please note that figures for funds carried forward from 2008, income received in 2009, expenditure in 2009, and balance to be carried forward to 2010 should match figures presented in the financial statement for HSS that should be attached to this APR.

Please provide comments on any programmatic or financial issues that have arisen from delayed disbursements of GAVI HSS *(For example, has the country had to delay key areas of its health programme due to fund delays or have other budget lines needed to be used whilst waiting for GAVI HSS disbursement)*:

GAVI HSS funds were to be used to install solar lighting systems in 15 hospitals in the country. However, because of delays in disbursement of funds, this activity could not be completed. The equipments are now in the country, but we have not been able make further payments so that the contractor can undertake the installation.

Also in the Annual Health Plans, GAVI HSS funds were to be used to procure fuel for ambulances, support a component of out-reach activities and support supervision both a National and district level. However with the delay in the release of funds these activities were not fully implemented in 2009 and in 2010.

5.3 *Report on HSS activities in 2009 reporting year*

Note on Table 12 below: *This section should report according to the original activities featuring in the HSS application. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities. It is very important that the country provides details based on the M& E framework in the original application and approval letter.*

Please do mention whenever relevant the **SOURCES** of information used to report on each activity.

Table 12: HSS activities in the 2009 reporting year

Major Activities	Planned Activity for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1. To increase access to essential health care services from 70% in 2006 to 90% by 2010.		
Activity 1.1 Provision of out-reach allowances for CHC staff	To provide out-reach allowances to staff in 178 Community Health Centres (CHC).	Already out-reach allowances have been provide for 4 quarter to 178 PHUs. This activity was to continue in the second year, but funds have not yet been received for the second year of implementation. (100% completed)
Activity 1.2 Procurement of motor-bikes and accessories for PHU Staff	To procure 35 motor cycles	A total of 35 motor bikes have been procured and distributed to districts for out-reach and supervision activities. (100% completed)
Objective 2: To increase the proportion of peripheral health centres with staff trained in IMCI from 0% in 2006 to 90% in 2010 and those trained in B-EMOC from 20% in 2006 to 95% in 2010.		
Activity 2.l: Training of 26 Trainers in IMCI	To train 26 trainers in IMNCI	26 trainers have already been trained from all districts (100% completed)
Activity 2.2: Provision of in-service training to 200 Peripheral health care staff in IMCI	Train 117PHU staff in IMNCI	Training has been conducted for 117 PHU staff in IMNCI. We await the funds for year 2 to train the remaining 83 staff (59% completed).

Activity 2.3 Training of 26 trainers in B-EMOC	Train 26 trainers in B-EMOC	The plan was to train 26 trainers in B-EMOC. But the activity was under-budgeted for, so only 10 trainers were trained instead of 26. (38% completed)
Activity 2.4: Provision of in-service training to 200 Peripheral health care staff in B-EMOC	To 73 PHU staff in B-EMOC	73 PHU staff have been trained in B-EMOC. We are awaiting the funds for year 2 to train the remaining 127 staff. (36% completed).
Activity 2.5 : Integration of IMCI and B-EMOC into the curriculum of health care staff	To integrate IMNCI and BEMOC training into basic curriculum for nurses and Community Health Officers	This broad activity is divided into two key activities; namely, the assessment of core competencies of health staff, and the revision of curriculum. The assessment of the core competencies has been completed. What now remains is the development of the curriculum, based on the core competencies.
Objective 3: To increase the proportion of deliveries done through caesarean section from 0.5% in 2007 to 5% in 2010.		
Activity 3.1: Provision of ambulances to districts for transportation of referral cases.	Procurement of 6 ambulances for district hospitals	The plan was to procure 6 ambulances, but available resources could only procure 5. These have been distributed to 5 districts.
Activity 3.2: Provision of fuel for ambulance.	Provision of fuel for district hospitals	Fuel has been provided for ambulances in 22 hospitals for 12 months. This should continue when funds are available for the second year (100% completion).
Activity 3.3: Provision of fuel for hospital generator for performing emergency caesarean section operation.	Provision of fuel for district generators and theatres	This activity has been changed to establishment of solar powered lights at theatres, children's and maternity wards in 15 district hospitals. This was seen to be more sustainable a cost effective. The contract has been offered, the materials are in country. The installation of these equipment should be provided with funds from year 2 (50% completion)
Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to		

75% in 2010.		
Activity 4.1: Provision of transportation for monitoring and supervision of district and PHU activities.	Procurement of 6 vehicles for district supervision	5 vehicles have been procured for district operations. The plan was to procure 7 but the funds available could only procured 5. The 5 have been distributed to the districts.
Activity 4.2: Provision of allowances for supervision.	Provision of allowances to 13 district teams for supervision	Allowances have now been provided for 4 quarters to all 13 district health management teams for supervision. This support is expected to continue when funds for year 2 are available.
Activity 4.3: Provision of supervision allowance for National Staff	Provision of allowances and fuel for National teams to supervise district operations	These allowances have been provided for Key national level Offices, Chief Medical Officer, Permanent Secretary, Director of Planning and Information, Human Resources Manager, Director of Primary Health Care, Director of Hospital and Laboratory Services and the M&E Specialist to undertake supportive supervision to all districts. The support should continue in the second year funds are made available.
Support costs		
Management costs	Project management cost	Resources from this budget line have been used to pay for newspaper adverts of bidding requests, office equipment and stationery.
Audit	Cost of annual audit	Two audits have now been conducted
M&E support costs	Support collection of quality data	Resources from this budget line are been used conduct an Audit of PHU data in all 13 districts
Technical support	This was not budgeted for in the original proposal.	

5.4 *Support functions*

*This section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?*

5.4.1 Management

Outline how management of GAVI HSS funds has been supported in the reporting year and any changes to management processes in the coming year:

The Management of GAVI HSS funds have been improved through the inclusion of activities supported by the GAVI HSS into the Comprehensive District Health Plans of the districts. This ensures that activities supported by GAVI are clearly visible in the plans and that during the annual reviews, districts can report on their utilization.

However, the unpredictability if receiving GAVI HSS funds might lead districts into leaving out GAVI HSS support in their planning. This is because once a source of funding has been identified for an activity in the district health plan; no other partner will be willing to support the activity. For example, the plan was that GAVI HSS will provide fuel for ambulances, but the delay in receiving the funds has obstructed the ambulance system that have been established in the country.

GAVI can help in this process by making their support more predictable and certain.

5.4.2 Monitoring and Evaluation (M&E)

Outline any inputs that were required for supporting M&E activities in the reporting year and also any support that may be required in the coming reporting year to strengthen national capacity to monitor GAVI HSS investments:

The M&E activities required fuel and allowance for checking on data quality at health facility level. In the coming reporting year, there may be need for refresher training of health facility staff in completing of data tools and the use of data that they generate.

5.4.3 Technical Support

Outline what technical support needs may be required to support either programmatic implementation or M&E. This should emphasise the use of partners as well as sustainable options for use of national institutes:

The MOHS start working on setting up an integrated HMIS for the health sector. There will be need technical assistance to do further customization of the

DHIS software to integrate it with Open-MRS software to permit development of a basic hospital information system, introduction of electronic medical records for anti-retroviral patients at the nation's teaching hospital and tracking of the outcome of ART and tuberculosis therapy. There is also need for Technical support to set up the following Human Resources Information system, logistics management information system and a financial management information system. The World Bank through the Reproductive and Child Health Programme will support technical assistance for further customisation of the DHIS and its integration with Open MRS. It is expected the UNAID will support the development of Human Resource Management system. UNICEF is also trying to set up a logistics management information system.

A critical need remains capacity building of local staff in maintaining the system. This will be supported through the Global fund Round 9 grant.

Note on Table 13: This table should provide up to date information on work taking place during the calendar year during which this report has been submitted (i.e. 2010).

The column on planned expenditure in the coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS application. Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right, documenting when the changes have been endorsed by the HSCC. Any discrepancies between the originally approved application activities / objectives and the planned current implementation plan should also be explained here

Table 13: Planned HSS Activities for 2010

Major Activities	Planned Activity for 2010	Original budget for 2010 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2010 (proposed)	2010 actual expenditure as at 30 April 2010	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1. To increase access to essential health care services from 70% in 2006 to 90% by 2010.					
Activity 1.1 Provision of out-reach allowances for CHC staff	To provide out-reach allowances to staff in 178 Community Health Centres (CHC).	46,470	46,740		
Activity 1.2 Procurement of motor-bikes and accessories for PHU Staff	To procure 35 motor cycles				

Objective 2: To increase the proportion of peripheral health centres with staff trained in IMCI from 0% in 2006 to 90% in 2010 and those trained in B-EMOC from 20% in 2006 to 95% in 2010.					
Activity 2.l: Training of 26 Trainers in IMCI			0	0	
Activity 2.2: Provision of in-service training to 200 Peripheral health care staff in IMCI	Train 35 PHU staff in IMNCI	30,000	30,000		
Activity 2.3 Training of 26 trainers in B-EMOC			0	0	Completed 100%
Activity 2.4: Provision of in-service training to 900 Peripheral health care staff in B-EMOC	To 40 PHU staff in B-EMOC	40,000	40,000	0	
Activity 2.5 : Integration of IMCI and B-EMOC into the curriculum of health care staff		15000	15000	0	

Objective 3: To increase the proportion of deliveries done through caesarean section from 0.5% in 2007 to 5% in 2010.					
Activity 3.1: Provision of ambulances to districts for transportation of referral cases.	Procurement of 5 ambulances for district hospitals	226000	226000	0	
Activity 3.2: Provision of fuel for ambulance.	Provision of fuel for district hospitals	30000	30,000		
Activity 3.3: Provision of fuel for hospital generator for performing emergency caesarean section operation.	Payment for solar lighting at 15 hospitals		48,000	0	This activity was to be completed in 2009, but because of delay in disbursement, it is still pending.
Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to 75% in 2010.					
Activity 4.1: Provision of transportation for monitoring and supervision of district and PHU activities.		0		0	Completed (100%)

Activity 4.2: Provision of allowances for supervision.	Provision of allowances to 13 district teams for supervision	117,000	66,830		District supervision will only be supported for two quarters.
Activity 4.3: Provision of supervision allowance for National Staff	Provision of allowances and fuel for National teams to supervise district t operations	30,000	30,000		
Support costs		0		0	
Management costs	Project management cost	15,000	15,000		
Audit	Cost of annual audit	1,000	2000	0	This is to cover cost of 2010 audit
M&E support costs	Support collection of quality data	24,000	24,000		Budget for this activity has been increased to ensure that there is a sufficient resource to conduct regular data quality audit.
Technical support		0		0	
TOTAL COSTS		**574,470**	**575,370**	**0**	

Table 14: Planned HSS Activities for next year (ie. 2011 FY) *This information will help GAVI's financial planning commitments*

Major Activities	Planned Activity for 2011	Original budget for 2011 (as approved in the HSS proposal or as adjusted during past Annual Progress Reviews)	Revised budget for 2011 (proposed)	Explanation of differences in activities and budgets from originally approved application or previously approved adjustments
Objective 1. To increase access to essential health care services from 70% in 2006 to 90% by 2010.				
Activity 1.1 Provision of out-reach allowances for CHC staff	To provide out-reach allowances to staff in 178 Community Health Centres (CHC).	0	61,960	The activity is critical for service delivery to underserved areas.
Activity 1.2 Procurement of motor-bikes and accessories for PHU Staff				
Objective 2: To increase the proportion of peripheral health centres with staff trained in IMCI from 0% in 2006 to 90% in 2010 and those trained in B-EMOC from 20% in 2006 to 95% in 2010.				
Activity 2.l: Training of 26 Trainers in IMCI		0	0	

Activity 2.2: Provision of in-service training to 200 Peripheral health care staff in IMCI	Train 82 PHU staff in IMNCI		70,000	This request is to train the remaining 82 PHU staff.
Activity 2.3 Training of 26 trainers in B-EMOC				
Activity 2.4: Provision of in-service training to 900 Peripheral health care staff in B-EMOC	To 83 PHU staff in B-EMOC	0	70,000	To train the remaining 83 PHU staff
Activity 2.5 : Integration of IMCI and B-EMOC into the curriculum of health care staff			0	
Objective 3: To increase the proportion of deliveries done through caesarean section from 0.5% in 2007 to 5% in 2010.				
Activity 3.1: Provision of ambulances to districts for transportation of referral cases.			0	
Activity 3.2: Provision of fuel for ambulance.	Provision of fuel for district hospitals	0	90,000	This is the remaining funds for provision of fuel for districts ambulances.

Activity 3.3: Provision of fuel for hospital generator for performing emergency caesarean section operation.			0	
Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to 75% in 2010.				
Activity 4.1: Provision of transportation for monitoring and supervision of district and PHU activities.			0	
Activity 4.2: Provision of allowances for supervision.	Provision of allowances to 13 district teams for supervision	0	117,000	Supervision is critical for quality service delivery.
Activity 4.3: Provision of supervision allowance for National Staff	Provision of allowances and fuel for National teams to supervise district t operations	0	40,000	Supervision is critical for quality service delivery.
Support costs			0	
Management costs	Project management cost	0	5,050	This for to cover costs related to effective project management.
Audit	Cost of annual audit	0	2,000	

M&E support costs	Support collection of quality data	0	20,000	This activity will cover cost of regular data quality audit surveys
Technical support			0	
TOTAL COSTS		**0**	475,990	

Please note: The GAVI HSS project implementation should have been completed in 2010. No funds were therefore initially planned for 2011. The current plan is to use the remaining $ 475,990 from the original grant for 2011 activities.

5.5 *Programme implementation for 2009 reporting year*

5.5.1 Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunisation program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well. This should be based on the original proposal that was approved and explain any significant differences – it should also clarify the linkages between activities, output, outcomes and impact indicators.

*This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.*

The aim of the GAVI HSS project was to increase immunisation coverage by increasing out-reach activities, supportive supervision, improving the skills of health care staff in management childhood illness and also in improving skills of staff in managing obstetrics complications.

Through the HSS about 73 PHU staff now have adequate skills to both manage childhood illnesses, using the IMNCI approach, and to management basic obstetrics emergency care. An additional 5 districts now have at least two ambulances for referrals and 6 districts now have second vehicle for supervision and delivery of commodities.

An assessment of core competencies of all Primary health Care staff has been completed. This is going to serve as the basis for curriculum review. Solar power lighting equipments are now available foe 15 hospitals. This will greatly improve quality of care at these facilities.
More than 70% of health facilities have been regularly supervised and districts teams are also receiving regular supervision from national level.

Fuel has been provided for about 22 hospitals to manage referrals. This has contributed to the transportation of 2,572 emergency cases, 70% of which were obstetric emergencies and 25% involving children.

The implementation of HSS activities has also improved t5he relationship between health care implementers and CSOs.

There has however been a delay in the provision of HSS funds to Sierra Leone, leading to problems, as most of the services were suddenly stopped, without preparations. There is a need for GAVI to reduce on the delays in release of funds.

5.5.2 Are any Civil Society Organisations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

Civil society organisations were involved in the implementation of HSS proposal.

They are particularly involved in monitoring the utilisation of the fuel for ambulances at district level. They monitor the available of ambulances for referrals, the also monitoring the utilisation of the fuel and sensitise communities members on the availability of ambulance for medical emergencies. They have also been involved in verifying the reports sent by hospitals on the utilisation of ambulances.

5.6 *Management of HSS funds*

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of HSS funds.

Part B: 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 ICC in this process. *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.* The HSS funds are held in a foreign account at one of the major commercial banks in the country – the Sierra Leone commercial Bank. The signatories to the account are the Senior Permanent secretary of the Ministry of Health and Sanitation together with the Chief Medical Officer. The HSS proposal has been shared with all partners, directors and managers in the health sector. These major activities are converted into activities that are captured in the Annual Plan for the Health sector. Once funds are available in the Units/Department responsible for the activity sends a request, together with a detailed proposal, to the Director of Planning and information for funds to implement the activity. The Director ensures that the activity is in the plan, and should be supported by GAVI HSS funds. He then endorses the request and sends it to the Senior Permanent Secretary for approval. The Senior permanent secretary then approves (ensure that the entity requesting is legal and can receive funds from the Ministry) and submit it to the Chief Medical Officer who also approved (upon review of technical aspect of the proposal). Once approved the request is submitted to the Finance officer to prepare a cheque to be paid to the requesting unit's account. The cheque is attached to the approved requests and submitted to the Senior Permanent secretary and Chief Medical Officer for signature. The Recipient then informs the Director of Planning about the schedule for the activity, so that on-the-spot monitoring could be conducted. After implementation, the recipient units send a report on the activity together with all receipts to the Director of Planning and Information, who further submit them to the Internal Audit unit of the Ministry, for verification. Information on the activity is shared with stakeholders and various forums including at ICC, Implementing partners meetings and other meetings.

5.7 *Detailed expenditure of HSS funds during the 2009 calendar year*

Please attach a detailed financial statement for the use of HSS funds during the 2009 calendar year **(Document N° HSS 01).** *(Terms of reference for this financial statement are attached in Annex 2).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

If any expenditures for the January – April 2010 period are reported above in Table 16, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document N°.....)**.

External audit reports for HSS, ISS and CSO-b programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your HSS programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

5.8 *General overview of targets achieved*

The indicators and objectives reported here should be exactly the same as the ones outlined in the original approved application and decision letter. There should be clear links to give an overview of the indicators used to measure outputs, outcomes and impact:

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**	**Current Status**	**Data source**
Objective 1:								
Objective 1. To increase access to essential health care services from 70% in 2006 to 90% by 2010.								
1. Under-fives sleeping under ITNs (%).	Total number of under-fives sampled in a survey	Total number of under-fives who slept under an ITn the night before the survey	MICS, DHS and CWIQ Survey, Routine HMIS	63%	CWIQ Survey Report	80%	59.00%	HMIS Data 2009
2. % of planned out-reach services conducted by CHC staff	Total number of out-reach services conducted by PHU staff	Total number of our-reach services planned by PHU staff	HMIS & Health Facility Survey	33%	DPI Supervision Report	90%	63%	District Report 2009
3. Contraceptive prevalence rate (%)	Total number of women of child-bearing age sampled in a survey	Total number of women of child-bearing age using a modern	MICS, DHS and CWIQ Survey	5%	MICS Survey Report 2005	7%	8.00%	2008 DHS report

Name of Objective or Indicator *(Insert as many rows as necessary)*	**Numerator**	**Denominator**	**Data Source**	**Baseline Value and date**	**Baseline Source**	**2009 Target**	**Current Status**	**Data source**
		contraceptive						
Objective 2. To increase the number of staff trained in IMCI and B-EMOC from 0 in 2007 to 200 in 2009.								
4. Number of CHC staff trained in IMCI and B-EMOC	-	-	HMIS & Health Facility Survey	0	HMIS	200	73	IMNCI and B_EMOC Training reports
Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to 75% in 2010.								
5. % of health centres visited at least 4 times in the last year using a quantified checklist	Number of health centres visited at least 4 times in the last year using a quantified checklist	Total number of health centres	HMIS & Health facility survey	22%	DPI PHU Supervision Report 2007	75%	71%	2009

Name of Objective or Indicator *(Insert as many rows as necessary)*	Numerator	Denominator	Data Source	Baseline Value and date	Baseline Source	2009 Target	Current Status	Data source
6. Health Facilities without any stock outs of ACT, SP, measles vaccine, ORS and cotrimoxazole in last 3 months (%)	Number of health facilities reporting no stock –out in of ACT, SP, measles vaccine, ORS and cotrimoxazole in last 3 months	Total number of health centres	HMIS & Health Facility Survey	30%	DPI PHU Supervision Report 2007	90%	43%	HMIS Data 2009

In the space below, please provide justification and reasons for those indicators that in this APR are different from the original approved application:

Provide justification for any changes in the **definition of the indicators:**

Provide justification for any changes in **the denominator:**

Provide justification for any changes in **data source:**

Table 16: Trend of values achieved

Name of Objective or Indicator *(Insert as many rows as necessary)*	**2007**	2008	2009	Target 2009	**Explanation of any reasons for non achievement of targets**
Objective 1. To increase access to essential health care services from 70% in 2006 to 90% by 2010.					
1. Under-fives sleeping under ITNs (%).	63%	25.80%	59.00%	80%	This target was not met because of shortage of ITNs in the country. Nets were to be provided through Global fund grant, and the World Bank supported Health Sector Reconstruction and Development Project.
2. % of planned out-reach services conducted by CHC staff	33%	83%	63%	90%	The overall target for 2009 was not met because out-reach allowances were not paid in the fourth quarter because GAVI HSS funds for 2009 activities were not released.
3. Contraceptive prevalence rate (%)	5%	6.70%	8.00%	7%	Target met
Objective 2. To increase the number of staff trained in IMCI and B-EMOC from 0 in 2007 to 200 in 2009.					
4. Number of CHC staff trained in IMCI and B-EMOC	0	0	73	200	The target was not met as only part of the training has so far been supported. Funds for 2009 activities were not released to train additional staff.
Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to 75% in 2010.					

5. % of health centres visited at least 4 times in the last year using a quantified checklist	22%	54%	71%	75%	Annual target was not met as funds were not available for 4th quarter supervision in 2009. GAVI funds were delayed.
6. Health Facilities without any stock outs of ACT, SP, measles vaccine, ORS and cotrimoxazole in last 3 months (%)	30%	41%	43%	90%	Their was a national shortage of both ACT and amoxyllin in the country. Amoxyllin now replaces cotrimoxazole as the drug of chioce for treating ARI.

Explain any weaknesses in links between indicators for inputs, outputs and outcomes:

5.9 *Other sources of funding in pooled mechanism for HSS*

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

Table 17: Sources of HSS funds in a pooled mechanism

Donor	Amount in US$	Duration of support	Contributing to which objective of GAVI HSS proposal
World Bank	20 million dollars	4 years (June 2010 – May 2013)	Objectives 1, 2, 3 and 4.
UNICEF	Unknown	Annually	Objectives 1, 3, 4
WHO	Unknown	Annually	Objective 2
UNFPA	Unknown	Annually	Objective 2

6. Strengthened Involvement of Civil Society Organisations (CSOs)

6.1 *TYPE A: Support to strengthen coordination and representation of CSOs*

This section is to be completed by countries that have received GAVI TYPE A CSO support[5]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please describe the mapping exercise, the expected results and the timeline (please indicate if this has changed). Please attach the report from the mapping exercise to this progress report, if the mapping exercise has been completed (**Document N**°.....).

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

[5] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

6.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

6.1.3 Receipt and expenditure of CSO Type A funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type A funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2 *TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP*

This section is to be completed by countries that have received GAVI TYPE B CSO support[6]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

6.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[6] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a change in the level and type of involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please outline any impact of the delayed disbursement of funds may have had on implementation and the need for any other support.

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Table 18: Outcomes of CSOs activities

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2009	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2010/2011, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Table 19: Planned activities and expected outcomes for 2010/2011

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2010 / 2011	Expected outcomes

6.2.2 Receipt and expenditure of CSO Type B funds

Please ensure that the figures reported below are consistent with financial reports and/or audit reports submitted for CSO Type B funds for the 2009 year.

Funds received during 2009: US$.....
Remaining funds (carried over) from 2008: US$.....
Balance to be carried over to 2010: US$.....

6.2.3 Management of GAVI CSO Type B funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to or during the 2009 calendar year ? **[IF YES] :** please complete **Part A** below.
[IF NO] : please complete **Part B** below.

Part A: further describe progress against requirements and conditions for the management of CSO Type B funds which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of CSO Type B funds.

Part B: briefly describe the financial management arrangements and process used for your CSO Type B funds. Indicate whether CSO Type B funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of CSO Type B 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.

6.2.4 Detailed expenditure of CSO Type B funds during the 2009 calendar year

Please attach a detailed financial statement for the use of CSO Type B funds during the 2009 calendar year **(Document N°.....).** *(Terms of reference for this financial statement are attached in Annex 4).* Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

External audit reports for CSO Type B, ISS, HSS programmes are due to the GAVI Secretariat six months following the close of your government's fiscal year. If an external audit report is available for your CSO Type B programme during your government's most recent fiscal year, this should also be attached **(Document N°.....)**.

6.2.5 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance; outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Table 20: Progress of CSOs project implementation

Activity / outcome	Indicator	Data source	Baseline value and date	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

7. Checklist

Table 21: Checklist of a completed APR form

Fill the blank cells according to the areas of support reported in the APR. Within each blank cell, please type: Y=Submitted or N=Not submitted.

	MANDATORY REQUIREMENTS (if one is missing the APR is NOT FOR IRC REVIEW)	ISS	NVS	HSS	CSO
1	Signature of Minister of Health (or delegated authority) of APR	Y	Y	Y	NA
2	Signature of Minister of Finance (or delegated authority) of APR	Y	Y	Y	NA
3	Signatures of members of ICC/HSCC in APR Form	Y	Y	Y	NA
4	Provision of Minutes of ICC/HSCC meeting endorsing APR	Y	Y	Y	NA
5	Provision of complete excel sheet for each vaccine request		Y		
6	Provision of Financial Statements of GAVI support in cash	Y	NA	Y	NA
7	Consistency in targets for each vaccines (tables and excel)		Y		
8	Justification of new targets if different from previous approval (section 1.1)		Y		
9	Correct co-financing level per dose of vaccine		Y		
10	Report on targets achieved (tables 15,16, 20)			Y	
11	Provision of cMYP for re-applying		NA		

	OTHER REQUIREMENTS	ISS	NVS	HSS	CSO
12	Anticipated balance in stock as at 1 January 2010 in Annex 1		Y		
13	Consistency between targets, coverage data and survey data	Y	Y		
14	Latest external audit reports (Fiscal year 2009)	Y		Y	NA
15	Provide information on procedure for management of cash	Y		Y	NA
16	Health Sector Review Report			N	
17	Provision of new Banking details	NA	NA	NA	NA
18	Attach VMA if the country introduced a New and Underused Vaccine before 2008 with GAVI support		Y		
19	Attach the CSO Mapping report (Type A)				NA

8. Comments

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

~ End ~

GAVI ANNUAL PROGRESS REPORT ANNEX 2
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 2009 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2009, 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 2009 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 2 of this annex.

a. Funds carried forward from the 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local Currency (CFA)	**Value in USD[7]**
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[8] – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

[7] An average rate of CFA 479.11 = USD 1 applied.

[8] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own system for economic classification.

GAVI ANNUAL PROGRESS REPORT ANNEX 3
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

I. All countries that have received HSS grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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[9]**
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[10] – GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
HSS PROPOSAL OBJECTIVE 1: EXPAND ACCESS TO PRIORITY DISTRICTS						
ACTIVITY 1.1: TRAINING OF HEALTH WORKERS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR ACTIVITY 1.1	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**

[9] An average rate of CFA 479.11 = USD 1 applied.

[10] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own HSS proposal objectives/activities and system for economic classification.

ACTIVITY 1.2: REHABILITATION OF HEALTH CENTRES						
Non-salary expenditure						
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditure						
Equipment	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR ACTIVITY 1.2	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR OBJECTIVE 1	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**

GAVI ANNUAL PROGRESS REPORT ANNEX 4
TERMS OF REFERENCE:
FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

I. All countries that have received CSO 'Type B' grants during the 2009 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2009, 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 2009 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 2008 calendar year (opening balance as of 1 January 2009)
b. Income received from GAVI during 2009
c. Other income received during 2009 (interest, fees, etc)
d. Total expenditure during the calendar year
e. Closing balance as of 31 December 2009
f. A detailed analysis of expenditures during 2009, 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 2009 (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 2009 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS:
An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO 'Type B'		
	Local Currency (CFA)	Value in USD[11]
Balance brought forward from 2008 (*balance as of 31 December 2008*)	25,392,830	53,000
Summary of income received during 2009		
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	65,338,626	136,375
Total expenditure during 2009	30,592,132	63,852
Balance as at 31 December 2009 (*balance carried forward to* 2010)	60,139,324	125,523

Detailed analysis of expenditure by economic classification[12] – GAVI CSO 'Type B'						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
CSO 1: CARITAS						
Salary expenditure						
Wages & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per-diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
TOTAL FOR CSO 1: CARITAS	**24,000,000**	**50,093**	**18,800,000**	**39,239**	**5,200,000**	**10,854**
CSO 2: SAVE THE CHILDREN						
Salary expenditure						
Per-diem payments	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131

[11] An average rate of CFA 479.11 = USD 1 applied.

[12] Expenditure categories are indicative, and only included for demonstration purposes. Each implementing government should provide statements in accordance with its own CSO 'Type B' proposal and system for economic classification.

Non-salary expenditure						
Training	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Other expenditure						
Capital works	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTAL FOR CSO 2: SAVE THE CHILDREN	**18,000,000**	**37,570**	**11,792,132**	**24,613**	**6,207,868**	**12,957**
TOTALS FOR ALL CSOs	**42,000,000**	**87,663**	**30,592,132**	**63,852**	**11,407,868**	**23,811**