GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Sierra Leone

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

Please submit the APR 2011 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	Yes	ISS reward for 2011 achievement: Yes
HSS	Yes	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

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

For the Government of Sierra Leone

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Haja Zainab Hawa BANGURA	**Name**	Hon. Dr Samura KAMARA
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Rev. Dr Thomas T. SAMBA	EPI Programme Manager	+ 232 76 662162/+232 33 662162	ttsamba@yahoo.com
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Dr Pamela MITULA	WHO EPI Team Leader	+ 232 76 751171	mitulap@sl.afro.who.int

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr Alhassan SEISAY - Deputy Chief Medical Officer	Ministry of Health and Sanitation		

Dr Samuel A.S. KARGBO - Director, Reproductive and Child Health	Ministry of Health and Sanitation		
Dr Augustin Kabano, Health Manager, UNICEF Sierra Leone	UNICEF		
Dr Lynda Foray - RCH Officer, WHO Sierra Leone	World Health Organisation		
Dr Thomas T. SAMBA - Child Health/ EPI Programme Manager	Ministry of Health and Sanitation		
Dr Peter Sikana - Rh Technical Specialist, UNFPA Sierra Leone	UNFPA		
Dr Ladi Sotimehin - Rh Advisor, Options Sierra Leone	Options		
Mr Lansana Conteh - Health education Officer, Sierra Leone	Ministry of Health and Sanitation		
Dr Mohamed Yillah - Director	Evidence for Action		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date

Mr M.J. Kanu - Permanent Secretary	Ministry of Health and Sanitation		
Dr Kisito S. Daoh - Chief Medical Officer	Ministry of Health and Sanitation		
Dr Alhassan Seisay - Deputy Chief Medical Officer	Ministry of Health and Sanitation		
Dr WONDIMAGEGNEHU Alemu - WHO Representative , Sierra Leone	WHO		
Mr Mahimbo Mdoe - UNICEF Representation, Sierra leone	UNICEF		
Mrs Ratidzai Ndlovu - UNFPA Representative, Sierra Leone	United Nations Population Fund		
Mrs Uzoamaka Gilpin - Health Programme Manager	DFID		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Sierra Leone is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

This APR reports on Sierra Leone's activities between January – December 2011 and specifies the requests for the period of January – December 2013

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	237,932	235,603	243,208	243,642	249,318	249,490	255,955	255,478	262,769	261,609
Total infants' deaths	23,317	20,969	23,834	23,877	24,433	24,450	25,084	25,036	25,751	25,637
Total surviving infants	214615	214,634	219,374	219,765	224,885	225,040	230,871	230,442	237,018	235,972
Total pregnant women	259,164	259,164	265,657	265,384	272,372	271,753	279,327	278,275	286,460	284,954
Number of infants vaccinated (to be vaccinated) with BCG	237,932	235,603	243,208	243,642	249,318	249,490	255,955	255,478	262,769	261,609
BCG coverage	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	203,884	194,346	208,405	197,789	214,889	207,037	223,945	214,310	232,272	221,814
OPV3 coverage	95 %	91 %	95 %	90 %	96 %	92 %	97 %	93 %	98 %	94 %
Number of infants vaccinated (to be vaccinated) with DTP1	214,615	220,850	219,374	208,778	224,885	216,038	230,871	223,528	237,018	231,253
Number of infants vaccinated (to be vaccinated) with DTP3	203,884	194,346	208,405	197,789	214,889	207,037	223,945	214,310	232,272	221,814
DTP3 coverage	92 %	91 %	95 %	90 %	96 %	92 %	97 %	93 %	98 %	94 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	5	0	25	0	20	0	15	0	10
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.05	1.00	1.33	1.00	1.25	1.00	1.18	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	197,464	220,850	219,374	280,778	224,885	216,038	230,871	223,528	237,018	231,253
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	197,464	194,346	208,405	197,789	214,889	207,037	223,945	214,310	232,272	221,814
DTP-HepB-Hib coverage	92 %	91 %	95 %	90 %	96 %	92 %	97 %	93 %	98 %	94 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	25	25	0	20	0	15	0	10
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.33	1.33	1	1.25	1	1.18	1	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	197,464	183,498	212,792	183,803	218,138	193,172	223,945	197,464	229,902	199,611
Yellow Fever coverage	97 %	85 %	97 %	84 %	97 %	86 %	97 %	86 %	97 %	85 %
Wastage[1] rate in base-year and planned thereafter (%)	30	10	30	30	5	5	5	5	5	5
Wastage[1] factor in base-year and planned thereafter (%)	1.43	1.11	1.43	1.43	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Yellow Fever, 10 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	197,464	243,521	142,593	141,242	157,419	153,418	173,154	175,335	189,610	175,335
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	197,464	145,577	128,334	114,529	141,677	124,402	166,838	142,174	170,649	142,174
Pneumococcal (PCV13) coverage	92 %	68 %	59 %	52 %	63 %	55 %	72 %	62 %	72 %	60 %
Wastage[1] rate in base-year and planned thereafter (%)	5	5	5	5	0	5	0	5	0	5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	206,176	183,803	212,792	183,803	218,138	193,172	223,946	197,464	229,902	199,611
Measles coverage	96 %	86 %	97 %	84 %	97 %	86 %	97 %	86 %	97 %	85 %
Pregnant women vaccinated with TT+	259,164	270,224	265,657	265,384	272,372	271,753	279,327	278,275	286,460	284,954
TT+ coverage	100 %	104 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	214,615	156,146	217,574	219,786	224,885	225,061	230,871	230,463	237,013	235,994
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	12 %	5 %	5 %	4 %	4 %	3 %	4 %	2 %	4 %

*

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011.** The numbers for 2012 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

  Progressive annual increase in birth based on growth rate
- Justification for any changes in **surviving infants**

  Normal increase in surviving infants due to annual growth rate
- Justification for any changes in **targets by vaccine**

  Changes due mainly to annual growth rate
- Justification for any changes in **wastage by vaccine**

  No significant changes

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

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

MAJOR ACTIVITIES:

- Conducted monthly/quarterly monitoring and supervision of integrated Program implementation
- Conducted regular data analysis for action at all levels
- Conducted National bi-annual program reviews/ assessments, and monthly district meetings
- Developed joint plan with malaria program
- Distributed bed nets with routine immunization
- Monitor AFP surveillance database and district reporting
- Conducted MCHW / AVW / NIDs and TT vaccination in five districts in 2011
- Conducted TT immunization in schools
- Sensitize politicians and opinion leaders on sustainable immunization financing and EPI Service delivery

- Expanded ICC membership to include other partners for better integration
- Encouraged district staff to conduct active surveillance in all districts
- Ensured road worthiness of vehicles and motor bikes; and maintenance of other capital equipment
- Distributed cold chain equipment and spare parts
- Supported study tours and conferences for EPI staff

CHALLENGES:
- Inadequate support to implement annual work plan completely
- Inadequate transport
- Limited human resource capacity
- Frequent Cold chain break down at district and health facility levels
- Inadequate funding for EPI activities

- Weak support (weak, logistics) for out reach service delivery

Administrative Actions

- Conducted advocacy and sensitisation meetings for Paliamentarians, Councillors and District Health Management Teams on Sustainable Immunisation Funding

- Lobby with top Management Team to deploy more health staff

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

Targets were reached based on administrative data

5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

The policy of the government of Sierra Leone stipulates that services are equally accessible to all eligible beneficiaries irrespective of their status, sex or social circumstance.

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

What action have you taken to achieve this goal?

Planning to review the reporting tools to dis-aggregate data by sex.

5.4. Data assessments

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

There are discrepancies between administrative, surveys (EPICoverage Survey and MICS) and WHO /UNICEF best estimates. While we acknowledge that these differences may arise as a result of different methodologies, such discrepancies should however not be too wide as was observed in some instances especially the administrative data. Sierra Leone, like several other countries in the subregion, has definite problems with the denominator population and data management. Population seems to be growing faster in most areas due to changes in socio-economic activities leading to migration. As a result, several districts are immunising more children than expected. However, there is a huge problem of card retention, which is not measured by surveys.

* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **Yes**

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

The WHO/UNICEF best estimate was conducted inSierra Leone with input from the country.DQS, EPI Cluster Survey and MICS were also conducted in the same year 2010.<?xml:namespace prefix = o />

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Updated data collection and reporting forms for all levels
National and district staff trained on data management<?xml:namespace prefix = o />

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

There are local initiatives to address the issues, which includes the following:

1. Conduct of data harmonisation meetings at district and national levels

2. Conduct of EPI coverage surveys every three years

3. Working with other stakehiolders to explore ways of resolving the issues of denominator polpulation.

4. Training of health staff on Immunisation in Practice.

5. Establishment of effective data transmission mechanism through networking.
6. In service training and building the capacity of EPI data managers
7. Regular supportive supervision to the districts and health facilities to address data issues.

8. Mobilize more resources to increase the frequency of DQS in all districts.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 4350	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	To be filled in by country	To be filled in by country	To be filled in by country
Traditional Vaccines*	507,835	19,508	0	488,327	0	0	0	0
New and underused Vaccines**	3,127,129	89,500	3,021,000	0	16,629	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	48,278	0	0	48,278	0	0	0	0
Cold Chain equipment	91,550	0	0	91,550	0	0	0	0
Personnel	50,990	0	25,990	25,000	0	0	0	0
Other routine recurrent costs	191,984	543	935	105,000	85,506	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	3,563,114	0	0	1,100,000	2,463,114	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	7,580,880							
Total Government Health		109,551	3,047,925	1,858,155	2,565,249	0	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Yes, Annual action plan for the year under review (2011) has been developed and costed.
There is no variance between available funds and expenditures for the reporting year. However, the available funds were not adequate for all planned activities.

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

Some activities were not fully implemented due to inadequate funding. Areas that were under funded include the following:

- IMNCI training for PHU staff
- C-IMNCI training for community health workers
- Vehicle and cold chain maintenance
- Supportive supervision.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Presently UNICEF procures traditional vaccines while Government does clearing and distribution to all districts. The TechnicalCoordinating Committee (TCC) has scheduled advocacy meetings with authorities in the Ministries of Health and Finance to provide funding for traditional vaccines.

Table 5.5b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	262,794	269,101
New and underused Vaccines**	3,905,910	3,999,652
Injection supplies (both AD syringes and syringes other than ADs)	119,465	122,332
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	415,527	278,482
Personnel	2,345,675	2,456,543
Other routine recurrent costs	667,026	733,729
Supplemental Immunisation Activities	2,446,548	2,661,082
Total Expenditures for Immunisation	10,162,945	10,520,921

* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

NO

Judging from experience over the years there has always been less funding available from partners thanbudgeted for .Allocations from the Government have never been fully disbursed.These areas will be affected:

- Cold chain
- Supportive supervision
- Outreach service delivery
- Data management
- Program Management (Internet availability, vehicle andgenerator maintenance.)

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

Yes. There is often more needs than available resources. Not with standing, the TCC is organizing series of advocacy meetingswith relevant authorities to mobilize more funds locally and increase Government expenditure on immunization.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

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

Action plan from Aide Mémoire	Implemented?
	No

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **2**

Please attach the minutes **(Document N°)** from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

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

If Yes, which ones?

List CSO member organisations:
Health for All Coalition
Helen Keller International
Medicine Sans Frontieres-Belgium
Rotary International
Save the Children International
World Vision International
Plan Sierra Leone
Concern World Wide
Child Fund
Inter-relegious council

5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Program Objectives<?xml:namespace prefix = o />

Priority Activities

Improve Data Management

•□□□□□□□□ EPI data analysis for action

•□□□□□□□□ data harmonization meetings

•□□□□□□□□ Conduct periodic LQAS/DQS

Improve Human Resource quantity and capacity.

- Support for training on data management for Data Clerk, M&E and DOO
- Training on Immunization in practice for PHU staff
- International training for two EPI staff on cMYP
- Refresher training on new version of DVD-MT and cold chain to DOOs and Cold Room Officer

Training of additional solar technicians

Improve Supervision at all levels

- Quarterly integrated supportive supervision by CH/EPI staff

Improve Coordination

- Procure and maintain vehicles, motor bikes, bicycles, boats, office equipment and other capital equipment for EPI activities
- EPI review meeting with DMOs, DHMT's and Community stake holders

Improve Vaccines, cold chain and Logistic maintenance at all levels

- Addition of GEO style vaccine carrier , cold boxes and Ice packs
- Procure refrigerated vehicles to collect and distribute vaccines
- Procure & distribute modern spare parts
- a stand by generator for central Cold Room
- Provide 1 deep/Chest Freezer to every districts and at least 3 DEEP Freezers at National

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	ADS 0.05mls and RUP 2mls	GAVI/ Unicef/ GoSL
Measles	ADS 0.5mls and RUP 5mls	GAVI/ Unicef/ GoSL
TT	ADS 0.5mls	GAVI/ Unicef/ GoSL
DTP-containing vaccine	ADS 0.5mls	GAVI/ Unicef/ GoSL

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

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

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

Yes, limited funding for procurement, installation of incinerators and training of staff.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

Used sharps are directly disposed into the safety box. Which are disposed by incineration or pit burning.<?xml:namespace prefix = o />

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*	0	0
Remaining funds (carry over) from 2010 *(B)*	44,971	195,623,850
Total funds available in 2011 *(C=A+B)*	44,971	195,623,850
Total Expenditures in 2011 *(D)*	44,000	191,400,000
Balance carried over to 2012 *(E=C-D)*	971	4,223,850

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

GAVI ISS funds are processed as part of the total annual budget for immunisation service delivery. Annual budgets are initially formulated and presented to the TCC and Integrated Service Devliery working group (ISWG) for technical advice before presenting them to the ICC (now HSSG) for approval. This is then forwarded to the HSCC for endorsement before the funds can be used. Requests are then sent to the Chief Medical Officer and Permanent Secretary for activitites at their respective times of implementation.

GAVI ISS funds are extremely useful for immunisation service delivery. The EPI programme in Sierra Leone is mainly supported by the Government of Sierra Leone (GOSL), GAVI, UNICEF and WHO. Each of these stakeholders have traditional activities/budget lines that they support annually. Normally GOSL provides staff salary and infrstructure, UNICEF procures traditional vaccines and cold chain equipment and installs them, WHO mainly provides technical support, while GAVI contributes new vaccines in addition to HSS. The ISS funds have been mainly used to support operational issues of the immunisation service delivery, including outreach services

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

GAVI ISS funds are kept in a current account at the Sierra Leone commercial bank.. Annual budgets are initially formulated and presented to the TCC for technical advice before presenting them to the ICC (now HSSG) for approval. This is then forwarded to the HSCC for endorsement before the funds can be used. Requests are then sent to the Chief Medical Officer and Permanent Secretary for the release of funds to implement activities at the stated times in the work plan.

Activities are implemented both at national and district levels. For coordination purposes, the national EPI programme is used as the corridor for the remittance of funds for various activities. In this regard, the programme retains the mandate to supervise various activities and also services as guarantor for the complete liquidation of funds.

Copies of implementation and annual reports are shared with all members of the ICC (Now HSSG). Some of the activities will require the participation of HSSG members.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

Supervision of district activities by national level

Clearing and forwarding of containers

Supervision of PHU activities by districts level

Fuel for district vehicles

IMNCI trainings

Review of data collection forms

Conduct outreach services at PHU attending villages in districts

Administrative cost(maintenance of cold chain, generator, Vehicles and stationery

Clearing and handling charges of vaccines

Staff trainings
free health care to underfives, lactating mothers and pregnant women

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

6.2. Detailed expenditure of ISS funds during the 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

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

6.3. 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 original target set in the approved ISS proposal), 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, which will be published at http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the $ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) **specify**			198328	194346
2	Number of **additional** infants that are reported to be vaccinated with DTP3				-3982
3	Calculating	$20	per additional child vaccinated with DTP3		0

4	Rounded-up estimate of expected reward		0

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

Table 7.1: Vaccines received for 2011 vaccinations against approvals for 2011

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		695,300	0
Pneumococcal (PCV13)		379,800	0
Yellow Fever		1,159,200	0

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

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

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

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

Prepare a shipment plan using the forecasting tool, based on the country's previous yearly consumption and early communication to UNICEF Sierra Leone office.

Expansion of cold chain

Nationwide Maintenance of cold chain equipments

Additional procurement of solar equipment and spare parts.

Installation and use of Multilog, fridge tags at Central cold store, district and PHU refrigerators.
Use of Vaccine management tools to ensure proper stock management.

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

N/A

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

No stock out reported at all levels. Hence, no impact felt.

7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	PCV 13	
Phased introduction	No	28/01/2011
Nationwide introduction	Yes	28/01/2011

The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Sierra Leone conducted 6 rounds of NIDs in response to polio outbreak in the country which made it difficult to introduce the vaccine on schedule. In addition, the late arrival of vaccines compounded the difficulty and the Technical Coordinating Committee subsequently advised the Ministry of Health to introduce the vaccine in January 2011

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2011**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

Below is a tabular presentation of main issues , reccommendations, actions and Implementation status from the PIE

Issues noted during the Conduct of PCV-13 Post Introduction Evaluation (PIE)<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Actions recommended to Improve new vaccine Implementation plan

Implementation status and reasons for delay, if any

Pre-implementation Planning and Training

EPI Policy should be updated and distributed

Draft of the EPI Policy has been updated and discussed with Partners. It is yet to be validated

Trained staff should be encouraged to do on the job training for other staff who were unable to attend district training

Activity is ongoing in most districts

Integrated Planning

Strengthen collaboration between EPI and other interventions like IMCI in the overall control of pneumonia and other childhood diseases

There is a strengthened collaboration between EPI and other programs like National Malaria Control Programme, HIV/AIDS control program and the Disease prevention and control unit. IMNCI is part of the Child health /EPI programme and it is being gradually scaled up in all districts.

Strengthened collaboration between MoHS/EPI and other private, NGO/Faith-based organization in implementing EPI activities at the district/ health facility levels

Mechanisms being worked out to strengthen the collaboration between MoHS/EPI and other stakeholders at all levels.

Coverage and Reporting

Data quality self-assessment (DQS) should be introduced at all levels to improve data management and utilization.

The program and partners are planning to conduct Data quality self-assessment (DQS) in 2013 which will be introduced at all levels to improve data management and utilization.

Train staff in the construction, plotting and utilization of monitoring charts at all levels, especially at the health facility level.

This has been largely achieved through the recently concluded RED Micro plan

Train staff on how to calculate Immunization coverage, drop-out and wastage

This has been largely achieved through the recently concluded RED Micro plan

Districts should conduct regular supportive supervision at health facilities

Supportive supervision is conducted monthly

Cold Chain Capacity and Management

Repair the existing broken down refrigerators.

Spare parts have been procured and distributed to all districts. 50% of the 13 administrative districts have done cold chain repairs (

Solar equipments). Activity is ongoing.

Expanding the cold chain system to other health facilities

Gradually expanding cold chain to new health facilities.

Train staff in the proper management and maintenance of the cold chain system.

On the job trainings are ongoing through integrated supportive supervision

Conduct supportive supervision

Supportive Supervision is Ongoing

Vaccine Management and Storage including Vaccine Wastage

Train health staff in effective vaccine management techniques.

On the job trainings are ongoing relating to effective vaccine management techniques.

Provide manuals to all the facilities

Manuals have been prepared and distributed to health facilities.

Discourage the use of plastic bags for storing vaccines

Policy actions have been adapted.

The principles of bundling should be strictly adhered to at all levels

Bundling practice is now in full operation

Surveillance

Establish laboratory based surveillance system for the confirmation of invasive pneumococcal diseases

A link has been established between National surveillance unit and Ola During hospital.

Provide written feedback on cases of pneumonia and meningitis due to invasive bacteria at all levels

Feedback mechanism in place already

Strengthen collaboration between EPI, the laboratory and the surveillance units.

Modalities are being worked out

Issues noted during the Conduct of PCV-13 Post Introduction Evaluation (PIE)

Actions recommended to Improve new vaccine Implementation plan

Implementation status and reasons for delay, if any

Monitoring and Supervision

Strengthen supportive supervision at district and health facility levels to address identified gaps (e.g. Target population)

Supportive supervision done regularly and discussions underway to strengthen supervision at all levels.

Provide feedback for the district and health facility staff after supervision

Feedback is mechanism currently weak but there are ongoing discussions on strengthening it.

Knowledge of Health Care Workers

Allocate sufficient time for staff training at the district level.

Trainings are done based on schedules

Provide adequate IEC materials on the new vaccine to be introduced

planning ongoing

Injection Safety and Waste Management

Assess the current waste management situation at the health facilities

Done

Provide ideal incinerators for the safe disposal of injection waste materials

Process on course. 14 Micro-burn Waste Management Unit introduced into the system.

Conduct practical training/ sensitization on the proper use and maintenance of incinerators or burning pits.

Training planned for 3rd quarter 2012

Provide guidelines on the safe disposal of injection waste

Guidelines available

Adverse Events Following Immunization

Conduct regular AEFI "drills" at the facilities

Weak at the moment.

Provide AEFI emergency "kit" at outreach sessions

Being discussed with stakeholders

Create AEFI data base at district and national levels

Being discussed with stakeholders

Advocacy, Communication and Acceptance

Provide adequate quantities of IEC materials on the vaccine to be introduced

Mobilizing adequate funding for process

Train staff in effective communication techniques, especially in interpersonal communication

Existence of Task Force for this course

Synchronize launching of new vaccines at national and district levels

Launch is normally synchronized at national and district levels

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **Yes**

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	5,250	22,575,000
Total funds available in 2011 (C=A+B)	5,250	22,575,000
Total Expenditures in 2011 (D)	5,250	22,575,000

Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Major activities undertaken using the GAVI grant were:
Training of staff
Social mobilization activities
Minor Cold chain maintenance
Vaccine and logistics distribution
Monitoring and Supervision of Immunization activities at all levels.

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

We were no table to mobilize funds from other sources. Funds available were not adequate for the full range of activities. Activities underfunded were
Training
Advocacy and social mobilization
Program management
Monitoring and supervision

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

No balance, needed more funds than allocated.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,243,000	400,200
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1,549,500	212,000
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	318,000	286,100
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	MoHS/GOSL	
Donor	UNICEF	
Other	GAVI	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	19,331	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding

1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	MoHS/GoSL
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	MoHS/GoSL
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	June	MoHS/GoSL
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	GAVI support to organize series of advocacy meetings with relevant authorities to mobilize more funds locally/internationally and increase Government/GAVI expenditure on immunization.	

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

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2010**

Please attach:

(a) EVM assessment **(Document No 15)**

(b) Improvement plan after EVM **(Document No 16)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 17)**

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
-Faulty cold chain equipments in districts	-To repair and replace faulty Solar equipments	Repair of Solar equipment done in 7 districts.
-	- procure and supply modern spare parts to distric	- Spare parts procured and supplied to all distr
-	- Procurement and supply of New generation battery	- New generation battery-less fridges procured & S
	-	-40 ILR Model MK/MF 074 procured & distrbuted
- Inadequate storage capacity	-Procure and install additional 2-8º C cold room	-Additional cold room of 40m3 arrived for instal

-	-Replacement of the 25 year old CFC cold room	-
Poor quality preventive maintenance for Solar Fr	- To improve cold chain preventive maintenance	- Routine maintenance in all district is ongoing
-	-	- DevelopedCold Chain Equipt. Management Info.Syst
-	-	- Outsource plan for training of Solar technician
-Weak vaccine management system	- Procure and distribute fridge tags	-1000 fridge tags procured and distributed
-	-Procure and install multilogs at the central col	-3 Multilogs procured
-	-	-2 Multilogs installed at central Col Store
-	-Use of cold water packs at static points	-Conditioning of ice packs for outreach and
-	-	-Cold H2O packs for static use already in practice
-	·Strict adherence to the use of GEO vaccine carri	· Geo style Vaccine carriers are widely used
-Unreliable national grid power supply	-To procure 45KVA stand-by generator at central	Central Cold Stores already connected to UNICEF &
-	-	- Awaiting UNICEF approval to request for the 45KV

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Sierra Leone does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Sierra Leone is not available in 2012

7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningogoccal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

Note: WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	500,000$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningogoccal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	214,634	219,765	225,040	230,442	235,972	1,125,853
	Number of children to be vaccinated with the first dose	Table 4	#	220,850	280,778	216,038	223,528	231,253	1,172,447
	Number of children to be vaccinated with the third dose	Table 4	#	194,346	197,789	207,037	214,310	221,814	1,035,296
	Immunisation coverage with the third dose	Table 4	%	90.55 %	90.00 %	92.00 %	93.00 %	94.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.33	1.25	1.18	1.11	
	Vaccine stock on 1 January 2012		#	433,500					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	724,400	734,400	716,200	695,000
Number of AD syringes	#	1,052,900	719,500	744,400	770,100
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	11,700	8,000	8,275	8,550
Total value to be co-financed by GAVI	$	1,729,500	1,607,000	1,546,000	1,463,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	68,600	75,800	75,200	75,200
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	159,000	162,500	158,500	154,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	8.65 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	220,850	280,778	24,280	256,498
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	662,550	842,334	72,838	769,496
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.33		
F	**Number of doses needed including wastage**	*D X E*	695,678	1,120,305	96,874	1,023,431
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		106,157	9,180	96,977
H	**Stock on 1 January 2012**	*Table 7.11.1*	433,500			
I	**Total vaccine doses needed**	*F + G – H*		792,962	68,569	724,393
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,052,826	0	1,052,826
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		11,687	0	11,687
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,730,244	149,617	1,580,627
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		48,957	0	48,957
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		68	0	68
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		103,815	8,977	94,838
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		4,903	0	4,903
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,887,987	158,594	1,729,393
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		158,593		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		8.65 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	216,038	20,210	195,828	223,528	21,237	202,291
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	648,114	60,628	587,486	670,584	63,709	606,875
E	Estimated vaccine wastage factor	*Table 4*	1.25			1.18		
F	Number of doses needed including wastage	*D X E*	810,143	75,785	734,358	791,290	75,177	716,113
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0	0	0	0
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	810,143	75,785	734,358	791,290	75,177	716,113
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	719,407	0	719,407	744,349	0	744,349
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	7,986	0	7,986	8,263	0	8,263
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,634,059	152,858	1,481,201	1,571,502	149,300	1,422,202
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	1,634,059	0	33,453	1,571,502	0	34,613
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	47	0	47	48	0	48
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	98,044	9,172	88,872	94,291	8,959	85,332
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	3,350	0	3,350	3,467	0	3,467
T	Total fund needed	*(N+O+P+Q+R+S)*	1,768,953	162,029	1,606,924	1,703,921	158,258	1,545,663
U	Total country co-financing	*I x country co-financing per dose (cc)*	162,029			158,258		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.35 %			9.50 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	231,253	22,573	208,680
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B X C*	693,759	67,718	626,041
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	770,073	75,167	694,906
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	770,073	75,167	694,906
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	770,073	0	770,073
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	8,548	0	8,548
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,488,552	145,298	1,343,254
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	35,809	0	35,809
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	50	0	50
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	89,314	8,718	80,596
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	3,586	0	3,586
T	Total fund needed	*(N+O+P+Q+R+S)*	1,617,311	154,015	1,463,296
U	Total country co-financing	*I x country co-financing per dose (cc)*	154,015		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.76 %		

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	214,634	219,765	225,040	230,442	235,972	1,125,853
	Number of children to be vaccinated with the first dose	Table 4	#	243,521	141,242	153,418	175,335	175,335	888,851
	Number of children to be vaccinated with the third dose	Table 4	#	145,577	114,529	124,402	142,174	142,174	668,856
	Immunisation coverage with the third dose	Table 4	%	67.83 %	52.11 %	55.28 %	61.70 %	60.25 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	114,900					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	312,300	466,300	538,900	522,600
Number of AD syringes	#	470,400	521,600	603,100	583,900
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	5,225	5,800	6,700	6,500
Total value to be co-financed by GAVI	$	1,182,500	1,757,000	2,030,500	1,969,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	17,800	26,600	30,800	29,800
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	66,500	99,000	114,000	110,500

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	5.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	243,521	141,242	7,615	133,627
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	730,563	423,726	22,843	400,883
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D X E*	767,092	444,913	23,985	420,928
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*	114,900			
I	**Total vaccine doses needed**	*F + G – H*		330,013	17,791	312,222
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		470,336	0	470,336
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		5,221	0	5,221
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,155,046	62,267	1,092,779
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		21,871	0	21,871
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		31	0	31
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		69,303	3,737	65,566
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		2,191	0	2,191
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,248,442	66,003	1,182,439
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		66,003		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		5.39 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	5.39 %			5.39 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	153,418	8,271	145,147	175,335	9,453	165,882
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	460,254	24,812	435,442	526,005	28,357	497,648
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	483,267	26,053	457,214	552,306	29,775	522,531
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	9,589	517	9,072	17,260	931	16,329
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	492,856	26,570	466,286	569,566	30,705	538,861
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	521,526	0	521,526	603,025	0	603,025
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	5,789	0	5,789	6,694	0	6,694
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,724,996	92,993	1,632,003	1,993,481	107,467	1,886,014
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	1,724,996	0	24,251	1,993,481	0	28,041
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	34	0	34	39	0	39
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	103,500	5,580	97,920	119,609	6,448	113,161
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	2,429	0	2,429	2,808	0	2,808
T	Total fund needed	*(N+O+P+Q+R+S)*	1,855,210	98,572	1,756,638	2,143,978	113,914	2,030,064
U	Total country co-financing	*I x country co-financing per dose (cc)*	98,572			113,914		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.39 %			5.39 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.39 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	175,335	9,453	165,882
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	526,005	28,357	497,648
E	**Estimated vaccine wastage factor**	*Table 4*	1.05		
F	**Number of doses needed including wastage**	*D X E*	552,306	29,775	522,531
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	0	0	0
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	552,306	29,775	522,531
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	583,866	0	583,866
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	6,481	0	6,481
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	1,933,071	104,210	1,828,861
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	27,150	0	27,150
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	38	0	38
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	115,985	6,253	109,732
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	2,719	0	2,719
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,078,963	110,462	1,968,501
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	110,462		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.39 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	214,634	219,765	225,040	230,442	235,972	1,125,853
	Number of children to be vaccinated with the first dose	Table 4	#	183,498	183,803	85.84 %	197,464	199,611	957,548
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.43	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	169,600					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.90	0.90	0.90	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low

	2011	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	85,800	161,100	165,500	166,900
Number of AD syringes	#	220,500	214,500	220,500	222,200
Number of re-constitution syringes	#	12,000	22,600	23,200	23,400
Number of safety boxes	#	2,600	2,650	2,725	2,750
Total value to be co-financed by GAVI	$	95,000	167,500	172,000	173,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	22,300	41,900	43,000	43,400
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	$	22,000	41,000	42,000	42,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	20.61 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	183,498	183,803	37,890	145,913
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B X C*	183,498	183,803	37,890	145,913
E	Estimated vaccine wastage factor	*Table 4*	1.11	1.43		
F	Number of doses needed including wastage	*D X E*	203,683	262,839	54,183	208,656
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*		14,789	3,049	11,740
H	Stock on 1 January 2012	*Table 7.11.1*	169,600			
I	Total vaccine doses needed	*F + G – H*		108,028	22,270	85,758
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*		220,438	0	220,438
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*		11,992	0	11,992
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*		2,580	0	2,580
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		97,226	20,043	77,183
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		10,251	0	10,251
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		45	0	45
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		15	0	15
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		7,584	1,564	6,020
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		1,032	0	1,032
T	Total fund needed	*(N+O+P+Q+R+S)*		116,153	21,606	94,547
U	Total country co-financing	*I x country co-financing per dose (cc)*		21,606		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		20.61 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	20.61 %			20.61 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	193,172	39,822	153,350	197,464	40,706	156,758
C	Number of doses per child	*Vaccine parameter (schedule)*	1			1		
D	Number of doses needed	*B X C*	193,172	39,822	153,350	197,464	40,706	156,758
E	Estimated vaccine wastage factor	*Table 4*	1.05			1.05		
F	Number of doses needed including wastage	*D X E*	202,831	41,813	161,018	207,338	42,742	164,596
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	0	0	0	1,127	233	894
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	202,831	41,813	161,018	208,465	42,974	165,491
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	214,421	0	214,421	220,437	0	220,437
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	22,515	0	22,515	23,140	0	23,140
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,630	0	2,630	2,704	0	2,704
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	182,548	37,632	144,916	187,619	38,677	148,942
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	182,548	0	9,971	187,619	0	10,251
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	84	0	84	86	0	86
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	16	0	16	16	0	16
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	14,239	2,936	11,303	14,635	3,017	11,618
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,008	0	1,008	1,036	0	1,036
T	Total fund needed	*(N+O+P+Q+R+S)*	207,866	40,567	167,299	213,643	41,693	171,950
U	Total country co-financing	*I x country co-financing per dose (cc)*	40,567			41,693		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	20.61 %			20.61 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	20.61 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	199,611	41,150	158,461
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B X C*	199,611	41,150	158,461
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	209,592	43,207	166,385
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	564	117	447
H	Stock on 1 January 2012	*Table 7.11.1*			
I	Total vaccine doses needed	*F + G – H*	210,156	43,323	166,833
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	222,195	0	222,195
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	23,328	0	23,328
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	2,726	0	2,726
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	189,141	38,991	150,150
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	10,333	0	10,333
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	87	0	87
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	16	0	16
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	14,753	3,042	11,711
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	1,044	0	1,044
T	Total fund needed	*(N+O+P+Q+R+S)*	215,374	42,033	173,341
U	Total country co-financing	*I x country co-financing per dose (cc)*	42,032		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	20.61 %		

8. Injection Safety Support (INS)

Sierra Leone is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2011**. All countries are expected to report on:

   a. Progress achieved in 2011

   b. HSS implementation during January – April 2012 (interim reporting)

   c. Plans for 2013

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

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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

4. If you are proposing changes to approved activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve the revised budget and activities.**Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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

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

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

   a. Minutes of all the HSCC meetings held in 2011

   b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2011 calendar year

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

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

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

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

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

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

9.1. Report on the use of HSS funds in 2011 and request of a new tranche

9.1.1. Report on the use of HSS funds in **2011**

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

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

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

If yes, please indicate the amount of funding requested: **529870** US$

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		1161360	1053460			
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			591290	575370	476010	529870
Total funds received from GAVI during the calendar year (*A*)		1154000	0	530950	0	0
Remaining funds (carry over) from previous year (*B*)		0	1090099	24100	228300	2408
Total Funds available during the calendar year (*C=A+B*)		1154000	1090099	557994	228962	2408
Total expenditure during the calendar year (*D*)		63901	1065999	329694	226554	0
Balance carried forward to next calendar year (*E=C-D*)		1090099	24100	228300	2408	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	529870

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)		4993848000	4529878000	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)			2542547000	2474091000	2046843000	2278441000
Total funds received from GAVI during the calendar year (*A*)		4962200000	0	2283085000	0	0

Remaining funds (carry over) from previous year (*B*)		0	4687425700	103630000	981690000	10354400
Total Funds available during the calendar year (*C=A+B*)		4962200000	4687425700	2399374200	984536600	10354400
Total expenditure during the calendar year (*D*)		274774300	4583795700	1417684200	974182200	0
Balance carried forward to next calendar year (*E=C-D*)		4687425700	103630000	981690000	10354400	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	2278441000

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January		2948	3001	3410	3736	4386
Closing on 31 December	2948	3001	3413	3734	4374	

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number:)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number:)**

Financial management of HSS funds

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

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

The HSS funds are held in a foreign account at one of the major commercial banks in the country – the Sierra Leone Commercial Bank (SLCB). The signatories to the account are the Permanent Secretary of the Ministry of Health and Sanitation together with the Chief Medical Officer. The approved HSS proposal and work plan were shared with all partners, Directors and Managers in the health sector.

The activities in the HSS Proposal are captured in the 3-Year Joint Programme of Work and Funding (JPWF). Once funds for HSS activities are available in the Special Account for GAVI funds, the Units/Department responsible for implementing 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 Health Sector plan and that it should be supported with GAVI HSS funds. He then endorses the request and sends it to the Chief Medical Officer for approval. The Chief Medical Officer reviews that proposal for technical soundness and approves the request. He then forwards the request to the Permanent Secretary of the Ministry who ensures that the requesting entity is legal and can receive funds from the Ministry. The Permanent Secretary then approves and forwards the request to the Principal Accountant of the Ministry to make the payment. The Principal Accountant then advices the Finance officer attached to the EPI programme 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 Permanent secretary and Chief Medical Officer for signature. The Cheque is them paid to the Account of the Unit that will implement the activity.

The Recipient then informs the Director of Planning and Information about the schedule for implementing the activity, so that on-the-spot monitoring could be conducted. After implementation, the recipient unit sends both activity implementation report as well as financial report and receipts to the Director of Planning and Information, who further submit them to the Directorate of Financial Resources and Internal Audit unit of the Ministry, for verification. Information on the activity is shared with stakeholders and various forums including the HSSG, the ICC, and other meetings.

A major problem that was encountered in the implementation of the project was that the HSS funds are not provided by GAVI on time. They were always late, and so could not adequately serve the purpose for which they were intended. This has made HSS Funds very unpredictable. The other problem was that decision making by HSCC on GAVI was very slow, as the committee meetings were few and far in between. To address this challenge, it was agreed the Health Sector Steering Group (HSSG), comprising of all stakeholders in the health sector (MOHS, Donors, Implementing partners, NGOS, CSOs) which meets fortnightly, should supervise GAVI HSS implementation. This decision has greatly improved the involvement of stakeholders in implementation of GAVI HSS activities. The HSSG now reviews GAVI Proposals and endorse APRs. The committee also receives updates on implementation of GAVI HSS activities.

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Provision of out-reach allowances for PHU staff	Out-reach allowances provided for 200 PHUs	0	District report

provision of in-service training for 200 PHu staff	train 82 PHu staff in IMNICI	0	District and programme reports
Procurement of fuel for district ambulances	Procure fuel for district hospitals	0	District reports
Provision of DSA for supervision	Provide DSA for district and national teams	0	National and district reports
Procure ambulances for referrals	Procure 5 ambulances for referrals	60	Procurement report
Provide solar power lighting in hospitals	Provide solar power lightings to 2 hospitals	100	Activity completion report
Conduct data quality audit	Conduct data quality audit	0	Annual sector report
Conduct annual programme account audit	Conduct annual audit	100	Audit report
Review of curriculum of health workers	Review curriculum of health workers	100	Revised curriculum for Community health nurses.

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

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
Procure ambulances for referrals	The plan was to procure 5 ambulances. However about the time of the bidding, the prices of vehicles was increased as a result of the sunnami in Japan. We were therefore able to get only 3 ambulances with the funds we had, instead of 5.
Provide solar powered lighting in hospitals	The activity has been completed, but the firm has not been fully paid. This is because we received no additional tranche of GAVI HSS funds in 2011.
Conduct annual programme account audit	This was implemented, as it is a pre-condition for release of GAVi funds.
Review currilum of health workers	This activity was completed and the currilum for community nurses have been revised to reflect the tasks they are required to perform.

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

Several on-going activities were not conducted in 2011. These include, Activity 1.1., 1.2, 2.2, 2.4,4.2, 4.3., and M&E activities. These activities were not conducted because no additional funds were provided by GAVI in 2011. The existing funds were already committed to procurement of ambulances, audit and reviewing the curriculum of health workers.

The implementation of GAVI HSS project has been very slow. This has been mainly due to the slow disbursement of funds by GAVI. Since the project started in 2008 (five years ago), GAVI has provided only two tranches of funds. As a result progress has been slow and gains made have been difficult to sustain.

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

GAVI funds have been used to provide in-service training for some PHU staff. However Sierra Leone do not have a National Human Resources Policy, so the activities have not been part of a national plan or policy.

The trainings supported by GAVI have been mainly those that can increase health worker capacity to save lives of children and mothers.

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2010 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
Percentage of Under-fives sleeping under ITNs	63%	CWIQ survey report 2007	80%	80%		26%		44%	73%		Target for % of children sleeping under ITNs has not yet been achieved. Their is need for more community sensitisation durig service delivery.
National DPT/Penta3 coverage	59%	EPI Report 2006	80%	85%					83%	HMIS report 2011	
Number of districts achieving ≥80% DTP3 coverage	1	EPI Report 2006	11	12			10	10	11	HMIS reports	
Under five mortality rate (per 1000)	194	Census report	150	110		140		217		MICS 2010	Different surveys seem to be reporting different figures, as result of difference in survey methodology. The2008 DHS showed more improved mortality rates that the 2005 and 2010 MICS reports. A second DHS is planned for 2013.
Births attended by skilled health personnel	42%	CWIQ Report 2007	60%	60%		42%		62%		MICS 2010	
Underweight prevalence rate	27%	Report of the Vulnerability assessment Mapping 2005	16%	17%		21%		18.7%		2010 SMART Survey	The target set for nutritional Status has not yet been achieved. However, nutiritional status has improved by up to 80%.

9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

The Aim of GAVI HSS support to Sierra Leone is to increase immunisation coverage by increasing out-reach activities, supportive supervision, improving the skills of health care staff in management of both child hood and obstetric emmergencies and to improve M&E.

In 2011 about 80% of the funds were used to pay for the procurement of 3 ambulances for referrals. During the year, 2 additional hospitals were provided solar power to provide lighting, for ceasarean sections, in the children's wards and in maternity wards. This has increased the care provided to children at night. The funds were also used revise the curriculum of health workers, so that they can receive basic training in management of child health including immnunisation and management of obstetric emmergencies.

The table below shows the trend in the number of children under-one year of age that were fully immunised in 2009, 2010 and 2011. According to the table the immunisation coverage increased almost two times but reduced slightly in 2011. Part of the reason for the reduced coverage was that most facilities were not going on planned outreach visits.

District**201120102009****Under 1 population**Bo15,52517,3018,73724,651Bombali12,49814,4377,57618,467Bonthe5,4486,0193,1596,303Kailahun12,387 12,8036,92617,439Kambia7,0898,2863,69612,795Kenema17,77822,1588,92924,516Koinadugu7,2749,1454,17212,561 Kono8,4638,7095,35611,996Moyamba12,85611,6217,44410,318Port Loko12,94522,2465,07520,863Pujehun9,8829,0535,92612,668Western Area30,85232,95322,93849,077Tonkolili12,96715,9718,85916,279**National**165,964**190,70298,793**237,933

Health facility delivery increased from 123,886 in 2010 to 126,105 in 2011. part of the reason for this was the increased skills of the health providers, leading to increased utilisation of services.

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

In the preparation of the district and national level plans, GAVi HSS was identified as a key source of support for outreach and supportive supervision at both national and district levels. However, as no funds were availabie from GAVI to support these activities, other partners were contacted to support outreach and supervision. Some support was provided but not enough for all districts and for national level supervision. Unfornately outreach activities were not supported by partners. In the preparation of the 2012 Annual plans, districts were advised to seek part support for outreach activities from other partners, so that in the event that GAVI funds are delayed, those other sources could support outreach.

The HSCC was meeting very seldom, and therefore the making of decisions on GAVi support was slow. Therefore it was agree that the Health sector Coordinating Group (HSSG) be used to endorse the proposals and make decisions on HSS implementation

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

All activities implemented with GAVI HSS funds were included in the Annual Operation plans for that level. This ensured that there was no duplication of funds for activities supported by GAVI and other partners.

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Implementers were requested to inform the Directorate of Planning and Information (DPI) about the date of implementation, so that DPI could have a representative to monitor implementation of activities.

No separate evaluation was conducted for GAVI HSS support, but these were done as part of the overall evaluation of the sector performance through periodic the surveys and annual reviews. Civil society was invited as part of the monitoring team to monitor utilisation of fuel and ambulances provided to districts. as they are wide-sread this prevented misused.

Data for monitoring progress in indicators monitored for the GAVI HSS project are collected through the national Health Information Systems.

Routine data are collected in the public sector through a network of some 1,119 Peripheral Health Units (PHUs), and 25 hospitals that are distributed throughout the country across 13 districts. The PHUs and hospitals gather data from client/patient registration forms, using tally sheets. These are collated onto paper based integrated reporting forms which are sent to the district office. Data from the community are included in the PHU's reporting forms. DHMT capture this data into an electronic District Health Information System (DHIS). The electronic data is forwarded to the Directorate of Planning and Information in the MOHS. The electronic DHIS database also allows integration of Open MRS software that will permit development of a Hospital Information System. This electronic medical recording process has started with data for anti-retroviral patients recording at the nation's teaching hospital and will be scaled up to all hospitals as a second step. The DHIS database will progressively be extended to capture data from other sources such as specific surveys, civil registration (births and deaths), research, supervision, private sector, civil society, resources and administrative records to give a broad picture of the country. Data and report on key indicators and reports of National reviews will be stored in a National data repository/observatory for storage.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

There is no separate system for monitoring and evaluation of GAVI HSS support. These are integrated in the National M&E Framework. The tools used for data collection are integrated and do not focus on any particular project, supervision of health activities is also integrated and the evaluation is also integrated. For example, the tools used for data collection at facility level collect information on several services without focusing on any particular project.<?xml:namespace prefix = o />

The Annual reviews conducted looks at areas of success and those with problems. It does not focus on any particular project but on the sector performance.

Quarterly and Annual reviews assess progress of various health interventions guided by the NHSSP towards achieving the objectives of the NHSSP. The major assessment during reviews is to find out if the inputs are sufficient; and if the outputs are performing sufficiently to achieve the desired outcomes and impacts. The Sector conducts an Annual review meeting each year, during which progress towards sector objectives are assessed and roadmap developed for the subsequent year.

The Sector has developed an Accountability Framework that is used to assess progress in meeting set objectives and goals. These indicator are prefered to the current GAVI HSS indicators, but as this is expected to be the last year of implementing this project, the current indicators will be maintained.

The Financial Management in the ministry is been restructured, with the aim of using one financial management systems. This will include funds management, reporting and auditing. This is expected to improve the management of GAVI funds in the country.

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

Civil society organisations were involved in the implementation of HSS proposal. <?xml:namespace prefix = o />

They are particularly involved in monitoring the availability of ambulances for referrals and the utilisation of the fuel for ambulances at district level. They are also involved in monitoring the implementation of the Free Health Care Policy by monitoring the distribution of drugs and ensuring that facility health committees are functional in all communities. One civil society organisation, Medicasl Research Centre has been operating ambulances in the districts and have been provided with fuel procured with GAVI HSS funds.

They are also represented on the HSCC.

Organisation involved in monitoring GAVI HSS implementation includes:

Health for All Coalition - (Local NGO) the monitor the use of fuel for ambulances

Medical Research Centre - (Local NGO) Manage the fuel that is given to ambulances in Tonkolili District

University of Sierra Leone - (Academic Institution) Area involved in reviewing the curriculum of health workers

Other organisation including UN Agencies, Donor Organisations, Local and International NGOs are represented on the HSSG and review reports and proposals on GAVI HSS.

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

GAVI HSS activities are implemented mainly by government. This is because at the time of developing the proposal, it was agreed that the government was in a better position to carryout the activities. However, for activties that are jointly supported with CSOs, planning is carried out together and some funds are given to the CSO to carry out the activity. For example, the fuel procured for ambulance runs in Tonkolili district are given to the NGO Medical Research Centre, that is also operating ambulance services in the district. Attmepts to replicate this system in other districts have not been successful because of lack of funds to support overheads of NGOs.

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

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

The management of HSS funds has been effective. <?xml:namespace prefix = o />

The only constraint to implementation is that the HSCC that is supposed to oversee the implementation of the HSS does not meet regularly. This has made it almost impossible to revise the implementation plan.

While the HSCC does not meet regularly, the Health Sector Steering Group (HSSG), that is comprised of all stakeholders in the health sector (MOHS, Donors, Implementing partners, NGOS, CSOs) meets fortnightly now oversee the implementation of the project. We would therefore like the HSSG to replace the HSCC as the oversight committee for the HSS support.

GAVI HSS funds used to be managed by the Finance Officer of the EPI programme, however it will now be managed centrally by the Director of financial Resources, together with all other funds, as part of the recommendations of Joint Financial Management Assessment. The effect of this change is not yet known.

9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Activity 1.1	Provision of outreach allowances	61960	0		The original budget was to support outreach in 200 health facilities. To accelerate improvement in immunisation coverage, the support has been revised to cover 800 health facilities	201960
Activity 2.2	Inservice training on IMNCI for 100 health workers	70000				70000
Activity 3.3	Contruct solar lighting in hospitals	48000			This activity has been completed but firm has not yet been paid	48000
Activty 4.2	Support supportive supervision in 13 districts	117000			The activity has not changed but budget has been increased because of increase in fuel price	120000
Support National level supervision	Provide DSA and fuel for supervision	40000				42000
Management costs	Project management cost	5050				5050
Audit	Annual audit fee	2000				2000
M&E support costs	DQA cost	20860				20860
Activity 3.1	Finalise payment for ambulances	226000			This is not a new activity. It is however the remaining payment for the ambulances	20000
		590870	0			529870

9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2013

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Original budget for 2013** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2013** (if relevant)
Provision of fuel for ambulance.					
		0			

9.6.1. If you are reprogramming, please justify why you are doing so.

9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

Table 9.7: Revised indicators for HSS grant in case of reprogramming

Name of Objective or Indicator (Insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded
ADB	14000000	3 years (2009 - 2012)	Training of staff, renovation of facilities, procurement of equipment and drugs
DFID	75000000	5 years (2010 - 2015)	Salaries for health workers, procurement of drugs
EU	31200000	3 years (2012 - 2014)	Rehabilitation of health facilities and procurement of equipments
Global fund HSS	36000000	5 years (2012 - 2015)	Salaries for health workers, Health Information systems, Strengthening laboratory diagnosis
Government of Sierra Leone	75000000	3 years (2012 -2014)	Payment of salaries, procrement of drugs and medical equipment, support for National Health Insurance
Kuwait Government	14400000	3 years (2012 -2014)	Rehabilitation of three hospitals
World Bank	7100000	3 years (2012 -2014)rance	Health Information, Supervision, Training of staff and procurement of drugs

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

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

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010??

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 23)**
2. The latest Health Sector Review report **(Document Number:)**

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

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

Sierra Leone is not reporting on GAVI TYPE A CSO support for 2012

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

Sierra Leone is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2010 (balance as of *31Decembre 2010*)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	TTS-Signatures of Hon Ministers of Health and Finance.jpg File desc: (Prop_ATTACH_00170) Date/time: 5/22/2012 7:18:57 AM Size: 316601
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	TTS-Signatures of Hon Ministers of Health and Finance.jpg File desc: (Prop_ATTACH_00170) Date/time: 5/22/2012 7:19:48 AM Size: 316601
3	Signatures of members of ICC	2.2	✓	ICC Signatures.pdf File desc: File description... Date/time: 5/22/2012 8:23:44 AM Size: 321398
4	Signatures of members of HSCC	2.3	✗	HSSG1.pdf File desc: File description... Date/time: 5/22/2012 9:02:48 AM Size: 209878
5	Minutes of ICC meetings in 2011	2.2	✓	ICC Minute 14TH MAY2011.docx File desc: File description... Date/time: 5/4/2012 1:05:20 PM Size: 20018
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	TTS-Minutes of Integrated SDWG.docx File desc: (Prop_ATTACH_00170) Date/time: 5/22/2012 7:45:50 AM Size: 14236
7	Minutes of HSCC meetings in 2011	2.3	✗	HEALTH SECTOR STEERING GROUP MEETING NOTES 1st May 20121.docx File desc: File description... Date/time: 5/22/2012 9:37:22 AM Size: 18270
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	TTS-HSSG Minutes-15-5-12.doc File desc: File description... Date/time: 5/22/2012 11:47:59 AM Size: 74752
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	Financial Statements.pdf File desc: File description... Date/time: 5/22/2012 9:58:07 AM Size: 378299
10	new cMYP APR 2011	7.7	✓	Sierra Leone TTS-cMYP-Nov 2011-Final 09-11-11.doc File desc: File description...

				Date/time: 5/4/2012 12:34:44 PM Size: 3448832
11	new cMYP costing tool APR 2011	7.8	✓	TTS-Costing Tool-October-2011-Final.xls File desc: File description... Date/time: 5/4/2012 12:31:10 PM Size: 3516928
12	Financial Statement for CSO Type B grant APR 2011	10.2.4	✗	CSO Financial Statement.docx File desc: (Prop_ATTACH_00170) Date/time: 5/22/2012 7:53:12 AM Size: 9969
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	Financial Statements.pdf File desc: File description... Date/time: 5/22/2012 9:54:35 AM Size: 378299
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial Statement for NVS introduction grant in 2011.docx File desc: File description... Date/time: 5/22/2012 10:41:01 AM Size: 9994
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Terry Heart Cold chain assessment draft report nov 2010.docx File desc: File description... Date/time: 5/4/2012 12:28:12 PM Size: 2555039
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	EVM_SITUATION, IMPROVEMENT PLAN_AND_STATUS_OF_IMPLEMENTATION[1] 08-04-12.doc File desc: File description... Date/time: 5/4/2012 12:25:03 PM Size: 28672
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	EVSM-EVM-VMA Implementation Status in Sierra Leone (2010 to 2011).docx File desc: File description... Date/time: 5/4/2012 12:24:16 PM Size: 12332
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	External Audit Report-ISS.pdf File desc: File description... Date/time: 5/22/2012 1:53:17 PM Size: 690515
20	Post Introduction Evaluation Report	7.2.2	✓	SIL PIE 2012 Rpt 3FO May 21 2012 final.doc File desc: File description... Date/time: 5/21/2012 4:09:59 PM Size: 1075200
				TTS-Minutes of ICC Meeting -May-2011.doc

21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	File desc: File description... Date/time: 5/22/2012 10:30:11 AM Size: 64512
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	External Audit Report-HSS.pdf File desc: File description... Date/time: 5/22/2012 1:54:17 PM Size: 697961
23	HSS Health Sector review report	9.9.3	✗	2010 Health Sector Report1.pdf File desc: File description... Date/time: 5/22/2012 10:15:07 AM Size: 3469497