GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Sierra Leone

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **15/05/2014**

Deadline for submission: 16/05/2014

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 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	Rotavirus, 2 -dose schedule	Rotavirus, 2 -dose schedule	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
NVS Demo	HPV bivalent, 2 dose(s) per vial, LIQUID		2014

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2013: N/A	N/A
HSFP	No	Next tranch of HSFP Grant Yes	N/A
VIG	No	Not applicable	N/A
COS	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

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

By signing this page, the Government of 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	Madam Miatta KARGBO	**Name**	Dr. Kaifala MARRAH
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr. Sartie M. KENNEH	Child Health/EPI Programme Manager	+23276644009	sartiekenneh@gmail.com
Dr Nuhu MAKSHA	Immunization Specialist-UNICEF	+23276901211	nmaksha@unicef.org
Dr. Pamela MITULA	WHO EPI Team Leader	+23276751171	mitulap@who.int
Dr. Joseph Ngagba KANDEH	HSS Manager-Directorate of Policy Planning and Information (MOH&S)	+23276894323	joeagie90@gmail.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

Dr. Brima Kargbo / Chief Medical Officer (CMO)	Ministry of Health and Sanitation		
Dr Sarian Kamara / Deputy Chef Medical Officer (DCMO)	Ministry of Health and Sanitation		
Mr. Sadiq M. Kapuwa / Parmanent Secretay - MoHS	Ministry of Health and Sanitation		
Dr Amara Jambai/Director of Disease Prevention and Control (DPC)	Ministry of Health and Sanitation		
Dr. Roeland Monasch /Country Representative	UNICEF		
Dr. Jacob Mufunda /Country Representative	World Health Organization (WHO)		
Mr. Edward Jusu / National Coordinator	Health for All Coallation Civil Society Organization		
Mr. Mohamed B. Jalloh / CEO	Focus 1000		

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), here by , 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

Madam Miatta Kargbo / Honourable Minister	Ministry of Health and Sanitation		
Dr. Kaifala MARRAH / Honourable Minister	Ministry of Finance and Economic Development		
Dr. Brima Kargbo / Chef Medical Officer (CMO)	Ministry of Health and Sanitation		
Mr. Sadiq M. Kapuwa /Parmanent Secretary (PS)	Ministry of Health and Sanitation		

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 2014

3. Table of Contents

This APR reports on Sierra Leone's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	249,490	247,610	255,478	253,679	261,609	259,903
Total infants' deaths	24,450	22,037	25,036	25,036	25,367	25,367
Total surviving infants	225040	225,573	230,442	228,643	236,242	234,536
Total pregnant women	271,753	272,373	278,275	278,275	284,954	284,954
Number of infants vaccinated (to be vaccinated) with BCG	249,490	248,542	255,478	253,679	258,993	259,903
BCG coverage	100 %	100 %	100 %	100 %	99 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	207,037	250,084	214,310	214,310	221,814	221,814
OPV3 coverage	92 %	111 %	93 %	94 %	94 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1	0	0	0	0	0	0
Number of infants vaccinated (to be vaccinated) with DTP3	0	0	0	0	0	0
DTP3 coverage	0 %	0 %	0 %	0 %	0 %	0 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	216,038	249,450	230,442	230,442	235,972	235,972
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	216,038	239,179	230,442	214,310	221,814	221,814
DTP-HepB-Hib coverage	96 %	106 %	100 %	94 %	94 %	95 %
Wastage*[1]* rate in base-year and planned thereafter (%) *[2]*	20	10	10	10	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.25	1.11	1.11	1.11	1.05	1.05
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	193,172	224,111	212,007	212,007	217,095	217,095
Yellow Fever coverage	86 %	99 %	92 %	93 %	92 %	93 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	10	10	10	10	10

Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	40 %	40 %	40 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13)	225,040	248,189	230,442	230,442	189,610	189,610
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13)	225,040	238,999	230,442	214,310	221,814	221,814
Pneumococcal (PCV13) coverage	100 %	106 %	100 %	94 %	94 %	95 %
Wastage*[1]* rate in base-year and planned thereafter (%)	5	5	5	5	5	5
Wastage*[1]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.05
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0	230,871	230,442		235,972
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0	230,871	230,442		235,972
Rotavirus coverage		0 %	100 %	101 %		101 %
Wastage*[1]* rate in base-year and planned thereafter (%)		0	5	5		5
Wastage*[1]* factor in base-year and planned thereafter (%)		1	1.05	1.05		1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	5 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	206,136	223,401	212,007	212,007	217,095	217,095
Measles coverage	92 %	99 %	92 %	93 %	92 %	93 %
Pregnant women vaccinated with TT+	176,639	319,246	194,793	194,793	213,716	213,716
TT+ coverage	65 %	117 %	70 %	70 %	75 %	75 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0
Vit A supplement to infants after 6 months	196,405	224,938	201,119	201,119	205,946	205,946
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): [(A B) / A] 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.

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  Progressive annual increase in birth based on annual 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. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  Changes were mainly due to annual growth rate and for targets to be consistent with what is in the revised cMYP 2012-2016. <?xml:namespace prefix = "o" />

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

  The changes reflect what is in the revised cMYP 2012-2016.<?xml:namespace prefix = "o" />

5.2. Immunisation achievements in 2013

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

MAJOR ACHIEVEMENTS IN 2013<?xml:namespace prefix = "o" />

- Held advocacy, social mobilization and communication meetings with politicians and opinion leaders on the implementation of HPV demonstration project in Sierra Leone

- Conducted two rounds of HPV demonstration (HPV R1 & R2) in Bo district

- Conducted training, with on the job mentoring of PHU staff, for fridge tag 2 interpretation and recording at districts and PHU levels

- Conducted a nationwide data quality self-assessment survey (DQS-2013)

- Conducted the EPI coverage survey

- Received conditional approval of MSD introduction in Sierra Leone

- Conducted two rounds of Maternal & Child Health Week (MCHW)

- Conducted four rounds of NIDs including defaulter tracing for under one children

- Conducted MNTE – Validation and was declared Neonatal tetanus free

- Supported the co-funding of GAVI (New and Underutilized) vaccines

CHALLENGES:

- Inadequate transport for EPI service delivery

- EPI annual work plan partially completed due to competing activities

- Malfunctioning of Cold chain equipment due to age at district and health facility levels

ADMINISTRATIVE ACTIONS:

- Conducted advocacy and sensitization meetings for Parliamentarians, Councilors and District Health Management Teams on Sustainable Immunization 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:

Administrative coverage data clearly indicate that targets were met / reached

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

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

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

There are some gender-related barriers affecting immunization services. Some of these barriers are due to socio economic condition in the country. The economic activities of some women (petty trading, farming) do not give them adequate time to take their children for immunization services. The economically disadvantaged women focus more on their daily economic activities; hence not prioritizing immunization of their children.

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)

In 2013, a Demographic Health Survey (DHS), EPI cluster coverage survey, and other forms of immunization data assessments were done. The findings from these assessments were that there are discrepancies between the various immunization data. The preliminary report of the DHS shows Measles coverage of 79% while the draft reported coverage from the EPI coverage survey is 75%. The administrative Measles coverage

is 99%. The reasons for these variations could be attributed to: (1) Different methodologies are used to collect the data, (2) the samples sizes are different, (3) the respondents are not the same, (4) the surveys are not conducted at the same time, (5) low immunization card retention in some districts. In 2013, a Demographic Health Survey (DHS), EPI cluster coverage survey, and other forms of immunization data assessments were done. The findings from these assessments were that there are discrepancies between the various immunization data. The preliminary report of the DHS shows Measles coverage of 79% while the draft reported coverage from the EPI coverage survey is 75%. The administrative Measles coverage is 99%. The reasons for these variations could be attributed to: (1) Different methodologies are used to collect the data, (2) the samples sizes are different, (3) the respondents are not the same, (4) the surveys are not conducted at the same time, and (5) low immunization card retention in some districts. <?xml:namespace prefix = "o" />

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

The country conducted a Data Quality Self Assessment in September 2013.

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

The EPI programme in collaboration with WHO, UNICEF and other organizations conducted supportive supervision to districts and selected health facilities to monitor the routine administrative data and to also conduct On The Job Trainings and mentoring of the DHMTs and PHU staff. In addition, data harmonization meetings were held to review coverage indicators and programme objectives. Furthermore, the programme was able to support the printing and distribution of EPI vaccine monitoring charts to districts and PHUs. District Operation Officers were trained on how to monitor coverage and wastage.The recommendations of the 2013 DQS are been implemented to improve EPI data at all levels.<?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.

CH/EPI Programme in collaboration with partners (UNICEF and WHO) are planning to conduct integrated supportive supervision in all districts that will address issues relating to the quality of data.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 4300	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 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	546,043	0	0	546,043	0	0	0	0
New and underused Vaccines**	5,447,500	322,000	5,125,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	20,689	0	0	20,689	0	0	0	0
Cold Chain equipment	115,077	0	0	115,077	0	0	0	0
Personnel	18,029	0	0	18,029	0	0	0	0
Other routine recurrent costs	720,395	459,907	170,000	0	90,488	0	0	0
Other Capital Costs	63,325	0	0	63,325	0	0	0	0
Campaigns costs	1,401,266	0	0	0	1,401,266	0	0	0

0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	8,332,324							
Total Government Health		781,907	5,295,500	763,163	1,491,754	0	0	0

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

Currently, all the traditional vaccines used in the country are procured by UNICEF. There is advocacy with the Ministry of Health and Sanitation to create a budget line for the procurement of traditional vaccines in addition to co-funding of GAVI vaccines,. UNICEF will continue to procure all the traditional vaccines in 2014 and 2015.<?xml:namespace prefix = "o" />

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?

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

Although a Financial Management Assessment was done, the action plans from the Aide Memoire has not yet been implemented.<?xml:namespace prefix = "o" />

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

The entire management team at the Directorate of Policy Planning and Information that is responsible for the implementation of the action plan from the Aide Memoire were suspended and a new management team was appointed in 2014.

<?xml:namespace prefix = "o" />

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

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

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

If Yes, which ones?

List CSO member organisations:
Health for All Coalation

Health Alert
Inter religious council
Focus One thousand (1000)

5.8. Priority actions in 2014 to 2015

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

To improve Immunization service delivery<?xml:namespace prefix = "o" />

- Support the strengthening of outreach services
- Support the conduct of regular quarterly and monthly supportive supervision by national and district level respectively
- Support to improve on the implementation of the RED approach strategy through regular monitoring of RED indicators
- Introduce Measles Second Dose vaccination
- Introduce IPV
- Support the implementation of HPV demonstration project activities
- Conduct Measles/Rubella campaign
- Conduct comprehensive EPI review
- Conduct Integrated Maternal and Child Health Week activities

To improve Data Management

- Analyze EPI data for action, on monthly bases and share analysis with districts and partners.
- Print and distribute EPI data collection, reporting and monitoring tools
- Procure one lap top computer per district for data management by end of 2014
- To improve Human Resource capacity.
- Support the conduct of EPI related trainings both locally and internationally.
- To improve Supervision at all levels
- Conduct integrated supportive supervision at all levels

To improve Coordination

- Conduct regular EPI review meeting with DHMT's and Community stakeholders
- To improve Vaccines, cold chain and Logistic maintenance at all levels
- Procure additional cold chain equipment and spare parts
- Preventive maintenance and repair of cold chain equipment
- Conduct temperature monitoring study as per WHO standards
- Conduct Cold Chain Logistics Training based upon "Doing is Understanding" and "On the Job Mentoring".
- Maintenance of faulty EPI transport

To Support the implementation of IDSR strategic plan in all districts

- Continue case based surveillance for vaccine preventable diseases
- Strengthen AEFI monitoring system at all levels including the development of a database

. Support quarterly IDSR and AEFI review meetings

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	Non AD 0.05 mls and RUP 2ml	UNICEF

Measles	AD 0.5 mls and RUP 5ML	UNICEF
TT	AD 0.5 mls	UNICEF
DTP-containing vaccine	AD 0.5 mls	GOSL/UNICEF/GAVI
Yellow Fever	AD 0.5 mls and RUP 5ML	GOSL/UNICEF/GAVI
Pneumococcal Conjugate Vaccine	AD 0.5 mls	GOSL/UNICEF/GAVI

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

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

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

- Funding gap for the procurement and installation of additional incinerators<?xml:namespace prefix = "o" />
- Inadequate funding for training of health workers on injection safety

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

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

The problems encountered were mainly inadequate number of incinerators for final disposal of injection waste materials. There is only one incinerator at district level, which is not enough to serve all the PHUs generating injection waste. Also there is no waste collection vehicle in the districts.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	693,559	3,053,048,611
Total funds available in 2013 *(C=A+B)*	693,559	3,053,048,611
Total Expenditures in 2013 *(D)*	0	0
Balance carried over to 2014 *(E=C-D)*	693,559	3,053,048,611

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 budget are initially formulated and presented to the TCC for technical advice before presenting it 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 activities at their respective times of implementation<?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

GAVI ISS funds was not used in 2013 due to changes in the management structure of the Ministry of Health and Sanitation.

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. <?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" />

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 through bank transfer. In this regard, the programme retains the mandate to supervise various activities and also serve as guarantor for the complete liquidation of funds.

Copies of implementation and annual reports are shared with all members of the ICC (Now HSSG).

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

The ISS funds were used mainly to clear vaccines and distribution of EPI materials to the districts.

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 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six

months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Sierra Leone is not applicable for 2013

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

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

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

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

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	657,000	667,500	0	No
Pneumococcal (PCV13)	863,600	606,600	0	No
Rotavirus		0	0	No
Yellow Fever	87,500	5,450	0	No

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

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

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

  The quantity of DPT-HepB-Hib received is greater than the quantity in the decision letter due to increased utilization of the vaccine as supported by the increased administrative vaccination coverage. The quantities of PCV and Yellow Fever received are lower than what is in the decision letter because of the quantity of vaccines that were brought forward from 2012.

  <?xml:namespace prefix = o />

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

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

  - Use of Vaccine management tools (SMT) to ensure proper stock management.<?xml:namespace prefix = o />

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

  -Nationwide Maintenance of cold chain equipment

  -Increase cold chain capacity with an additional 40cm3 cold room

  -Procurement of additional solar equipment and spare parts.

  -Use of fridge tag2 at central cold store, district and PHU refrigerators.

-conducted an EVM and implementation of the EVM improvement plan

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

There was no stock out for any of the vaccines in 2013.

7.2. Introduction of a New Vaccine in 2013

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

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There was no new vaccine introduced into routine Immunization. Single dose of Pentavalent vaccine was introduce in 2007 which was switched to a ten dose vial in 2012.

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Pnuemococcal vaccine was introduced in 2011

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	ROTA introduction was in 2014

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Yellow Fever vaccine was introduced in 2003

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

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

The PIE will be conducted with the third dose of HPV

7.2.3. Adverse Event Following Immunization (AEFI)

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

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

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

Is the country sharing its vaccine safety data with other countries? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

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

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

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	170,000	731,000,000
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	170,000	731,000,000
Total Expenditures in 2013 (D)	162,754	699,842,200
Balance carried over to 2014 (E=C-D)	7,246	31,157,800

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

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

7.3.2. Programmatic Reporting

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

The VIGs that were received were for HPV Demonstration project. The HPV demo project was done in one district. The major activities that were under taken using the VIG during the new vaccine introduction includes: social mobilization, staff training, vaccine distribution, cold chain maintenance, AEFI monitoring, monitoring and supportive supervision, printing of materials, provision of personnel cost for HPV demonstration, waste management and coordination.<?xml:namespace prefix = o />

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

The VIG for HPV demo is inadequate to support full project implementation. The country is in the process of local resource mobilization from partners to offset the funding gap.<?xml:namespace prefix = o />

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Additional funds are being mobilized to add to the balance to conduct the third dose of HPV in April 2014.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	131,500	61,500
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	173,000	47,400
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	17,500	18,100
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	MOH&S	
Donor	UNICEF	
Other	GAVI	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	6,605	
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	10,083	
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	0	
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	1,717	
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	GOSL
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	June	GOSL
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	June	GOSL
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	June	GOSL
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

	-Support to do advocacy with Government for more resource mobilization and allocation for immunization -support to conduct analysis of funding for 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/

There has been high level advocacy with the government to pay the balance of funds for co-financing. Funds have now been allocated to the EPI programme from the central government to pay the remaining co-funding.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **March 2013**

Please attach:

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

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

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

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

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

There have been changes in the improvement plan. Some cold chain equipment have been procured and installed. Please see the attached improvement plan for more details.<?xml:namespace prefix = o />

When is the next Effective Vaccine Management (EVM) assessment planned? **March 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

Renewal of multi-year vaccines support for Sierra Leone is not available in 2014

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

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

Confirm here below that your request for 2015 vaccines support is as per 7.11 Calculation of requirements

Yes

If you don’t confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

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

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

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	225,040	230,442	234,536	690,018
	Number of children to be vaccinated with the first dose	Table 4	#	216,038	230,442	235,972	682,452
	Number of children to be vaccinated with the third dose	Table 4	#	216,038	230,442	221,814	668,294
	Immunisation coverage with	Table 4	%	96.00 %	100.00 %	94.58 %	

	the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.25	1.11	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	423,500			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	423,500			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

There was no difference between the closing and opening stocks of December 2013 and January 2014 respectively.

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

3

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

Co-financing group	Low

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

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

		2014	**2015**
Number of vaccine doses	#	702,500	521,400

Number of AD syringes	#	772,400	596,900
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	8,500	6,575
Total value to be co-financed by GAVI	$	1,474,000	1,108,500

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

		2014	**2015**
Number of vaccine doses	#	76,100	55,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	156,000	115,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	9.76 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	216,038	230,442	22,502	207,940
B1	Number of children to be vaccinated with the third dose	*Table 4*	216,038	230,442	22,502	207,940
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	648,114	691,326	67,506	623,820
E	Estimated vaccine wastage factor	*Table 4*	1.25	1.11		
F	Number of doses needed including wastage	*D X E*		767,372	74,932	692,440
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		10,803	1,055	9,748
H	Stock to be deducted	*H1 - F of previous year x 0.25*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	423,500		
H3	Shipment plan	*UNICEF shipment report*		648,700		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		778,500	76,018	702,482
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		772,342	0	772,342
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		8,496	0	8,496
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		1,498,613	146,335	1,352,278
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		34,756	0	34,756
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)*		43	0	43
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		95,912	9,366	86,546
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		1,629,324	155,701	1,473,623
U	Total country co-financing	*I x country co-financing per dose (cc)*		155,700		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		9.76 %		

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

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	9.64 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	235,972	22,759	213,213
B1	Number of children to be vaccinated with the third dose	*Table 4*	221,814	21,393	200,421
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	687,954	66,350	621,604
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	722,352	69,667	652,685
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 843	- 81	- 762
H	Stock to be deducted	*H1 - F of previous year x 0.25*	144,546	13,941	130,605
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	330,076	31,834	298,242
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	577,000	55,649	521,351
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	596,821	0	596,821
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	6,566	0	6,566
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,124,573	108,459	1,016,114
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	26,857	0	26,857
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)*	33	0	33
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	71,973	6,942	65,031
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,223,436	115,401	1,108,035
U	Total country co-financing	*I x country co-financing per dose (cc)*	115,400		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	9.64 %		

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

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	225,040	230,442	234,536	690,018
	Number of children to be vaccinated with the first dose	Table 4	#	225,040	230,442	189,610	645,092
	Number of children to be vaccinated with the third dose	Table 4	#	225,040	230,442	221,814	677,296
	Immunisation coverage with the third dose	Table 4	%	100.00 %	100.00 %	94.58 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	237,850			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	237,850			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

The was no difference between the closing and opening stocks.

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	465,800	482,600
Number of AD syringes	#	503,600	530,100
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	5,550	5,850
Total value to be co-financed by GAVI	$	1,697,000	1,748,000

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

		2014	2015
Number of vaccine doses	#	27,500	28,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	99,000	102,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	5.56 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	225,040	230,442	12,823	217,619
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	675,120	691,326	38,467	652,859
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.05		
F	Number of doses needed including wastage	*D X E*		725,893	40,390	685,503
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		4,255	237	4,018
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	114,900			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		493,200	27,443	465,757
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		503,505	0	503,505
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		5,539	0	5,539
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		1,672,442	93,057	1,579,385
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		22,658	0	22,658
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)*		28	0	28
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		100,347	5,584	94,763
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		1,795,475	98,640	1,696,835
U	Total country co-financing	*I x country co-financing per dose (cc)*		98,640		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		5.56 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	5.60 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	189,610	10,616	178,994
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	568,830	31,848	536,982
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	597,272	33,441	563,831
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	- 30,624	- 1,714	- 28,910
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	56,377	3,157	53,220
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	511,200	28,622	482,578
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	530,012	0	530,012
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	5,831	0	5,831
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,722,744	96,453	1,626,291
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	23,851	0	23,851
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)*	30	0	30
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	103,365	5,788	97,577
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,849,990	102,240	1,747,750
U	Total country co-financing	*I x country co-financing per dose (cc)*	102,240		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.60 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	225,040	230,442	234,536	690,018
	Number of children to be vaccinated with the first dose	Table 4	#	0	230,871	235,972	466,843
	Number of children to be vaccinated with the second dose	Table 4	#		230,871	235,972	466,843
	Immunisation coverage with the second dose	Table 4	%	0.00 %	100.19 %	100.61 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

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

Rota was not introduced by then.

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low

	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20
Your co-financing		0.20	0.20

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

		2014	2015
Number of vaccine doses	#	562,400	462,300
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	$	1,512,500	1,239,500

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

		2014	2015
Number of vaccine doses	#	45,200	37,300
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	121,500	100,000

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	7.44 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	230,871	17,172	213,699
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B x C*	0	461,742	34,343	427,399
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.05		
F	Number of doses needed including wastage	*D X E*		484,830	36,060	448,770
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		121,208	9,015	112,193
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		607,500	45,184	562,316
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*		0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		1,555,808	115,715	1,440,093
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		0	0	0
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)*		0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		77,791	5,786	72,005
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		1,633,599	121,500	1,512,099
U	Total country co-financing	*I x country co-financing per dose (cc)*		121,500		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		7.44 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	7.46 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	235,972	17,606	218,366
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	471,944	35,212	436,732
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	495,542	36,972	458,570
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	2,679	200	2,479
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	499,500	37,268	462,232
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	1,275,224	95,143	1,180,081
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
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)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	63,762	4,758	59,004
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	1,338,986	99,900	1,239,086
U	Total country co-financing	*I x country co-financing per dose (cc)*	99,900		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.46 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	225,040	230,442	234,536	690,018
	Number of children to be vaccinated with the first dose	Table 4	#	193,172	212,007	217,095	622,274
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.11	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	86,220			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	86,220			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	

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

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

No difference between the closing and opening stocks

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	130,700	176,100
Number of AD syringes	#	147,400	210,300
Number of re-constitution syringes	#	17,400	23,700
Number of safety boxes	#	1,825	2,575
Total value to be co-financed by GAVI	$	161,500	205,500

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

2014	2015

Number of vaccine doses	#	26,700	39,000
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	31,500	43,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	16.96 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	193,172	212,007	35,954	176,053
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B x C*	193,172	212,007	35,954	176,053
E	Estimated vaccine wastage factor	*Table 4*	1.05	1.11		
F	Number of doses needed including wastage	*D X E*		235,328	39,909	195,419
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		8,125	1,378	6,747
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		157,300	26,676	130,624
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		147,304	0	147,304
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		17,303	0	17,303
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		1,811	0	1,811
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		172,087	29,184	142,903
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		6,629	0	6,629
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		70	0	70
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		10	0	10
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		13,423	2,277	11,146
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		671	0	671
T	Total fund needed	*(N+O+P+Q+R+S)*		192,890	31,460	161,430
U	Total country co-financing	*I x country co-financing per dose (cc)*		31,460		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		16.96 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	18.10 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	217,095	39,295	177,800
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	217,095	39,295	177,800
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	240,976	43,618	197,358
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	1,412	256	1,156
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	27,388	4,958	22,430
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	215,000	38,916	176,084
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	210,231	0	210,231
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	23,651	0	23,651
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	2,573	0	2,573
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	220,375	39,889	180,486
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	9,461	0	9,461
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	95	0	95
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	13	0	13
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	17,190	3,112	14,078
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	957	0	957
T	Total fund needed	*(N+O+P+Q+R+S)*	248,091	43,000	205,091
U	Total country co-financing	*I x country co-financing per dose (cc)*	43,000		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	18.10 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

   a. Progress achieved in 2013

   b. HSS implementation during January – April 2014 (interim reporting)

   c. Plans for 2015

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

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

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

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2013

   b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2013 calendar year

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

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

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

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

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

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

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

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

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

The Government is Planning to re-imburse the misappropriated 523,000 USD (FMA Report) in May 2014. After which request will be made for the remaining 1053000 USD which will be utilized by end of first quarter 2015.

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

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

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

There were no CSO's implementing HSS in 2013.

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

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

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

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

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

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

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

If yes, please indicate the amount of funding requested: **1053000** US$

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

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

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

Table 9.1.3a (US)$

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	1161360	1053460	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress*		591290	575370	476010	529870	529870

Reviews)						
Total funds received from GAVI during the calendar year (*A*)	1154000	0	530950	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	1090099	24100	228300	2408	2408
Total Funds available during the calendar year (*C=A+B*)	1154000	1090099	557994	228962	2408	2408
Total expenditure during the calendar year (*D*)	63901	1065999	329694	226554	0	0
Balance carried forward to next calendar year (*E=C-D*)	1090099	24100	228300	2408		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	529870	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (*as per the originally approved HSS proposal*)	4993848000	4529878000	0	0	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)		2542547000	2474091000	2046843000	2278441000	2278441000
Total funds received from GAVI during the calendar year (*A*)	4962200000	0	2283085000	0	0	0
Remaining funds (carry over) from previous year (*B*)	0	4687425700	103630000	981690000	10354400	10354400
Total Funds available during the calendar year (*C=A+B*)	4962200000	4687425700	2399274200	984536600	10354400	10354400
Total expenditure during the calendar year (*D*)	274774300	4583795700	1417684200	974182200	0	0
Balance carried forward to next calendar year (*E=C-D*)	4687425700	103630000	981690000	10354400	0	10354400
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	2278441000	0

	2014	2015	2016	2017
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the calendar year (*A*)	0	0	0	0
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2008	2009	2010	2011	2012	2013
Opening on 1 January	2948	3001	3410	3736	4386	4300
Closing on 31 December	3001	3413	3734	4374	4300	4300

Detailed expenditure of HSS funds during the 2013 calendar year

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

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

Financial management of HSS funds

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

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

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

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). <?xml:namespace prefix = o />

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 plans 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.

The Director then recommends the request for approval by the Chief Medical Officer.

The Chief Medical Officer approves proposals that lead to the source of HSS implementation.

The approved request is forwarded to the Permanent Secretary of the Ministry of Health and Sanitation for appropriate action.

Principal Accountant of the Ministry makes the necessary payment.

The cheque is attached to the approved requests and submitted to the Permanent secretary and Chief Medical Officer for signature.

The Cheque is then paid to the Account of the Unit that will implement the activity.

After implementation, the recipient unit sends both activity implementation report as well as financial report to the Director of Planning and Information, for onward submission to the Directorate of Financial Resources and Internal Audit unit for verification.

Information on the activity is shared with stakeholders at various fora including the HSSG.

Delayed response to the findings and recommendations from the FMA slowed the implementation of the project in 2013.

Has an external audit been conducted? Yes

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

9.2. Progress on HSS activities in the 2013 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2013 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2013**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
None	None	0	N/A

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**
None	N/A

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

Activities were not implemented due to restructuring in the Ministry of Health and Sanitation, following the suspension of the entire staff in the department responsible for the implementation of HSS in 2012 as a result of FMA findings.

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

No HSS activity was implanted in 2013.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Baseline**		**Agreed target till end of support in original HSS application**	**2013 Target**						**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**			**2009**	**2010**	**2011**	**2012**	**2013**		
1. National Penta3 coverage (%)	59%	EPI Report 2006	80%	91%				81%	106 %	DHIS and EPI Administrative Coverage	Report does not include hospitals: PortLoko 11 months, Kono 10 months and the rest 12 months report, all reported for 2012.
2. Number of districts achieving ≥80% Penta3 coverage	1	EPI Report 2006	11	12				11	12	DHIS and EPI Administrative Coverage	The remaining district was Kono as they achieved 10 months data report in 2012
3. Under five mortality rate (per 1000)	194	Census report	150	89				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.
5. Births attended by skilled health personnel (%)	42%	CWIQ Report 2007	60	48%				53		DHIS	Report did not include hospitals: Port Loko 11 months, Kono 10 months and the rest 12 months report in 2012 reporting year.
4.Underweight prevalence rate (%).	27.4%	Report of the Vulnerability assessment Mapping	16.1%	22%				18.7%		2010 SMART Survey	In 2012, a total of 1,814,441 under-five children were assessed for nutritional status in PHUs, out of which 79% and 67% were above -2 line (Green), Weight-for-Age and Weight-for-Height, respectively

9.4. Programme implementation in 2013

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

Activities were not implemented due to restructuring in the Ministry of Health and Sanitation, following the suspension of the entire staff in the department responsible for the implementation of HSS in 2012 as a result of FMA findings.

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

As a result of the above, the Ministry of Health has established an Integrated Health Project Administration Unit (IHPAU) to strengthen Financial Management within the Ministry.

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

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). <?xml:namespace prefix = o />

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 plans are shared with all partners, Directors and Managers in the health sector and approved by the HSSG .

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.

The Director then recommends the request for approval by the Chief Medical Officer.

The Chief Medical Officer approves proposals that lead to the source of HSS implementation.

The approved request is forwarded to the Permanent Secretary of the Ministry of Health and Sanitation for appropriate action.

The IHPAU Coordinator, checks the document for conformity with Financial regulations and drafts the cheque.

The cheque is attached to the approved requests and submitted to the Permanent secretary and Chief Medical Officer for signature.

The Cheque is then paid to the Account of the Unit that will implement the activity

After implementation, the recipient unit sends both activity implementation report as well as financial report to the Director of Planning and Information, for onward submission to the Directorate of Financial Resources and Internal Audit unit for verification.

Information on the activity is shared with stakeholders at various fora including the HSSG.

The account is audited by both internal and external auditors.

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.

GAVI Health Systems Strengthening (HSS) Support<?xml:namespace prefix = o />

Review of M&E Framework for GAVI's HSS Grant

SIERRA LEONE

1. Introduction

Sierra Leone was approved in May 2012 for a new health system strengthening (HSS) cash support of US$5,399,371.Sierra Leone's HSS grant aims to strengthen the functions of the health system of Sierra Leone so as to improve the following:

1. Access to health services (availability, utilization and timeliness)

2. Quality of health services (safety, efficacy and integration)

3. Equity in health services (disadvantaged groups)

4. Efficiency of service delivery (value for resources)

5. Inclusiveness (partnerships)

The grant has three objectives, all of which have been selected from the National Health Sector Strategic Plan.

1. To restore health care services and enhance the quality of and sustainability of health interventions by strengthening the medical equipment management and maintenance system as an integral part of health service delivery.

2. To increase the utilization of health services especially for mothers and children, the poor and other vulnerable groups from 0.5 contacts per person per year to at least 3 contacts per person per year by 2015.

3. To improve access to good quality, efficacious, safe and affordable medicines, medical supplies and equipment, vaccines and health technologies

The purpose of this report is to recommend improvements to the M&E framework of the GAVI HSS grant in order to support the Sierra Leone in strengthening M&E and grant performance. Section 2 provides the rationale for this review, section 3 provides an overall monitoring and evaluation framework, section 4 provides specific recommendations for improving the GAVI HSS grant, section 5 describes data sources and methods, and section 6 summarizes the conclusions and next steps.

2. Rationale for M&E review

Report of the Independent Review Committee (IRC)

In its review of Sierra Leone's HSS grant in May 2012, the IRC commended Sierra Leone for a well-structured M&E approach that includes a logical framework matrix, tabulated performance indicators and 3 year costed M&E development plan and budget. The IRC noted the reliance on routine, facility-based data and the continuing challenge of data collection from the community level, particularly where community health workers cannot read or write and special tools have to be developed to collect health information. The IRC welcomed the MoH&S comprehensive results and accountability framework, which addresses policy; M&E needs for stakeholders, their roles and responsibilities and institutional framework; data management and key performance indicators; and evaluations reviews and planned research.

Performance based funding

An additional reason for strengthening the M&E framework of the GAVI HSS grant is that new grant will be performance-based. Sierra Leone will receive additional payments if immunization coverage for DTP3 and MCV1 increases. This adds to the need for improving the M&E framework of the GAVI HSS grant in order to be able to generate the required data. It also adds to the need to improve country health information systems and M&E systems to generate reliable information on coverage and equity on an annual basis.

3. Overview of a M&E framework

As signatory to the International Health partnership, IHP+, GAVI participates in the Joint Assessment of National Health Strategies (JANS), a shared approach to assessing the strengths and weaknesses of a national health strategy or plan and subscribes to the IHP+ M&E framework, the key elements of which are shown in Annex Figure I. GAVI has also endorsed the recommendations of the Commission on Information and Accountability for Women's and Children's Health and embraced its key accountability principles. These include: national leadership and ownership of results; strengthened country capacities to monitor and evaluate; reducing the reporting burden by aligning efforts with the systems countries use to monitor and evaluate their national health strategies; and strengthened and harmonized international mechanisms to track progress on all commitments made. To put these principles into practice, GAVI is working with countries, WHO, UNICEF, and development partners to support country accountability roadmaps, comprising of actions to strengthen health system performance and monitor service delivery, coverage and health status.

The IHP+ M&E framework was developed to guide overall health sector review, planning and performance assessment and is insufficiently specific with regard to the monitoring and evaluation needs of program areas such as immunization. In response, and in collaboration with WHO, GAVI is customizing this framework to cover the linkages between HSS strengthening activities, improved immunization outcomes and ultimate health impact. The GAVI HSS M&E framework is intended to highlight and differentiate the links across the results chain from country HSS strengthening activities, to intermediate results, outcomes and impact (Figure 1).

Figure 1 The GAVI HSS results chain

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An important feature of the HSS M&E framework is the definition of intermediate results indicators. These are intended to address the gaps between HSS activities and outcomes as expressed by GAVI mandatory indicators of immunization coverage. Indicators of intermediate results help avoid overreliance on process indicators such as numbers of workshops delivered or numbers of people trained. While process indicators are needed for routine program reporting and auditing, they reflect inputs and processes rather than results. By contrast, intermediate results indicators highlight the pathways from a country's proposed HSS strengthening activities to improved immunization outcomes. Intermediate indicators correspond to the key

activities that countries are undertaking to address health system bottlenecks and gaps, for example, in the availability of:

•□□□□□□□□ Health facilities to provide access to primary and secondary care;

•□□□□□□□□ Health workers with training, experience and incentives;

•□□□□□□□□ Logistics and supply systems: including adequate cold chain in place to deliver vaccines; and

•□□□□□□□□ Health information and monitoring.

Annex Table I provides illustrative examples of intermediate results and their bridging relationships between program activities and outcomes and impact. The indicators are illustrative and will need to be adapted to country programs and priorities. Data collection methods include Service Availability and Readiness Assessment (SARA) and Data Quality Report Cards (DQRC). These are described more fully in section 5 of this document.

4. Review and commentary on the M&E framework for the HSS grant

Summary of proposed M&E framework

The Sierra Leone grant puts forward two impact indicators:

1. Reduce child mortality from 140 in 2008 to 90 per 1,000 live births by 2015

2. Reduce maternal mortality rate from 857 in 2008 to 600 per 100,000 live births by 2015

Each of the three objectives is associated with a maximum of two outcome and two output indicators. The outcome indicator of DPT 3 coverage serves for all three objectives.

Objective 1: To restore health care services and enhancing the quality of and sustainability of health interventions by strengthening the medical equipment management and maintenance system as an integral part of health service delivery

Outcome indicator:

•□□□□□□□□ Increase DPT-3 coverage from 81% to 90% by 2015

Output indicator(s):

•□□□□□□□□ Increase percentage of health facilities with functional cold chain system from 56% in 2011 to 95% in 2015

•□□□□□□□□ Increase number of districts with a functional equipment management Unit from 0 in 2011 to 13 in 2015.

Objective 2: To increase the utilization of health services especially for mothers and children, the poor and other vulnerable groups from 0.5 contacts per person per year to at least 3 contacts per person per year by 2015.

Outcome indicators:

•□□□□□□□□ Increase DPT-3 coverage from 81% to 90% by 2015

•□□□□□□□□ Increase percentage of women attending antenatal care from 88% in 2008 to 98% in 2015.

Output indicator(s):

•□□□□□□□□ Increase health facilities conducting planned outreach from 12% in 2011 to 80% by 2015

•□□□□□□□□ Increase % of PHUs supervised at least once in the last three months using a nationally approved checklist from 30% in 2008 to 90% in 2015

Objective 3: To improve access to good quality, efficacious, safe and affordable medicines, medical supplies

and equipment, vaccines and health technologies

Outcome indicators:

•□□□□□□□□ Increase DPT-3 coverage from 81% to 90% by 2015

•□□□□□□□□ Reduce percentage of children under 5 years who are stunted from 34% in 2009 to 25% in 2015.

Output indicator:

•□□□□□□□□ Percentage of facilities with all tracer medicines in stock on the day of the visit increased from 30% in 2011 to 90% in 2015.

General comments on Sierra Leone M&E framework

The Sierra Leone M&E framework is commendably simple and clear, with a limited set of indicators covering impact (health status), outcomes (interventions coverage) and output (service availability). However, it would be important to include all GAVI mandatory indicators in addition to the DPT3 coverage indicator. Furthermore, while the output indicators are generally clear and relevant to the grant objectives and activities, we advise the inclusion of a few additional indicators of intermediate results in order to better track effect of the activities contained in the grant and the anticipated results in terms of better service availability and readiness. We also advise separating the indicator (what is to be measured) from the target (which is to be achieved) in the presentation of the M&E framework. We also recommend the use of the technical term of under-five mortality rather than child mortality (this is used to refer to mortality in children between the ages of 1 and 4 years).

Recommendations

1. The M&E framework would be strengthened by the inclusion of all GAVI mandatory indicators among the outcome indicators, alongside DPT3 coverage. Thus the outcome indicators to be added alongside those currently in the M&E framework comprise the following (*indicators in italics are already included the log frame*):

i. DTP3 coverage (in %): % of surviving infants receiving 3 doses of DTP-containing vaccine.

ii. Measles coverage (in %): % of surviving infants receiving first dose of measles containing vaccine (MCV1).

iii. Geographic equity in DTP3 coverage: % of Districts with ≥80% DTP3 coverage.

iv. Socio-economic equity in immunization coverage: DTP3 coverage in the lowest wealth quintile is +/- X% points of the coverage in the highest wealth quintile.

v. Dropout rate: Percentage points drop out between DTP1 and DTP3 coverage.

vi. Fully immunized child: % of children aged 12-23 months who receive all basic vaccinations in a country's routine immunization program.

2. We suggest that the indicator on stunting be moved to the impact indicators. However, it would be good to explain how the activities in the grant would contribute to reducing stunting in children. This could be, for example, through improved nutrition, reduction in diarrheal diseases and access to care.

3. The output indicators are very appropriately defined in relation to intermediate results that describe the availability of health service delivery areas for improved immunization, such as cold chain, stock-outs, availability of equipment and supplies, and management and supervision. These indicators are measureable through Service Availability and Readiness Assessments (SARA), which the Sierra Leone HMIS and district teams have conducted as part of health sector review processes. The SARA can be used to generate several of the output indicators, including the key intermediate results:

Service availability and readiness

- % of facilities offering routine child immunization services (including outreach)
- % of facilities offering immunization services that have tracer items for delivery of immunization including

- at least one staff trained in EPI in last two year
- cold box/vaccine carrier with ice packs
- functioning refrigerator and thermometer
- sharps container
- Single use- standard disposable or auto-disable syringes
- % stock-outs of key vaccines

Community mobilization and demand generation

- % of target (hard to reach) populations with access to/receiving immunization services

Data quality

- Timeliness and completeness of district reporting
- Timeliness and completeness of facility reporting
- Adequacy of accuracy of reporting (from DQRC)
- DTP3 data verification factor (from SARA)

Program management

- Execution rate of GAVI grant

4. As a general recommendation, we suggest that the indicators be separated from the target.

Table 1 below summarizes and comments on each indicator, and makes suggestions for rewording existing indicators, dropping some indicators and adding new intermediate results. The aim is to limit the total number of output indicators to a manageable number.

Table 1 – Commentary on proposed indicators and suggestions for improvement

Indicator as currently worded in GAVI HSS grant	Comment	Recommended revised indicator
Impact indicators		
Reduce child mortality from 140 in 2008 to 90 per 1,000 live births by 2015	Separate indicator from target. Use terminology of under 5 mortality rate	Indicator: Under five mortality rate Target: Reduce under 5 mortality rate from 140 in 2008 to 90 per 1,000 by 2015
Reduce maternal mortality rate from 857 in 2008 to 600 per 100,000 live births by 2015	Separate indicator from target	Indicator: Maternal mortality ratio Target; Reduce maternal mortality ratio from 857 in 2008 to 600 per 100,000 live births by 2015
	Consider moving stunting indicator from outcome to impact indicators (it is a health status indicator so belongs with impact rather than outcomes)	
Outcome indicators		

Increase DPT-3 coverage from 81% to 90% by 2015

Separate indicator and target

Indicator: DTP3 coverage (in %): % of surviving infants receiving 3 doses of DTP-containing vaccine.

Target: Increase DPT-3 coverage from 81% to 90% by 2015

Increase percentage of women attending antenatal care from 88% in 2008 to 98%% in 2015

Separate indicator and target.

Define what is meant by antenatal care coverage, I+ or 4+ visits or both?

Indicator: Percentage of pregnant women receiving antenatal care (1+ visits; 4+ visits)

Target: Percentage of women attending antenatal care increased from 88% in 2008 to 98%% in 2015

Reduce percentage of children under 5 years who are stunted from 34% in 2009 to 25% in 2015.

Move to impact indicators.

Separate indicator and target.

Indicator: Percentage of children under 5 who are stunted

Target: Reduce percentage of children under 5 years who are stunted from 34% in 2009 to 25% in 2015.

Include all remaining GAVI mandatory indicators

Measles coverage (in %): % of surviving infants receiving first dose of measles containing vaccine (MCV1).

Geographic equity in DTP3 coverage: % of Districts with ≥80% DTP3 coverage.

Socio-economic equity in immunization coverage: DTP3 coverage in the lowest wealth quintile is +/- X% points of the coverage in the highest wealth quintile.

Dropout rate: Percentage points drop out between DTP1 and DTP3 coverage.

Fully immunized child: % of children aged 12-23 months who receive all basic vaccinations in a country's routine immunization program.

Output indicators as currently included in country M&E Framework for GAVI grant

Suggested Intermediate results

Add new intermediate results indicator

% of facilities offering routine immunization services (including outreach)

Increase percentage of health facilities with functional cold chain system from 56% in 2011 to 95% in 2015

Separate indicator and target

Indicator: % of facilities offering immunization services that have tracer items for delivery of immunization, including functioning cold chain

Target: Increase percentage of health facilities with functional cold chain system from 56% in 2011 to 95% in 2015

Increase number of districts with a functional equipment management unit from 0 in 2011 to 13 in 2015

This is really a process indicator. Suggest it be retained for program reporting and audit but dropped as an intermediate results indicator.

Increase health facilities conducting planned outreach from 12% in 2011 to 80% by 2015

Separate indicator and target

Indicator: % of facilities offering immunization services that have tracer items for delivery of immunization, including outreach

Target: Percentage of health facilities conducting planned outreach increased from 12% in 2011 to 80% by 2015

Increase % of PHUs supervised at least once in the last three months using a nationally approved checklist from 30% in 2008 to 90% in 2015

Separate indicator and target

Indicator: % of PHUs s that have tracer items for delivery of immunization, including supervision in previous 3 months using nationally approved checklist

Target: % of PHUs supervised at least once in the last three months using a nationally approved checklist increased from 30% in 2008 to 90% in 2015

Percentage of facilities with all tracer medicines in stock on the day of the visit increased from 30% in 2011 to 90% in 2015.

Separate indicator and target

Indicator: Percentage of facilities with all tracer medicines in stock on the day of the visit.

Target: Percentage of facilities with all tracer medicines in stock on the day of the visit increased from 30% in 2011 to 90% in 2015.

Add indicators on quality of data from the routine HMIS.

Timeliness and completeness of district reporting (HMIS and Data Quality Report Card)

Timeliness and completeness of facility reporting (HMIS and Data Quality Report Card);

5. Data sources and methods

An important feature of the IHP+ M&E framework is that it describes not only the need for measurable indicators along the results chain – from inputs and activities, to outputs, outcomes and impact – but that it also addresses the identification of appropriate and cost-effective data sources and data collection strategies. With regard to the intermediate results described in Table 1, the key sources of information are the national HMIS, complemented by analyses of service delivery and of data quality. Tools developed by WHO and partners, specifically the Service Availability and Readiness Assessment (SARA) and the Data Quality Report Card (DQRC) described below, enable countries to track health system strengthening efforts and data availability and quality, as part of routine monitoring and evaluation activities. GAVI and WHO recommend institutionalizing these approaches so that intermediate indicators are collected as preparation for the national health sector review and thus contribute to the national planning process.

The IHP+ M&E framework also highlights the importance of harnessing and developing analytical skills and expertise to critically evaluate data quality. Furthermore, once data have been collected, evaluated and analyzed, they need to be transformed into useable information to guide policy and practice, such as program management with an annual health sector review. This requires the use of innovative ways of presenting the information to different users – especially to policy-makers and planners. These final steps in the data to policy cycle are critically important yet often neglected in M&E strategies (see Figure 2).

Monitoring service delivery:

The Service Availability and Readiness Assessment

The Service Availability and Readiness Assessment (SARA) tool is a health facility assessment tool designed to assess and monitor the service availability and readiness of the health sector and to generate evidence to support the planning and managing of a health system.
http://www.who.int/healthinfo/systems/sara_introduction/en/index.html

SARA is designed as a systematic survey to generate a set of tracer indicators of service availability and readiness. The survey objective is to generate reliable and regular information on service delivery (such as the availability of key human and infrastructure resources), on the availability of basic equipment, basic amenities, essential medicines, and diagnostic capacities, and on the readiness of health facilities to provide basic health-care interventions, including those related to immunization and other aspects of maternal and child care. The methodology draws on best practices and lessons learned from countries that have implemented health facility assessments as well as guidelines and standards developed by WHO technical

program and the work of the International Health Facility Assessment Network (IHFAN).

<?xml:namespace prefix = w ns = "urn:schemas-microsoft-com:office:word" />

Data quality report card (DQRC)

Health facility data are a critical input into assessing national progress and performance on an annual basis and they provide the basis for subnational / district performance assessment. The DQRC assesses the quality of health facility and district data collected through the Health Management Information System (HMIS). http://www.who.int/healthinfo/topics_standards_tools_data_quality_analysis/en/index.html

The assessment focuses on three dimensions of quality– completeness, including timeliness; accuracy and consistency; and verification against independent, external sources of data. Within each dimension, several indicators are used to track progress, with a total of twelve indicators used to assess the quality of the facility data generated by the HMIS, for both national level and for districts.

Figure 2 – From data to policy – an iterative cycle

6. Conclusions and next steps

The Sierra Leone grant M&E framework is basically sound and commendable for its clarity, simplicity and limited number of indicators. However, it would be greatly strengthened by including all GAVI mandatory indicators. In addition, we suggest repositioning the stunting indicator to the impact indicators section. We also propose some minor changes to the indicators of intermediate results. Finally, adding at least two indicators of data quality of the routine HMIS would add value to the M&E framework.

In order to generate additional data for the intermediate result, we recommend regular implementation of service availability and readiness (SARA) as part of annual health sector review preparations to generate service readiness indicators. Given that Sierra Leone has already undertaken two such assessments, this would greatly add richness to the M&E framework and enable ongoing tracking of trends. We also advise conducting routine data quality assessments for facility data and HMIS reporting

Next steps recommended include the following:

- We request Sierra Leone to please consider the suggestions provided in this report and update the M&E framework for the GAVI HSS grant accordingly. Please use a revised template provided by GAVI in file entitled “GAVI HSS Monitoring and Evaluation Framework: May 2013.xlsx”. Note that this template already lists the six mandatory outcome indicators. Instructions for completing the template can be found attached to this file.
- Engage with health systems strengthening experts to discuss SARA implementation options.
- Introduce intermediate results indicators to bridge the divide between the inputs and activities proposed and the expected outcomes and impact.
- Implement regular assessments of service availability and readiness (SARA) as part of annual health sector review preparations to generate service readiness indicators;
- Conduct routine data quality assessments for facility data and HMIS reporting.

Annex I

Figure I – IHP+ monitoring and evaluation framework

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Table I – Illustrative indicators for tracking progress of HSS grants

■·

■·

Proposed Activities

Intermediate results

Outcomes

Impact

Service availability and readiness

• % of facilities offering routine child immunization services (including outreach)

•% of the population living within a 5km radius of a health facility or outreach post offering routine immunizations

• % of facilities offering immunization services that have tracer items for delivery of immunization including:

- at least one staff trained in EPI in last two years

- cold box/vaccine carrier with ice packs

- functioning refrigerator and thermometer

- sharps container

• % stock-outs of key vaccines (according to country's routine immunization program)

Community mobilization and demand generation

•% of target (hard to reach) populations receiving immunization services

Data quality

•Timeliness and completeness of district reporting

• Timeliness and completeness of facility reporting

• Adequacy of accuracy of reporting (from DQRC)

•DTP3 data verification factor (from SARA)

•□ Plausibility rating from IDQA in countries, which have had one.

Service delivery

•Capital investment in infrastructure

•Investment in cold chain equipment and facilities

Health workforce

•□ Training of health workers in EPI and IMCI

•□ Supervision of health workers

Supply chain management

•□ Upgrading PSM infrastructure

•□ Improving operationalization of PSM system

Health information systems

•□ Investment in strengthening HMIS

•□ Conduct SARA and DQRC (WHO methods)

•□ Improving immunization surveillance systems

Community mobilization and demand generation

•□ Engagement with civil society organizations for community mobilization

•□ Information and education campaigns

Proposal/implementation management

• Investment in M&E

• End of grant evaluation

Outcomes

•□ DPT3 coverage - % of surviving infants receiving 3 doses of DTP-containing vaccine

•□ Measles coverage - % of surviving infants receiving first dose of measles containing vaccine

•□ Geographic equity of DTP3 coverage - % of districts with ≥80% DTP3 coverage

•□ Equity in immunization coverage - DTP3 coverage in the lowest wealth quintile is +/- X% points of the coverage in the highest wealth quintile

•□ Drop-out rate – percentage point drop out between DTP1 and DTP3 coverage

•□ Fully Immunized Child – % of children aged 12-23 months who receive all basic vaccinations in a country's routine immunization program.

•□ Change in accuracy rating from DQRC

Health Status

•Child mortality (under-5)

•Child mortality by major cause of death by sex and age

• Number of hospitalizations from severe cases of vaccine preventable diseases (VPD)

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

The EPI Programme is part of the implementation of the activities in the proposal, however, the HSS activities were not implemented in 2013 due to the reasons mentioned above.

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.

Civil Society Organizations were not part of the HSS implementation team, however, there is now the involvement of civil society organizations in the implementation of HSS activities.

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

9.5. Planned HSS activities for 2014

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

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Original budget for 2014** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2014 actual expenditure** (as at April 2014)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2014** (if relevant)
Strengthen the monitoring & evaluation, research and knowledge management capacity in the health sector.	Strengthen supportive supervision at all levels	22679				
Strengthen an integrated IDSR into national HIS	Integrate and strengthen the IDSR Information system into the HIS	641379				
Support the improvement of routine data collection quality, management , dissemination and use	Increase availability and use of health data	147245				
	Data analysis including equity analysis completed and ready for annual reviews					
	Civil society organizations have a strong voice in the review of progress and performance	169530				
Strengthen institutional framework for implementing a functional HIS	Support the strengthening of district HIS capacity	28452				
		1009285	0			0

9.6. Planned HSS activities for 2015

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

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
		0			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US$	Duration of support	Type of activities funded

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Joint Program of Work and Funding (JPWF)	Information was shared with all partners through the HSSG coordination mechanism for review and inputs were incorporated.	

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.

Restructuring in the Ministry of Health which lead to high staff turnover dealing with HSS grants with difficulty in getting required information to fill relevant sections of the report.

Difficulty in convening HSSG meetings in time

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?0

Please attach:

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

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

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

Sierra Leone **has NOT received GAVI TYPE A CSO support**

Sierra Leone is not reporting on GAVI TYPE A CSO support for 2013

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

Sierra Leone **has NOT received GAVI TYPE B CSO support**

Sierra Leone is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Ministers Signature Page.jpg **File desc:** **Date/time :** 15/05/2014 03:42:45 **Size:** 1 MB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Ministers Signature Page.jpg **File desc:** **Date/time :** 15/05/2014 03:46:17 **Size:** 1 MB
3	Signatures of members of ICC	2.2	✓	HSSG Signaturee.jpg **File desc:** **Date/time :** 15/05/2014 03:49:14 **Size:** 558 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Minute of ICC or HSSG Meeting and Attendance List 13th May 2013.zip **File desc:** **Date/time :** 15/05/2014 03:52:39 **Size:** 313 KB
5	Signatures of members of HSCC	2.3	✓	Minutes of HSCC meeting in 2014 endorsing the APR 2013.docx **File desc:** **Date/time :** 15/05/2014 11:58:45 **Size:** 12 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	MINUTES OF THE HSSG MEETING 13th 05 2014.doc **File desc:** **Date/time :** 15/05/2014 10:43:09 **Size:** 39 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	Financial Statement ISS Grants 2013.zip **File desc:** **Date/time :** 15/05/2014 10:48:13 **Size:** 278 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	EXTERNAL AUDIT REPORT FOR ISS GRANT.docx **File desc:** **Date/time :** 15/05/2014 10:51:08 **Size:** 13 KB

9	Post Introduction Evaluation Report	7.2.2	✓	SIL PIE 2012 Rpt 3FO May 21 2012 final.doc **File desc:** **Date/time :** 15/05/2014 10:56:09 **Size:** 1 MB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial Statement NVS Grants 2013.zip **File desc:** **Date/time :** 15/05/2014 11:03:25 **Size:** 278 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	EXTERNAL AUDIT REPORT FOR NVS GRANTs.docx **File desc:** **Date/time :** 15/05/2014 11:11:49 **Size:** 13 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	2013 EVM_report_SierraLeoneV5-FINAL (2).docx **File desc:** **Date/time :** 15/05/2014 11:17:35 **Size:** 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM Improvement PlanSierraLeoneV2-FINAL rev1.xls **File desc:** **Date/time :** 15/05/2014 11:20:23 **Size:** 202 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	STATUS OF EVM Improvement PlanSierraLeoneV2-FINAL rev1.xls **File desc:** **Date/time :** 15/05/2014 11:23:05 **Size:** 206 KB
16	Valid cMYP if requesting extension of support	7.8	✗	cMYP- 2012-2016__Narrative for Sierra Leone__final updated on the 23 Jan 2014.doc **File desc:** **Date/time :** 15/05/2014 11:28:40 **Size:** 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	cMYP_Costing_Tool_Sierra_Leone_30.04.14.xls **File desc:** **Date/time :** 15/05/2014 11:40:30 **Size:** 3 MB

18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	MINUTES OF THE ICC or HSSG MEETING 13th 05 2014.doc **File desc:** **Date/time :** 15/05/2014 11:43:05 **Size:** 39 KB
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Financial Statement ISS Grants 2013.zip **File desc:** **Date/time :** 15/05/2014 12:07:43 **Size:** 278 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Financial Statement ISS Grants 2013.zip **File desc:** **Date/time :** 15/05/2014 12:13:23 **Size:** 278 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	EXTERNAL AUDIT REPORT FOR HSS GRANTs.docx **File desc:** **Date/time :** 15/05/2014 12:33:09 **Size:** 13 KB
22	HSS Health Sector review report	9.9.3	✓	HSS Health Sector Review REPORT for 2013.docx **File desc:** **Date/time :** 15/05/2014 03:56:21 **Size:** 13 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Bank Statements - Opening and Closing Balances of Jan. and Dec. 2013.zip **File desc:** **Date/time :** 15/05/2014 11:45:45 **Size:** 186 KB

27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✕	No file loaded
	Other		✕	No file loaded