GAVI Alliance

Annual Progress Report 2011

Submitted by

The Government of

Sri Lanka

Reporting on year: **2011**
Requesting for support year: **2013**
Date of submission: **6/4/2012 1**

Deadline for submission: 5/22/2012

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 is available here.

2. Signatures

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

By signing this page, the Government of Sri Lanka 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 Sri Lanka

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	Dr. Ravindra Ruberu, Secretary, Ministry of Health	**Name**	Dr. B.M.S. Batagoda, Director General- Department of National Planning
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr Sudath Peiris	Assistent Epidemiologist	+94717291315	peiristsr@yahoo.com
Dr. Champaica Wickramasinghe	Director Planning	+94716805681	scwickrama@sltnet.lk

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.U.A Mendis - Director Genarl of Health Services	Ministry of Health		
Mr. M.H.B. Karunarathna - Cheif Accountant	Ministry of Health		

Dr. Sarath Amunugama - DDG(PHS) I	Ministry of Health		
Dr. Lakshmi C. Somathunga - DDG (MS) I	Ministry of Health		
Dr. J.M.W. Jayasundara Bandara - DDG (DS)	Ministry of Health		
Dr. A. Sunil De Alwis - DDG (ET&R)	Ministry of Health		
Mr. P.A.P. Pathirathna - DDG (FInanace) II	Ministry of Health		
Dr. S.C. Wickramasinghe - Director (Planning)	Ministry of Health		
Dr. C. De Silva - Deputy Director	Family Health Bureau		
Dr. Paba Palihawadana - Cheif Epidemiologist	Epidemiology Unit		
Dr. T.S.R. Peiris- Epidemiologist	Epidemiology Unit		
Dr. M. Thevarajan - Provincial Director of Health Services	Eastern Province		
Dr. S.R. Jude - Provincial Director of Health Services	Northern Province		
Dr. N.S.R. Hewageegana - Provincial Director of Health Services	Uva Province		

Dr. R. Kesavan - Representative	WHO		

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

All comments will be treated confidentially

Comments from Partners:

As stated in the report in Sri Lanka National Advisory Committee of Communicable Diseases is act as ICC and its 2011 minutes has been attached with names and signatures of the members attended these meetings in 2011

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), 2012 , endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organization	Signature	Date
Dr. U.A. Mendis - Director General of Health Services	Ministry of Health		
Mr. M.H.B. Karunarathna - Cheif Accountant	Ministry of Health		
Dr. Lakshmi C. Somathunga - DDG (MS) I	Ministry of Health		
Dr. Sarath Amunugama - DDG (PHS) I	Ministry of Health		
Dr. J.M.W. Jayasundara Bandara - DDG (DS)	Ministry of Health		
Dr. A. Sunil De Alwis - DDG (ET&R)	Ministry of Health		
Mr. P.A.P. Pathirathna - DDG (Finanace) II	Ministry of Health		

Dr. S.C. Wickramasinghe - Director (PLanning)	Ministry of Health		
Dr. C. De Silva - Deputy Director	Family Health Bereau		
Dr. Paba Palihawadana - Cheif Epidemiologist	Epidemiology Unit		
Dr. T.S.R. Peiris - Epidemiologist	Epidemiology Unit		
Dr. M. Thevarajan - Provincial Director of Health Services	Eastern Province		
Dr. S.R. Jude - Provincial Director of Health Services	Northern province		
Dr. N.S.R. Hewageegana - Provincial Director of Health Services	Uva Province		
Dr. R. Kesavan - Representative	World Health Organization		

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)

Sri Lanka is not reporting on CSO (Type A & B) fund utilisation in 2012

3. Table of Contents

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

Sections

4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	370,000	363,492	375,000	370,000	380,000	375,000	385,000	380,000	390,000	385,000
Total infants' deaths	3,600	3,600	3,500	3,500	3,400	3,400	3,300	3,300	3,200	3,200
Total surviving infants	366400	359,892	371,500	366,500	376,600	371,600	381,700	376,700	386,800	381,800
Total pregnant women	375,000	370,000	380,000	375,000	385,000	380,000	390,000	385,000	395,000	390,000
Number of infants vaccinated (to be vaccinated) with BCG	370,000	339,792	375,000	370,000	380,000	375,000	385,000	380,000	390,000	385,000
BCG coverage	100 %	93 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	365,000	339,426	370,000	365,000	376,000	370,000	380,000	375,000	385,000	380,000
OPV3 coverage	100 %	94 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1	366,400	344,493	371,500	365,000	376,600	370,000	381,700	375,000	385,000	380,000
Number of infants vaccinated (to be vaccinated) with DTP3	365,000	337,976	370,000	365,000	376,000	370,000	380,000	375,000	385,000	380,000
DTP3 coverage	102 %	94 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	1	0	1	0	1	0	1	0	1
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.01	1.00	1.01	1.00	1.01	1.00	1.01	1.00	1.01
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	381,930	344,493	371,500	365,000	376,600	370,000	381,700	375,000	385,000	380,000
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	374,214	337,976	370,000	365,000	376,000	370,000	380,000	375,000	385,000	380,000
DTP-HepB-Hib coverage	102 %	94 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Wastage[1] rate in base-year and planned thereafter (%)	5	1	5	1	5	1	5	1	5	1
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.01	1.05	1.01	1.05	1.01	1.05	1.01
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	365,000	262,853	370,000	365,000	376,000	370,000	380,000	375,000	385,000	380,000
Measles coverage	100 %	73 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Pregnant women vaccinated with TT+	375,000	325,083	380,000	375,000	385,000	380,000	390,000	385,000	395,000	390,000
TT+ coverage	100 %	88 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	2 %	0 %	0 %	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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  Explanation given with 2010 APR with regard to the updated baseline and targets are still valid for the 2011 target as well. Registrar General Department of Sri Lanka is yet to compile and release the actual births in Sri Lanka for 2011. Which will be available in another few weeks time. When actual births for 2011 is available coverage figures and target may be change marginally.

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

  Not Applicable

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

  Not Applicable

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

  Not Applicable

5.2. Immunisation achievements in 2011

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

Penta 1 coverage and Penta 3 coverage have improved marginally in 2011 compared to 2010 and 2009. There is a possibility that 2011 coverages may further improved, if trend in reduction of births is continued.

	2009	2010	2011
DPT/Penta 1	88.9 %	94.1%	95.6 %
DPT/Penta 3	88.5%	92.4%	94.2 %

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

Not Aplicable

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Timeframe of the data	Coverage estimate

0		

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

Not Applicable

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

What action have you taken to achieve this goal?

In Sri Lanka immunization coverages are near 100 % and accordingly gender related barrier to immunization is non existent.

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 WHO/UNICEF best estimates and repeated coverage surveys conducted in Sri Lanka, always it has been highlighted that actual coverage in Sri Lanka is higher than the reported administrative coverage because private sector immunization coverage data are not fully captured by EPI information system. Report of the 2010 coverage survey conducted in Western Province of Sri Lanka is annexed for perusal

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

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

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

Every year Sri Lanka conduct Annual Immunization Programme Review in every administrative district of Sri Lanka. It is a kind of an EPI data quality audit and every divitional manager has to precent previous years immunization coverage data as agregate by village as well as the immunization ststus by each child (case based data). The formats used for this review is annexed for your perusal. Annual selected district immunization coverage survey data and periodic DHS survay also provide good proxy data to compare and validate administrative coverage data.

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

Please refer to above

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.

A web based national immunization register and immunization tracking system for Sri Lankan immunization programme in currently under development. This will facilitate to capture of private sector data and will further minimize the gap between administrative coverage and actual coverage.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 130	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	**Expenditure Year 2011**	**Source of funding**						
		Country	**GAVI**	**UNICEF**	**WHO**	**NA**	**NA**	**NA**

Traditional Vaccines*	634,611	634,611	0	0	0	0	0	0
New and underused Vaccines**	3,629,324	763,201	2,866,123	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	640,077	578,207	61,870	0	0	0	0	0
Cold Chain equipment	414,324	0	0	414,324	0	0	0	0
Personnel	104,526	104,526	0	0	0	0	0	0
Other routine recurrent costs	106,855,176	106,786,922	0	30,000	38,254	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	112,278,038							
Total Government Health		108,867,467	2,927,993	444,324	38,254	0	0	0

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

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

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

No deference

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

All budgeted funds were received. No shortfall

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

Funding for traditional vaccines and co-financed portion is totally provided by the government of Sri Lanka

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	5,368,053	5,264,700
New and underused Vaccines**	2,192,672	3,554,993
Injection supplies (both AD syringes and syringes other than ADs)	669,950	707,376
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	101,439	17,855
Personnel	123,447	125,915
Other routine recurrent costs	525,993	563,130
Supplemental Immunisation Activities	4,673,698	4,692,116
Total Expenditures for Immunisation	13,655,252	14,926,085

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

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

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

No shortfall for planned and budgeted activities

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

No.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

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

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

Sri Lanka has a well established system on decision making consist of Ministry of Health technical officials, representatives of medical professional organizations, professional representation from medical schools etc. called National Advisory Committee on Communicable Diseases. All technical decisions and progress reviews of all communicable disease control programmes including EPI programme are discussed and reviewed in this committee. Hence special ICC has not been established in Sri Lanka as stated in previous APRs

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2012 to 2013

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

Further strengthen the confidence building measures of the national immunization programme commenced in 2011 and 2011. Commence WEB based immunization information system. Conduct EVM in 2012 and annual district EPI coverage survey in Batticaloa district to assess the effect of internal conflict of Sri Lanka on immunization coverage.

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD	Government of Sri Lanka
Measles	AD	Government of Sri Lanka
TT	AD	Government of Sri Lanka
DTP-containing vaccine	AD	GAVI & Government of Sri Lanka
All other EPI Vaccines (MMR, JE, DT, aTd)	AD	Government of Sri Lanka

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)

No obstacles has been encountered up to now. Sri Lanka was planed to commence plastic waste recycling project some time back. However it was not realized due to some funding issues. If funding source identified this project can be recommenced.

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

Sri Lanka use mixed strategy for waste disposal. In urban settings, use incinerators at large hospitals for waste disposal. In rural settings where there is no access to incinerator, use open burning.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US$	Amount local currency
Funds received during 2011 *(A)*		
Remaining funds (carry over) from 2010 *(B)*		
Total funds available in 2011 *(C=A+B)*		
Total Expenditures in 2011 *(D)*		
Balance carried over to 2012 *(E=C-D)*		

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.

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

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

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

6.3. Request for ISS reward

Request for ISS reward achievement in Sri Lanka is not applicable for 2011

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

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

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

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

	[A]	[B]	
Vaccine type	**Total doses for 2011 in Decision Letter**	**Total doses received by 31 December 2011**	**Total doses of postponed deliveries in 2012**
DTP-HepB-Hib		1,377,400	0

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

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

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

  There was no issues with regard to vaccine receipts, storage and distribution. No delay in shipments or stock-outs

- 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)

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

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

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

7.2. Introduction of a New Vaccine in 2011

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

Vaccine introduced	Hib containing Pentavalent vaccine	
Phased introduction	No	01/01/2010
Nationwide introduction	No	01/01/2010
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	No GAVI supported new vaccine has introduced in 2011. However MMR vaccine was introduced to the Sri Lankan National Immunization Programme since 1sr October 2011 as a two dose schedule at 12 months and 36 months, nation wide with GOSL funds

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 2013**

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

No PIE was conducted in Sri Lanka for Introduction for Pentavalent vaccine since 2008. In 2010 APR it was stated that if requried technical and financial support is provided EPI Sri Lanka is happy to conduct this evaluation any time mutualy agreed by the EPI and partners

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**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

Sri Lanka did not receive this grant in 2011

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

NA

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

NA

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	541,469	136,400
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Government Only	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	

1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	44,200	
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	August	Government of Sri Lanka
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Government of Sri Lanka is committed to finance cost of vaccines required for national immunization programme including co-financing component of pentavalent vaccine and injection safety needs	

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/

Not in default

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **May 2012**

Please attach:

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

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

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

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

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

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
Yet to be assesed	Yet to come recomendations	On recipet of recomendations, they will be implime

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

If yes, provide details

It is planned to conduct EVM with UNICEF technical and financial assistance from 7th to 25th May 2011. Report will be submitted on completion of it

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Sri Lanka does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Sri Lanka is not available in 2012

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

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

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

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.2: Freight Cost

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

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	359,892	366,500	371,600	376,700	381,800	1,856,492
	Number of children to be vaccinated with the first dose	Table 4	#	344,493	365,000	370,000	375,000	380,000	1,834,493
	Number of children to be vaccinated with the third dose	Table 4	#	337,976	365,000	370,000	375,000	380,000	1,827,976
	Immunisation coverage with the third dose	Table 4	%	93.91 %	99.59 %	99.57 %	99.55 %	99.53 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.01	1.01	1.01	1.01	1.01	
	Vaccine stock on 1 January 2012		#	614,688					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.18	2.02	1.99	1.93	
cc	**Country co-financing per dose**	Co-financing table	$		0.65	1.85	1.85	1.85	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0058	0.0058	0.0058	0.0058	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Graduating

	2011	2012	2013	2014	2015
Minimum co-financing	0.35	0.65	0.97	1.29	1.61
Recommended co-financing as per APR 2010			0.97	1.29	1.61
Your co-financing	0.35	0.65	1.85	1.85	1.85

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

		2012	2013	2014	2015
Number of vaccine doses	#	371,700	176,600	164,300	140,100
Number of AD syringes	#	904,000	194,000	180,600	154,000
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	10,050	2,175	2,025	1,725
Total value to be co-financed by GAVI	$	906,000	387,500	355,500	295,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	135,200	948,400	975,800	1,015,200
Number of AD syringes	#	328,800	1,042,400	1,072,500	1,115,700
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	3,650	11,575	11,925	12,400
Total value to be co-financed by the Country	$	329,500	2,081,500	2,109,500	2,137,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	26.67 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	344,493	365,000	97,334	267,666
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	1,033,479	1,095,000	292,000	803,000
E	**Estimated vaccine wastage factor**	*Table 4*	1.01	1.01		
F	**Number of doses needed including wastage**	*D X E*	1,043,814	1,105,950	294,920	811,030
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		15,534	4,143	11,391
H	**Stock on 1 January 2012**	*Table 7.11.1*	614,688			
I	**Total vaccine doses needed**	*F + G – H*		506,796	135,146	371,650
J	**Number of doses per vial**	*Vaccine Parameter*		1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		1,232,693	328,718	903,975
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		13,683	3,649	10,034
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		1,105,829	294,887	810,942
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		57,321	15,286	42,035
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)*		80	22	58
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		66,350	17,694	48,656
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		5,741	1,531	4,210
T	**Total fund needed**	*(N+O+P+Q+R+S)*		1,235,321	329,418	905,903
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		329,418		
V	**Country co-financing % of GAVI supported proportion**	*U / T*		26.67 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	84.31 %			85.59 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	370,000	311,943	58,057	375,000	320,965	54,035
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	1,110,000	935,827	174,173	1,125,000	962,893	162,107
E	Estimated vaccine wastage factor	*Table 4*	1.01			1.01		
F	Number of doses needed including wastage	*D X E*	1,121,100	945,186	175,914	1,136,250	972,522	163,728
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	3,788	3,194	594	3,788	3,243	545
H	Stock on 1 January 2012	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	1,124,888	948,379	176,509	1,140,038	975,765	164,273
J	Number of doses per vial	*Vaccine Parameter*	1			1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	1,236,305	1,042,314	193,991	1,252,955	1,072,411	180,544
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	13,723	11,570	2,153	13,908	11,904	2,004
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	2,268,900	1,912,881	356,019	2,264,116	1,937,868	326,248
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	2,268,900	48,469	9,020	2,264,116	49,868	8,395
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	80	68	12	81	70	11
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	136,134	114,773	21,361	135,847	116,273	19,574
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	5,757	4,854	903	5,835	4,995	840
T	Total fund needed	*(N+O+P+Q+R+S)*	2,468,360	2,081,043	387,317	2,464,142	2,109,072	355,070
U	Total country co-financing	*I x country co-financing per dose (cc)*	2,081,043			2,109,071		
V	Country co-financing % of GAVI supported proportion	*U / T*	84.31 %			85.59 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	87.87 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	380,000	333,924	46,076
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B X C*	1,140,000	1,001,770	138,230
E	**Estimated vaccine wastage factor**	*Table 4*	1.01		
F	**Number of doses needed including wastage**	*D X E*	1,151,400	1,011,787	139,613
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	3,788	3,329	459
H	**Stock on 1 January 2012**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*F + G – H*	1,155,188	1,015,116	140,072
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	1,269,605	1,115,659	153,946
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	14,093	12,385	1,708
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	2,232,979	1,962,219	270,760
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	59,037	51,879	7,158
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)*	82	73	9
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	133,979	117,734	16,245
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	5,912	5,196	716
T	**Total fund needed**	*(N+O+P+Q+R+S)*	2,431,989	2,137,098	294,891
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	2,137,098		
V	**Country co-financing % of GAVI supported proportion**	*U / T*	87.87 %		

8. Injection Safety Support (INS)

Sri Lanka is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

   a. Progress achieved in 2011

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

   c. Plans for 2013

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

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

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

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

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

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

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

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

   a. Minutes of all the HSCC meetings held in 2011

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

   c. Latest Health Sector Review Report

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

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

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

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

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

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

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

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

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

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

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

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

If yes, please indicate the amount of funding requested: **1057230** US$

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

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

Table 9.1.3a (US)$

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	887500	715558	897500	812500	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	448750	1251250	1057230
Total funds received from GAVI during the calendar year (*A*)	0	887495	1012500	458750	1089020	0
Remaining funds (carry over) from previous year (*B*)	0	0	715558	1251800	1020519	1778302
Total Funds available during the calendar year (*C=A+B*)	0	887495	1728058	1710550	2109539	0
Total expenditure during the calendar year (*D*)	0	171937	476258	690031	331237	0
Balance carried forward to next calendar year (*E=C-D*)	0	715558	1251800	1020519	1778302	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	887500	1012500	1385540	162230	1057230	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (*as per the originally approved HSS proposal*)	0	88750000	101250000	89750000	81250000	89500000
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	0	0	0	44875000	125125000	126867600
Total funds received from GAVI during the calendar year (*A*)	0	95316963	114665625	51609375	118703180	0

Remaining funds (carry over) from previous year (*B*)	0	0	76403763	141766353	115360364	199439682
Total Funds available during the calendar year (*C=A+B*)	0	95316963	191069388	193375728	234063544	0
Total expenditure during the calendar year (*D*)	0	18913200	49303035	78015364	34623862	0
Balance carried forward to next calendar year (*E=C-D*)	0	76403763	141766353	115360364	199439682	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	126867600	0

Report of Exchange Rate Fluctuation

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

Table 9.1.3.c

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	107.4	110	113.25	112.5	109.41
Closing on 31 December	0	110	113.25	112.5	109.41	0

Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 calendar year *(Terms of reference for this financial statement are attached in the online APR Annexes)*. Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 9)**

If any expenditures for the January April 2012 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 22)**

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.

Has an external audit been conducted? Not selected

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: 26)

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2011**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
Activity 1.1:	Develop HR plan for underserved areas which will be an input for national HRD plan	0	
Activity 1.2:	Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, and Galle)	100	Progress Report prepared based on the data from relevant program managers
Activity 1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	95	Do
Activity 1.6	Conduct in-service training programmes for all PHC workers of underserved districts	55	Do
Activity 2.1:	Improve the existing infrastructure facilities at MCH clinic centers in underserved districts	96	Do
Activity 2.2:	Supply basic MCH equipment packages to all MCH clinics in 10 underserved districts	45	Do
Activity 2.3	Supply 10 double cabs for MOH divisions in 10 underserved districts to ensure effective implementation of PHC services	0	Completed in 2010 & Balance money reallocated for Activity No. 2.7
Activity 2.4	Supply 500 mopeds for Public Health Midwives in 10 underserved districts for efficient immunization coverage	0	Reprogrammed to purchase scooters and concurrence of Global Alliance received in 2012 April
Activity 2.5	Supply 20 scooters for supervisory staff covering underserved districts		Reallocated to Activity No. 2.7
Activity 2.6	Supply 100 motor bikes for Public Health Inspectors in underserved districts for efficient immunization coverage	80	Progress Report prepared based on the data from relevant program managers
Activity 2.7	Supply 2 double cabs (to FHB & Epid Unit) for strengthening of central support to MCH services at under served districts	80	Do
Activity 3.1:	Quarterly district management review meetings held in all 10 underserved districts	40	Do
Activity 3.2:	Conduct training programs for supervising staff on monitoring and supervision in a developed health system	35	Do
Activity 3.3:	Develop performance appraisal tool to asses MCH skills of and reporting by PHC staff	10	Do
Activity 3.4:	Train district level managers and supervisors on PA Tool	0	Do

Activity 3.5:	Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance	90	Do
Activity 3.6:	Review the quality and efficiency of existing management information system on MCH including EPI	10	Do
Activity 3.7	Staff performance appraisal will include assessing the completion and timely submission of monthly reports from PHC staff to divisions and quarterly reports from divisions to central level	100	Do (National Level proramme was conducted by the FHB)
Activity 4.1	Operational Research	100	Do
	Improvement of training capacity at National Institute of Health Services(NIHS		Approval for reprogramming received in 2012, April,

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**
1.1 Develop HR plan for underserved areas which wi	Until Recently resettlement was continuing. Due to this, this project was not able to be carried out earlier. It will be carried out in 2012.
1.2 Improve the facilities for PHC staff training	By carrying out necessary renovation and providing equipment and furniture the facilities for PHC staff was improved. From 2012, PHC staff training will be conducted in all RTCs.
1.4 Annual Training of 300 PHC staff at 6 upgrade	268 PHMM were trained at Batticaloa, Vavuniya and Jaffna Training Centers under the GAVI HSS funds. By June 2012, the 50 Midwives from Galle, 44 Midwives from Ratnapura, 63 Midwives from Kadugannawa, 40 Midwives from Badulla and 17 Midwives Batticaloa will be completing their induction training.
1.6 Conduct in-service training programmes for al	In-service training on MIS, AEFI, MCH activities and preparation of reports were given to PHC staff in Badulla, Nuwara-eliya, Mannar, Vavuniya, Killinochchi, Ampara, and Batticaloa Districts
1.7 Improvement of infrastructure facilities for	As the reprogramming approval was received recently, work in this item will be starting in 2012.
2.1 Improve the existing infrastructure facilitie	35 clinics were repaired and upgraded. Further basic facilities such as water, electricity and toilet facilities were provided to the clinics.
2.2 Supply basic MCH equipment packages to all MC	Essential MCH equipment were provided under GAVI project based on the need of MCH clinic centers in 10 districts
2.3 Supply 10 double cabs for MOH divisions in 10	Allocation not sufficient to purchase 10 Double cabs. According to the funds available 2 double cabs were purchased. 4 more cabs will be purchased from this year's allocation
2.4 Supply 500 mopeds for Public Health Midwives	80 nos. mopeds purchased and distributed. As a policy decision was taken to provide scooters for the PHMM a request for reprogramming was made, and was approved in 2012. The scooters will be purchased in 2012.
2.5 Supply 20 scooters for supervisory staff cove	Activity Completed
2.6 Supply 25 nos. of motor bikes for Public Heal	Tender procedures were completed and purchase order given to the supplier in 2011. 25 nos. of Motor bikes were purchased and distributed in first quarter of 2012
2.7 Supply 2 double cabs (to FHB & Epid Unit) for	Tender procedures were completed and purchase order given to the supplier in 2011. Two double cabs purchased in March, 201
3.1 Quarterly district management review meetings	Review meetings are conducted at district level and National level. In addition to meetings, a team of the Planning Unit of Ministry of Health visited to the project areas for reviewing physical progress in Central Province, Uva Province and Eastern Province
3.2 Conduct training programs for supervising sta	Training programmes were conducted for supervising staff
3.3 Develop performance appraisal tool to asses M	Activity being carried out
3.4 Train district level managers and supervisors	Activity being carried out
3.5 Train PHC staff in 10 districts [aprox. 2000	Activity being carried out
3.6 Review the quality and efficiency of existing	In 2012 paper based information system will be reviewed and revised. After pre testing, electronic information system will be carried out. So this activity might need an extension beyond 2012.
3.7 Staff performance appraisal will include asse	One staff performance appraisal was conducted in 2011. Same will be carried out in 2012.
4.1 Operational Research	One operational research completed and another will be carried out in 2012.

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

1.1 was not done as resettlement was not completed.

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?

The policy of the government is to have one midwife per 3000 population. By the end of the conflict, number of PHM working in North was very low. This project helped in improving the number PHM in the North. Further transport facilities for the Public Health staff and the infrastructure were also developed using the GAVI funds.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target					Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011	
Under five year Mortality Rate	16.0/1000 Live Births	HMIS 2005	11.0/1000	12.0/1000	10.36	11	NA	NA	NA	Register General Department 2008	No published data for 2009 2010 and 2011
Infant Mortality rate	11.0/1000 Live Births	HMIS 2005	9.0/1000	10.0/1000	8.53	8.5	NA	NA	NA	Do	No published data for 2009 2010 and 2011
National DPT3 coverage (%)	96%	Epidemiology Unit, Ministry of Health 2006	100%	100%	98%	90.7%	88.5%	92.4%	93.8%	Epidemiology Unit,WHO	
% districts achieving >80% DPT 3 coverage	100%	Epidemiology Unit, Ministry of Health 2006	100%	100%	100%	100%	100%	100%	100%	Epidemiology Unit, WHO	
Proportion of births attended by skilled PHC staff	98%	Family Health Bureau, Ministry of Health 2006	100%	99.7%	98%	99%	99%	99.6%	99.7%	HMIS	
% of children 1-5 utilizing PHC services at MCH ce	<68%	Family Health Bureau, Ministry of Health- 2006	>95%	85%	67%	58%	65%	73.4%	85%	HMIS	There was a problem due to deaths after immunization. Now attendance picking up
% of mothers receiving post natal care of accepted	<67%	Family Health Bureau, Ministry of Health	95%	70.1%	65%	72%	59%	69.2%	70.1%	HMIS	Conflict in north & east affected the care provided post nataly.
Staff trained on MCH best practices in place in 10	N/A	Regional Director of Health, who send them to Family Health Bureau	100%	100%			40%	60%	80%	Reports of Epidemiology Unit Quarterly district reports	During conflict this could not be carried out in northern and eastern provinces
All 10 districts will have sufficient basic infras	N/A	Regional Director of Health, who send them to Family Health Bureau	100%	95%	52%	60%	54%	82%	95%	Annual district reports	

(Obj#3) Increase MCH coverage (which includes immu	73%	Epidemiology Unit, MoH	>95%					70%		HMISdue to deaths after immunization. Now attendance picking up	

9.4. Programme implementation in 2011

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

During the resettlement period in North and East an efficient field health service was not available. From the GAVI HSS project, 268 Public Health Midwives were trained and released to the service. Further 39 MCH field clinic centers were renovated in the above provinces and in Badulla and Nuwara Eliya districts. Also in-service training programmes were conducted for Public Health Staff on Management Information System, Adverse Effects Following Immunization, Expanded Programme of Immunization etc. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

All these project activities helped in improving the quality and coverage of immunization in the 10 districts concerned.

Further, from the GAVI HSS grant, Regional Training Centers were strengthened. The training for Primary Health Care staff categories have been commenced in these centers which would further improve the Primary health care services of the country.

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

Though the facilities were improved for training of Primary Health care staff, there is no formal programme to train the trainers. Training of the trainers is identified as a problem in providing induction training for the Primary Health Care. From a future HSS fund it is proposed to establish a formal training programme for the trainers. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

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

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

1. Health Master Plan Implementation Steering Committee monitor and evaluate the progress.

2. Quarterly on line monitoring of funds is carried out by the treasury.

3. The stock Verification unit of Ministry of Health visited all institutions and verified that all purchases are inventralized in and use.

4. Government Auditor audited all activities conducted.

5. Visits were made by the planning officer and accountant to the implementing agencies and observed the physical progress and financial progress.

6. Review meetings held at central and provincial level.

Provincial level:

1. Supervision of provincial level staff.
2. Review meetings.

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.

A performance monitoring of the GAVI HSS project is made for the annual performance report for the budget and in annual administrative report, <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

A quarterly review is conducted through web based project monitoring system by the Finance Ministry for the foreign funded projects.

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

Planning Unit, Ministry of Health<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Coordinating, supervision and monitoring of the GAVI HSS project

Family Health Bureau

Policy formulation of MCH programme,

Supervision of implementation of MCH programme including immunization.

Formulation and implementation of the Management Information system

Training of Master Trainers

Epidemiology Unit

Training of PHC staff on AEFI surveillance

AEFI surveillance

Procurement and Supply of Vaccines

Provision of Cold Chain Equipment

Maintaining information system on Immunization

Surveillance of Vaccine preventable diseases

Education Training and Research Unit of the Ministry of Health.

Training of primary health care staff

Development of Training modules for primary health care staff

Supervision of primary healthcare training programmes

Provincial Health Staff

Planning and implementation of the GAVI HSS activities

WHO and UNICEF

Coordinate with project coordination unit

Monitoring of the GAVI HSS programme

Planning Unit, Ministry of Health

Coordinating, supervision and monitoring of the GAVI HSS project

Family Health Bureau

Policy formulation of MCH programme,

Supervision of implementation of MCH programme including immunization.

Formulation and implementation of the Management Information system

Training of Master Trainers

Epidemiology Unit

Training of PHC staff on AEFI surveillance

AEFI surveillance

Procurement and Supply of Vaccines

Provision of Cold Chain Equipment

Maintaining information system on Immunization

Surveillance of Vaccine preventable diseases

Education Training and Research Unit of the Ministry of Health.

Training of primary health care staff

Development of Training modules for primary health care staff

Supervision of primary healthcare training programmes

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

There is no participation

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

Whether the management of HSS funds has been effective<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Yes

Constraints to internal fund disbursement, if any

Delays in settlement of funds

Actions taken to address any issues and to improve management

Review meetings are conducted every 3 month. Further supervision visits are conducted at least twice a year.

Any changes to management processes in the coming year

No

9.5. Planned HSS activities for 2012

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

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	**Planned Activity for 2012**	**Original budget for 2012** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2012 actual expenditure** (as at April 2012)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2012** (if relevant)
Activity 1.1:	Develop HR plan for underserved areas which will be an input for national HRD pla	17693	0			
Activity 1.2:	Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, and Galle)	244094	0			
Activity 1.4	Annual Training of 300 PHC staff at 6 upgraded training schools	342513	0			
Activity 1.6	Conduct in-service training programmes for all PHC workers of underserved districts	218339	2118			
Activity 1.7	Improvement of training capacity at National Institute of Health Sciences (NIHS)	488784	0			
Activity 2.1:	Improve the existing infrastructure facilities at MCH clinic centers in underserved districts	503176	0			
Activity 2.2:	Supply basic MCH equipment packages to all MCH clinics in 10 underserved districts	55711	0			

Activity 2.3	Supply 10 double cabs for MOH divisions in 10 underserved districts to ensure effective implementation of PHC services	200000	0			
Activity 2.4	Supply 500 mopeds for Public Health Midwives in 10 underserved districts for efficient immunization coverage	0	0			
Activity 2.6	Supply 100 motor bikes for Public Health Inspectors in underserved districts for efficient immunization coverage	102879	28425			
Activity 2.7	Supply 2 double cabs (to FHB & Epid Unit) for strengthening of central support to MCH services at under served districts	153090	0			
Activity 2.8	Provision of scooters instead of mopeds to Public Health Midwives	41142	0			
Activity 3.1:	Quarterly district management review meetings held in all 10 underserved districts	42647	1781			
Activity 3.2:	Conduct training programs for supervising staff on monitoring and supervision in a developed health system	62301	1590			
Activity 3.3:	Develop performance appraisal tool to asses MCH skills of and reporting by PHC staff	33150	0			
Activity 3.4:	Train district level managers and supervisors on PA Tool	98017	706			

Activity 3.5:	Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance	42403	0			
Activity 3.6	Review the quality and efficiency of existing management information system on MCH including EPI	75936	0			
Activity 3.7:	Staff performance appraisal will include assessing the completion and timely submission of monthly reports from PHC staff to divisions and quarterly reports from divisions to central level	77386	1646			
Activity 4.1	Operational Research	36271	0			
		2835532	36266			0

9.6. Planned HSS activities for 2013

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

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

Table 9.6: Planned HSS Activities for 2013

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

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

Not Applicable

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

Not Applicable

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **No**

9.7. Revised indicators in case of reprogramming

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

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

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

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

Not Applicable

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

Not Applicable

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
Register Generals Department Family Health Bureau Epidemiological Unit Health Management Information System	Through Discussions at Health Master Plan Steering committee meeting with all stake holders	Mortality figures of Registrar Generals Department are not available after 2008. So had to use Family health Bureau figures

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.

This information reporting process is appreciated. It is suggested to add "helping menu" to assist when error is occured.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 2

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report **(Document Number: 8)**
2. The latest Health Sector Review report **(Document Number: 23)**

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

Sri Lanka is not reporting on GAVI TYPE A CSO support for 2012

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

Sri Lanka is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature page APR 2011.pdf File desc: File description... Date/time: 5/18/2012 6:08:33 AM Size: 205334
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature page APR 2011.pdf File desc: File description... Date/time: 5/18/2012 6:08:53 AM Size: 205334
3	Signatures of members of ICC	2.2	✓	icc report.pdf File desc: File description... Date/time: 5/18/2012 5:10:21 AM Size: 658153
4	Signatures of members of HSCC	2.3	✗	Minutes.pdf File desc: File description... Date/time: 5/18/2012 5:12:55 AM Size: 1303611
5	Minutes of ICC meetings in 2011	2.2	✓	ACCD _2011_minutes.pdf File desc: File description... Date/time: 5/18/2012 7:53:31 AM Size: 1573950
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2	✓	Combined HSCC ICC Minutes_2012.04.30.pdf File desc: File description... Date/time: 5/18/2012 7:54:46 AM Size: 1870952
7	Minutes of HSCC meetings in 2011	2.3	✗	Minutes 21_04_2011.doc File desc: Minutes of HSCC meeting held on 21_4_2011. Miutes of other meetings held in 2011 have been uploaded to "Other" section Date/time: 5/21/2012 1:15:10 AM Size: 34816
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3	✗	Combined HSCC ICC Minutes_2012.04.30.pdf File desc: File description... Date/time: 5/18/2012 7:55:43 AM Size: 1870952
9	Financial Statement for HSS grant APR 2011	9.1.3	✗	finance statement.pdf File desc: File description... Date/time: 5/18/2012 5:18:13 AM Size: 1401058
				CMYP 2010 - 2016 Sri Lanka.pdf

10	new cMYP APR 2011	7.7	✓	File desc: File description... Date/time: 5/18/2012 7:56:26 AM Size: 843613
11	new cMYP costing tool APR 2011	7.8	✓	cMYP_Costing_Tool_Sri Lanka 2012_2016-V1.0.xls File desc: File description... Date/time: 5/18/2012 7:57:47 AM Size: 3473920
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	Financial Statement for NVS grant 2011.doc File desc: File description... Date/time: 5/21/2012 3:34:44 AM Size: 854016
15	EVSM/VMA/EVM report APR 2011	7.5	✓	SLanka EVM_report_D1 MH 12_05_30.pdf File desc: File description... Date/time: 6/18/2012 8:06:52 AM Size: 1267525
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	EVM-Improvement-Plan-D2 SL1.xls File desc: File description... Date/time: 6/18/2012 8:07:49 AM Size: 194560
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	EVM Report.doc File desc: File description... Date/time: 5/21/2012 3:37:41 AM Size: 854528
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	EVM Report.doc File desc: File description... Date/time: 5/21/2012 3:39:54 AM Size: 854528
20	Post Introduction Evaluation Report	7.2.2	✓	PIE Report.doc File desc: File description... Date/time: 5/21/2012 3:39:54 AM Size: 854528
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	Combined HSCC ICC Minutes_2012.04.30.pdf File desc: File description... Date/time: 5/20/2012 11:57:08 PM Size: 1870952
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	Audit Report.pdf File desc: Audit Report 2010. 2011 report in progress.. Date/time: 5/18/2012 5:21:27 AM Size: 2131146
23	HSS Health Sector review report	9.9.3	✗	English Chapters.pdf File desc: Performance Report 2011...

				Date/time: 5/18/2012 5:41:09 AM Size: 1105063