



GAVI Alliance

Annual Progress Report **2014**

Submitted by
The Government of
Sri Lanka

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **03/06/2015**

Deadline for submission: 27/05/2015

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.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: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID	2018

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

IPV second preferred presentation: **IPV, 10 dose(s) per vial, LIQUID**

IPV third preferred presentation: **IPV, 1 dose(s) per vial, LIQUID**

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	IPV, 5 dose(s) per vial, LIQUID	2019	No extension
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	No extension

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2013** 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 High Level Review Panel (HLRP) 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. D.M.R.B. Dissanayake	Name	Director National Planning or National Budget
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Dr. S.R.U. Wimalarathne	Director (Planning)	+94718198745	sruwimal@gmail.com
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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
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List attached	Ministry of Health & Indigenous Medicine		
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ICC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

Please refer section 10

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Mr. D.M.R.B. Dissanayake - Secretary	Ministry of Health & Indigenous Medicine		

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

All comments will be treated confidentially

Comments from Partners:

Please refer section 10

Comments from the Regional Working Group:

No

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 2015

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4. Baseline & annual targets

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

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	370,000	349,715	375,000	360,000		365,000		370,000		375,000
Total infants' deaths	3,300	3,462	3,400	3,400		3,285		3,145		3,000
Total surviving infants	366700	346,253	371,600	356,600		361,715		366,855		372,000
Total pregnant women	370,000	349,715	375,000	360,000		365,000		370,000		375,000
Number of infants vaccinated (to be vaccinated) with BCG	370,000	319,070	375,000	360,000		365,000		370,000		375,000
BCG coverage[1]	100 %	91 %	100 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	370,000	341,714	375,000	356,600		361,715		366,855		372,000
OPV3 coverage[2]	101 %	99 %	101 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1 [3]	370,000	338,997	375,000	356,600		361,715		366,855		372,000
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	370,000	343,076	375,000	356,600		361,715		366,855		372,000
DTP3 coverage[2]	101 %	99 %	101 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	10	10	10	356,600		10		10		10
Wastage[5] factor in base-year and planned thereafter for DTP	1.11	1.11	1.11	0.00	1.00	1.11	1.00	1.11	1.00	1.11
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	355,000	338,997	370,000	356,600						
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	355,000	343,076	370,000	356,600						
DTP-HepB-Hib coverage[2]	97 %	99 %	100 %	100 %	0 %	0 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%) [6]	10	10	10	10						
Wastage[5] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1	1	1	1	1	1
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with IPV		0	364,339	178,300	358,870	361,715		366,855		372,000

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Wastage[5] rate in base-year and planned thereafter (%)		0	18	10	30	10		10		10
Wastage[5] factor in base-year and planned thereafter (%)	1	1	1.22	1.11	1.43	1.11	1	1.11	1	1.11
Maximum wastage rate value for IPV, 5 dose(s) per vial, LIQUID (see note above)	0 %	30 %	0 %	30 %	0 %	30 %	0 %	30 %	0 %	30 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	370,000	349,546	375,000	356,600		361,715		366,855		372,000
Measles coverage[2]	101 %	101 %	101 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Pregnant women vaccinated with TT+	340,000	304,478	342,000	360,000		365,000		370,000		375,000
TT+ coverage[7]	92 %	87 %	91 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0		0
Vit A supplement to infants after 6 months	0	0	0	356,600	N/A	361,715	N/A	366,855	N/A	372,000
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	-1 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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.

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

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 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**

The estimates of births given in APR 2013 was based on cMYP (2012-2016), which was developed in 2011. National Census Department has published more updated estimates, which we are given in APR 2014. In addition, births reported in this APR are actual reported number at the Registrar General Office, Sri Lanka.

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

Surviving infant are calculated from applying IMR into the actual reported births. The IMR used is an estimate and which is updated for 2014, by the National Census Department of Sri Lanka.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

IPV introduction was planned in January 2015, but due to the delay in vaccine registration at NRA, now it has scheduled to start from 01 July 2015. Therefore, the target population for IPV (one additional dose with OPV in routine EPI schedule) in 2015, is only 50% of annual target population, i.e. 178,300. (because vaccination will continue only in last 6 months of 2015, which will covers only 50% a birth cohort)

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

Sri Lanka maintains wastage below its set wastage targets for all vaccines used in EPI

5.2. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

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

Not applicable. There is no any sex-discrepancies in Immunization service receiver ends.

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

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

Since our national coverages for any antigen under EPI schedule is above 90%, it indicates that it is unlikely any gender discrepancies in reaching vaccines at any place, ant time in the country. Hence, there is no necessity to carry out a survey to find such sex-disaggregated information.

Annual EPI surveys carries out by EPI, routinely, selecting one district in the country in each year (Using WHO 30 cluster methodology) have clearly evidenced that there is no such discrepancies, by age, sex, ethnic groups, religion or geography in Sri Lanka.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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
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Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	Sabin Institute	0	0
Traditional Vaccines*	2,158,300	2,158,300	0	0	0	0	0	0
New and underused Vaccines**	2,654,350	2,356,000	298,350	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	205,279	196,850	8,429	0	0	0	0	0
Cold Chain equipment	458,726	309,155	110,000	39,571	0	0	0	0
Personnel	55,321	55,321	0	0	0	0	0	0
Other routine recurrent costs	985,891	985,891	0	0	0	0	0	0
Other Capital Costs	77,496	77,496	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
(i) WHO/UNICEF provided support on Training, Developing IEC materials, Communication (ii) Sabin Institute provided support on Activities on Sustainable Immunization financing		0	0	20,000	28,000	20,000	0	0
Note: 110,000 USD indicated under cold chain was received from GAVI HSS fund								
Total Expenditures for Immunisation	6,595,363							
Total Government Health		6,139,013	416,779	59,571	28,000	20,000	0	0

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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#).

The National Advisory Committy on Communicable Diseses (NACCD), which is the highest committee in Ministry of Health on policy decisions on prevention and control of Communicable diseases in the country functions as the ICC in Sri Lanka. It chaired by the Director General of Health Services and met regularly (4 times) in 2013.

Progress on implimantation of National Immunization Programme (NIP) and VPD survailance status during the year 2014 was reviewed by the committee. The following areas was given attention with related recommendations:

(i) Introduction of one dose of IPV in 2015 and change to bOPV in 2016 in line with WHO "Global Polio End Game" plan. The committee endorsed the country IPV introduction plan and proposal to the GAVI for IPV support

(ii) Reported outbreak of measles and effect of present MMR schedule were reviewed. (The first NACCD /ICC meeting held in March 2015, it was recommended to re-schedule current MMR first dose from 1 year to 9 months of the age)

(iii) It was discussed the additional costs to be incurred on NIP with new vaccine introductions (IPV, HPV) in 2015-2016 and the committee endorsed the need of ensuring continued government funds into the NIP.

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

If Yes, which ones?

List CSO member organisations:
Sri Lanka Medical Association
Sri Lanka Collage of General Practitioners
Sri Lanka Collage of Community Physicians
Sri Lanka Collage of Peadiatricians
Sri Lanka Collage of Physicians

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

In 2015, (i) the priority is introduction of IPV: As of the WHO recommendation (and a part of Polio End Game Strategy), Sri Lanka will introduce an additional dose of IPV at the age of 4 months in to the EPI schedule.

(ii) In addition, in 2015 the country plans to conducting WHO collaborated EPI review, NRA assessment and EVM assessment

(iii) Implementing newly developed National Immunization Policy (Please Refer to attached National Immunization Policy)

(iv) Implementation of Web Based Immunization Information System (WEBIIS) and e-based Disease surveillance (including VPD) in the country. Both are functioning well.

(v) Sri Lanka will update its cMYP (2011-2016): Most target estimated values (births, surviving infants, time frame for new vaccine introduction, costing values) need to be updated. This will be done by end of 2015

In 2016, two priorities are planned:

(i) As a part of Polio End Game Strategy, bOPV will be introduced into the routine EPI. (This will replace present use of tOPV)

(ii) Sri Lanka is planning to introduc HPV vaccine into the EPI in 2016. The National Advisory Committee on Control of Communicable Diseases (The highest technical decision making

body within the MoH, which is functions as ICC too) is reviewing the concept paper submitted by the National Technical Expert Group appointed by the Director General of Health Services

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD syringes	GoSL
Measles	AD syringes	GoSL
TT	AD syringes	GoSL
DTP-containing vaccine	AD syringes	GoSI & GAVI
IPV		

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)

Immunization Injection Safety policy is a part of the both "National Immunization Policy" (Please refer attached National Immunization Policy) and "National Health care waste policy".

The main obstacle to implementing the policy is ongoing technical concerns of methods of disposals; The main focus is to built incinerators in all 26 districts (with this plan , country can implement 100% waste disposal by incineration), but some experts and environmental concerns of some negative impacts of incinerators are still under the discussions.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

In 2014, we used both incineration and open burn methods (burn filled safety boxes in identified/designated places, under the supervision of designated officers) to dispose immunization sharp waste. Since the time of AD syringes introduction in 2003, the country use these two methods. Disposal of immunization waste by incineration is largely limited to large urban cities with existing incinerators in hospitals.

However, todote both methods are operating well and do not caused any significant problem. In futuree, the country target only incinerators, as the way to dispose immunization sharp waste.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Sri Lanka is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Sri Lanka is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Sri Lanka is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
DTP-HepB-Hib	1,277,200	1,277,200	0	No
IPV		0	0	Not selected

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? ...)

Not applicable

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

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

No issues with vaccine management

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

None

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not related

When is the Post Introduction Evaluation (PIE) planned? **October 2015**

IPV, 5 dose(s) per vial, LIQUID		
Nationwide introduction	Yes	01/07/2015
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There was a delay in registration of 5 dose IPV at NRA, Sri Lanka. This was beyond control of any stakeholder. This IPV product was WHO pre qualified only in Nov 2014 (WHO pre qualification is a mandatory requirement at NRA Sri Lanka) This product got its registration (in fast track), in April 2015. With all these, now, it is scheduled to nationwide introduction of IPV from 01 July 2015.

When is the Post Introduction Evaluation (PIE) planned? **October 2015**

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

No PIE in last two years.

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**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises?
No

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

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

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

The Epidemiology Unit of MoH Sri Lanka, which is the EPI programme management unit conducts "Immunization Summit" in every other year. (Please refer to attached summary of National Immunization Summit, 2015) This is the highest/wide technical forum, where all surveillance and special studies on VPD are presented and discuss with all stakeholder professionals (Academia, Clinicians, Private sector vaccine suppliers etc.,) and members of NACCD/ ICC. The details are available in Attached (Immunization summit summary)

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	0	0
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	0	0
Total Expenditures in 2014 (D)	0	0
Balance carried over to 2015 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

Not Applicable

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

Not Applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

Not Applicable

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,928,500	1,123,900
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	1,928,500	
Donor	0	
Other	0	

Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	1,122,400
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*	0	0
Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		not applicable,as No financing for 2016
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*		IPV will receive not under co-financing strategy
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
<p>None</p> <p><i>Note: Sri Lanka cofinancing payment of 1,928,500 US\$ covered both for Pentavalent vaccine) (Q1) and injection safety items (Q3)</i></p> <p><i>Also note, Sri Lanka has been directly procured Pentavalent vaccine (other than from GAVI cofinancing strategy). The total cost for pentavalent vaccine spent by the Government is 2,356,000 US\$ (Refer Table 5.3a)</i></p>		

*Note: co-financing is not mandatory for IPV

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at

http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.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:

- EVM assessment (**Document No 12**)
- Improvement plan after EVM (**Document No 13**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

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 2015

Renewal of multi-year vaccines support for Sri Lanka is not available in 2015

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017	2018
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	4.00 %	3.50 %	4.60 %	5.20 %	5.20 %
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID		5.30 %	5.30 %	6.60 %	6.60 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	TOTAL
	Number of surviving infants	Parameter	#	366,700	371,600	738,300
	Number of children to be vaccinated with the first dose	Parameter	#	355,000	370,000	725,000
	Number of children to be vaccinated with the third dose	Parameter	#	355,000	370,000	725,000
	Immunisation coverage with the third dose	Parameter	%	96.81 %	99.57 %	
	Number of doses per child	Parameter	#	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	
	Stock in Central Store Dec 31, 2014		#	160,360		
	Stock across second level Dec 31, 2014 (if available)*		#			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		10	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		No	
	Safety boxes required	Parameter	#		Yes	
cc	Country co-financing per dose	Parameter	\$		1.62	
ca	AD syringe price per unit	Parameter	\$		0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	
cs	Safety box price per unit	Parameter	\$		0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		3.50 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Sri Lanka maintain computerized stock system at national level. The closing date on 31 Dec 2014 and Opening stock on 01 Jan 2015 are same.

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

Not defined

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

Co-financing group	Graduating	
	2014	2015
Minimum co-financing	1.51	1.64
Recommended co-financing as per APR 2013		
Your co-financing	1.51	1.62

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

		2014	2015
Number of vaccine doses	#	153,300	55,000
Number of AD syringes	#	153,600	55,200
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	1,725	625
Total value to be co-financed by GAVI	\$	264,000	94,000

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

		2014	2015
Number of vaccine doses	#	1,123,900	1,252,500
Number of AD syringes	#	1,122,400	1,248,600
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	12,475	13,750
Total value to be co-financed by the Country [1]	\$	1,928,500	2,118,150

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

		Formula	2014	2015		
				Total	Government	GAVI
		V				
B	Number of children to be vaccinated with the first dose	Table 4	355,000	370,000		
B1	Number of children to be vaccinated with the third dose	Table 4	355,000	370,000		
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	1,065,000	1,110,000		
E	Estimated vaccine wastage factor	Table 4	1.11	1.11		
F	Number of doses needed including wastage	$D \times E$		1,232,100		
		Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted = <ul style="list-style-type: none"> if $(\text{wastage factor of previous year current estimation} < \text{wastage factor of previous year original approved})$: $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ else: $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 				
		$H1 - (F (2015) \text{ current estimation} \times 0.375)$				
		$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	412,365	160,360		
H3	Shipment plan	Approved volume		1,307,500		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		1,307,500		
		Vaccine Parameter				
		$(D + G - H) \times 1.10$				
		$(I / J) \times 1.10$				
		$(I / 100) \times 1.10$				
		$I \times \text{vaccine price per dose (g)}$				
		$K \times \text{AD syringe price per unit (ca)}$				
		$L \times \text{reconstitution price per unit (cr)}$				
		$M \times \text{safety box price per unit (cs)}$				
		$N \times \text{freight cost as of \% of vaccines value (fv)}$				
		$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
		$(N+O+P+Q+R+S)$				
		$I \times \text{country co-financing per dose (cc)}$				
		U / T				

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

Table 7.11.1: Specifications for IPV, 5 dose(s) per vial, LIQUID

ID		Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	#	366,700	371,600	361,715	366,855	372,000	1,838,870
	Immunization coverage	Parameter	%	0.00 %	0.00 %	0.00 %	0.00 %	0.00 %	1,464,909
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.00	1.22	1.11	1.11	1.11	
	Stock in Central Store Dec 31, 2014		#	0					
	Stock across second level Dec 31, 2014 (if available)*		#						
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	Number of doses per vial	Parameter	#		5	5	5	5	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.00	0.00	0.00	0.00	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		5.30 %	5.30 %	6.60 %	6.60 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Not applicable

Co-financing tables for **IPV, 5 dose(s) per vial, LIQUID**

Co-financing group	Graduating
--------------------	------------

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Recommended co-financing as per			0.00	0.00	0.00
Your co-financing		0.00	0.00	0.00	0.00

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	364,339	364,339	
C	Number of doses per child	Vaccine parameter (schedule)	1	1	
D	Number of doses needed	$B \times C$	0	364,339	
E	Estimated vaccine wastage factor	Table 4	1.00	1.22	
F	Number of doses needed including wastage	$D \times E$		444,494	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = (D - D of previous year original approved) x 0.25 Buffer on doses wasted = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25			
H	Stock to be deducted	$H1 - 0.25 \times F$ of previous year original approved			
H ₁	Calculated opening stock	$H2$ of previous year + I of previous year - F of previous year current estimation			
H ₂	Reported stock on January 1st	Table 7.11.1	0	0	
I	Total vaccine doses needed	Round up((F + G - H) / vaccine package size) x vaccine package size		0	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times$ vaccine price per dose (g)			
O	Cost of AD syringes needed	$K \times$ AD syringe price per unit (ca)			
P	Cost of reconstitution syringes needed	$L \times$ reconstitution price per unit (cr)			
Q	Cost of safety boxes needed	$M \times$ safety box price per unit (cs)			
R	Freight cost for vaccines needed	$N \times$ freight cost as of % of vaccines value (fv)			
S	Freight cost for devices needed	$(O+P+Q) \times$ freight cost as % of devices value (fd)			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times$ country co-financing per dose (cc)			
V	Country co-financing % of GAVI supported proportion	U / T			

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	361,715	0	361,715
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	361,715	0	361,715
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	401,504	0	401,504
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	4,388	0	4,388
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$	- 298,289	0	- 298,289
H 1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$	- 197,913	0	- 197,913
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	730,832	0	730,832
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	32,742	0	32,742
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	32,742	0	32,742
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	U / T	0.00 %		

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	366,855	0	366,855
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	366,855	0	366,855
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	407,210	0	407,210
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	2,138	0	2,138
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H 1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H 2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	405,893	0	405,893
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	18,185	0	18,185
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	18,185	0	18,185
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	U / T	0.00 %		

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

Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 4	372,000	0	372,000
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	372,000	0	372,000
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	412,921	0	412,921
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	93,142	0	93,142
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H ₁	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H ₂	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	511,657	0	511,657
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	22,923	0	22,923
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	22,923	0	22,923
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	U / T	0.00 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of

8. 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 2014**. All countries are expected to report on:
 - a. Progress achieved in 2014
 - b. HSS implementation during January – April 2015 (interim reporting)
 - c. Plans for 2016
 - d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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

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

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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

8. 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.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

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

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

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

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

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

Not Applicable.

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

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

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

8.1.1. Report on the use of HSS funds in **2014**

Please complete Table 8.1.3.a and 8.1.3.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 8.1.3.a and 8.1.3.b.

8.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	1012500	897500	812500	895000	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	448750	1251250	0	1057230	582931
Total funds received from GAVI during the calendar year (A)	1012500	458750	1089020	0	1057230	0
Remaining funds (carry over) from previous year (B)	715558	1251800	1020519	1778302	961547	1119467
Total Funds available during the calendar year (C=A+B)	1728058	1710550	2109539	1778302	2018777	1119467
Total expenditure during the calendar year (D)	476258	690031	331237	816755	899310	891974
Balance carried forward to next calendar year (E=C-D)	1251800	1020519	1778302	961547	1119467	227493
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	1057230	1057230	0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	0			
Revised annual budgets (if revised by previous Annual Progress Reviews)	0			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (B)	227493			
Total Funds available during the calendar year (C=A+B)	227493			
Total expenditure during the calendar year (D)	0			
Balance carried forward to next calendar year (E=C-D)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0			

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	101250000	89750000	81250000	89500000	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	44875000	125125000	0	136382670	70520136
Total funds received from GAVI during the calendar year (A)	114665625	51609375	118703180	0	136382670	0
Remaining funds (carry over) from previous year (B)	76403763	1417663353	115360364	199439682	107839186	135427613
Total Funds available during the calendar year (C=A+B)	191069388	193375728	234063544	199439682	244221756	135427613
Total expenditure during the calendar year (D)	49303035	78015364	34623862	91600496	108794143	107906613
Balance carried forward to next calendar year (E=C-D)	141766353	115360364	199439682	107839186	135427613	27521000
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	136382670	136382670	0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	0			
Revised annual budgets (if revised by previous Annual Progress Reviews)	0			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (B)	27521000			
Total Funds available during the calendar year (C=A+B)	27521000			
Total expenditure during the calendar year (D)	0			
Balance carried forward to next calendar year (E=C-D)	0			
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0			

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	110	113	113	112	112	120.9751
Closing on 31 December	113	113	110	112	121	120.9751

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? Yes

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

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
1.1 Development of HR Plan for underserved districts	To carry out two studies in Northern and Eastern Provinces to collect data for development of HR Plan	75	Annual Progress report
1.2 Improve the facilities for PHC staff training at six training schools (Jaffna, Batticaloa, Badulla, Kandy, Ratnapura, and Galle)	Continuation of remaining activities of 2013	100	Annual Progress Report
1.4 Annual Training of 300 PHC staff at 6 upgraded training schools	Continuation of payments for PHM students () and procurement of training equipment	80	Annual Progress Report
1.6 Conduct in-service training programmes for all PHC workers of underserved districts	Continuation of remaining activities of 2013	100	Annual Progress Report
1.7 Improvement of infrastructure facilities for training of PHC / Health staff	Continuation of remaining activities of 2013	90	Annual Progress Report
2.1 Improve the existing infrastructure facilities at MCH clinic centers in underserved divisions	Continuation of remaining activities of 2013	100	Annual Progress Report
2.2 Supply basic MCH equipment packages to all MCH clinics in 10 underserved divisions	Continuation of remaining activities of 2013	100	Annual Progress Report
2.3 Supply double cabs for MOH divisions in 10 underserved districts to ensure effective implementation of PHC services	Supply of 05 nos. of Double Cabs	100	Annual Progress Report
3.1 Quarterly district management review meetings held in all 10 underserved districts	Continuation of remaining activities of 2013 (Ampara, Trincomalee & Director /Planning)	100	Annual Progress Report
3.2 Conduct training programs for supervising staff on monitoring and supervision in a developed health system	Continuation of remaining activities of 2013 (FHB, Jaffna, Mannar, Vavuniya, Ampara & Trincomalee)	100	Annual Progress Report
3.4 Train district level managers and supervisors on PA Tool	Continuation of remaining activities of 2013 (FHB, Mulaitivu, Ampara)	100	Annual Progress Report
3.5 Train PHC staff in 10 districts [aprox. 2000 staff] on best practices for AEFI surveillance	Printing of Vaccine Movement Register	100	Annual Progress Report

3.6 Review the quality and efficiency of existing management information system on MCH including EPI	Continuation of remaining activities of 2013 (FHB)	76	Annual Progress Report
3.7 Staff performance appraisal will include assessing the completion and timely submission of monthly reports from PHC staff and quarterly reports from divisions to central level	Continuation of remaining activities of 2013	100	Annual Progress Report
4.1 Operational Research	Continuation of conducting Independent Evaluation	20	Annual Progress Report
4.2 Implementation of EVM Action Plan	Continuation of remaining activities of 2013	100	Annual Progress Report
5.0 Administrative support cost (3%)	Administrative support activities (continuation)	70	Annual Progress Report

8.2.1 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 Development of HR Plan for underserved distr	Two studies were planned for collection of data in Northern and Eastern Provinces to develop HR Plan. Collection of data of one study completed. Collection of data of second study is in progress (38%). The Officers involved in these studies are working with very busy schedules, therefore, more time taken to complete study.
Improve the facilities for PHC staff training at s	Completed the remaining activities such as renovations and procurement of equipment approved in 2013. Those activities planned for 2013 and due delay of receiving last tranche for 2013, it was delayed to implement the activities.
1.4 Annual Training of 300 PHC staff at 6 upgrade	Allowances of PHM students (156 nos.) for 03 months were paid. Under this activity it was planned to provide essential training equipment / furniture for improvement of midwifery training facilities.
1.7 Improvement of infrastructure facilities for	Renovation of hostels and other proposed buildings were completed. It was proposed to provide necessary equipment / furniture to the hostels utilizing remaining funds allocated under this activity. Furniture and training equipment were provided to the MOH, Kaluatarata & Beruwala for improvement of field training facilities.
2.1 Improve the existing infrastructure facilitie	All remaining infrastructure improvement activities were completed except deepening of 03 wells in Vavuniya district. Due to raining season of end of the year 2014 in Northern Province, this activity could not completed.
2.2 Supply basic MCH equipment packages to all MC	Completed the procurement of approved items for 2013 and settled the bills.
2.3 Supply double cabs for MOH divisions in 10 un	Procurement of 05 Double Cabs was completed following the government procedures and distributed them to the 05 MOH Divisions selected by the Committee.
3.1 Quarterly district management review meetings	100% completed the remaining progress review meetings at district level and progress review meetings & visits at central level planned for 2014 also completed. At central level, it was very difficult to conduct meetings with all stakeholders at the same time. As a result, group-wise meetings were conducted sometimes.
3.2 Conduct training programs for supervising sta	100 completed.
3.4 Train district level managers and supervisors	Remaining activities of 2013 were completed.
3.5 Train PHC staff in 10 districts [aprox. 2000	100 % completed.
3.6 Review the quality and efficiency of existing	Continued the approved activities. Long time taken for piloting and testing of proposed computer system. Procurement procedures also delayed.
3.7 Staff performance appraisal will include asse	100% completed.
4.1 Operational Research	Independent Evaluator was selected following government procurement guidelines by end of 2014 and contract was offered in January 2015. More time taken for procurement procedures.
4.2 Implementation of EVM Action Plan	100% completed.
5.0 Administrative support cost (3%)	Due to the time constraint, the proposed one activity for provision of office equipment and furniture to the Planning Unit could not be implemented. It is planned to procure the approved items in 2015 as they are essential to carry out the GAVI HSS program documentation and related activities for further years.

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

Not Relevant

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

No

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: 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	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Under five year Mortality Rate	16.0/1000 Live Births	HMIS 2005	11.0/1000 Live Births	12.0/1000 Live Births	NA	NA	NA	NA	NA	Register General Department	In 2009 the rate was 12.1. No published data for 2010, 2011, 2012, 2013 & 2014.
Infant Mortality Rate	11.0/1000 Live Births	HMIS 2005	9.0/1000 Live Births	9.0/1000 Live Births	NA	NA	NA	NA	NA	Do	In 2009 the rate was 9.7. No published data for 2010, 2011, 2012, 2013 & 2014.
National DPT3 coverage (%)	96%	Epidemiology Unit, Ministry of Health 2006	100%	100%	92.4%	93.8%	99.6%	99.6%	99.1%	Epidemiology Unit	
% districts achieving >80% DPT 3 coverage	100%	Epidemiology Unit, Ministry of Health 2006	100%	100%	100%	100%	100%	100%	100%	Epidemiology Unit	
Proportion of births attended by skilled PHC staff	98%	Family Health Bureau, Ministry of Health 2006	100%	99.7%	99.6%	99.7%	99.9%	99.9%	NA	Family Health Bureau	No publish data available. Data processing not completed.
% of children 1-5 utilizing PHC services at MCH services	<68%	Family Health Bureau, Ministry of Health 2006	>95%	85%	73.4%	85%	83%	83%	NA	Family Health Bureau	No publish data available. Data processing not completed.
% of mothers receiving post natal care of accepted	<67%	Family Health Bureau, Ministry of Health 2006	95%	70.1%	69.2%	70.1%	75.3%	75.3%	NA	Family Health Bureau	No publish data available. Data processing not completed.
Staff trained on MCH best practices in place in 10 underserved districts	N/A	Regional Director of Health, who send them to Family Health Bureau	100%	100%	60%	80%	100%	100%	100%	District Reports	

All 10 districts will have sufficient basic infrastructure	N/A	Regional Director of Health, who send them to Family Health Bureau	100%	100%	82%	95%	97%	98%	99.5%	District Reports	In some districts like Mulaitive and Killinochchi it could not be completed all the requirement for improvement of infrastructure of clinics since most of the buildings had fully damaged and wanted to re-constructed. Considering the availability of funds and their requests made, fulfilled the basic requirements of the clinics.
(Obj#3) Increase MCH coverage (which includes immunization)	73%	Epidemiology Unit, Ministry of Health 2006	95%	79.5%	70%	No	81.4%	81.4%	95%	Epidemiology Unit	

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

In 2014, remaining activities of 2013 plan were completed. Five Double Cabs were given to most required MOH Divisions in Badulla, Ampara and Mulaitivu Districts. Cold chain equipment and Refrigerated Truck provided to the Epidemiology Unit for strengthening the immunization programme. Improved the hostel facilities and training facilities at National Institute of Health Sciences, Kalutara.

GAVI HSS funds was utilized to improve infrastructure facilities at National Institute of Health Sciences, Kalutara not only for training of local health staff but also international participants. The improved facilities supported for basic training, in-service training, field training and many more training related activities.

Action was taken to start the data collection study for development of HR Plan for Northern and Eastern Provinces. Independent Evaluation on GAVI HSS Programm 2008 - 2014 was also

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

The fund allocation for improvement of infrastructure facilities in clinic centers was inadequate.

It was noted that in many parts of the country (Sabaragamuwa, North Central North Western Provinces and Moneragala, Kalutara districts), infrastructure facilities of clinic centers specially in remote areas are inadequate. It is required to carry out an island-wide study on availability of infrastructure facilities at all clinics, availability of transport & quarters facilities for PHC staff etc. to prepare comprehensive plan to address those inadequacies. Based on this plan future HSS funds could be utilized to strengthen primary health care service in other parts of the country.

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

At central level <?xml:namespace prefix = "o" />

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.
3. Submission of progress reports.

8.4.4. 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" />

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

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

Planning Unit, Ministry of Health<?xml:namespace prefix = "o" />

Coordinating, planning, 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

8.4.6. 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.

No participation of Civil Society Organization.

8.4.7. 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

Management of HSS funds have been effective.

At the beginning of the year releasing imprests to the Programme Managers is delayed and in the last month of the year, imprests are not issued according to the conditions followed by the Finance Division. According to the funds disbursement method used, and due to non availability of a separate account for GAVI HSS funds, delays are occurred when imprests are issued.

To address these issues / constraints, it is advised to Programme Managers to request imprest as early as possible and to make partial settlements. In 2013 due to the partial settlement, issues faced by the Planning Unit when reporting the expenditure end of the year. Therefore, they allowed to make full settlement at the end of the total utilization.

At the end of the programme there was no possibility to change the disbursement procedure.

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
1.1 Develop HR plan for underserved areas which will be an input for national HRD plan	Continuation of the studies (02) and to write reports	0	1952	NA	Balance from 2014 and plan to complete in 2015.	8358
1.4 Annual Training of 300 PHC staff at 6 upgraded training schools	Procurement of training supported equipment	0	0	NA	Balance from 2014 and procurement completed. Bills to be paid.	18706
1.7 Improvement of infrastructure facilities at NIHS - Kalutara	Bill settlement of renovations and procurement of equipment / furniture	0	30546	NA	Balance from 2014 and plan to complete in 2015.	81693
1.8 Provision of A/C facilities for Auditorium of Quality Secretariate	Continuation	0	0	NA	Balance from 2014	12813
3.1 Quarterly district management review meetings held in all 10 underserved districts	Progress review meetings and field visits by the Planning Unit	0	203	NA	Balance from 2014 and plan to complete in 2015.	1054

3.2 Conduct training programs for supervising staff on monitoring and supervision in a developed health system	Printing of Supervision and Performance Evaluation Guideline Booklets	0	1525	NA	Balance from 2014 and completed.	1374
3.3 Develop performance appraisal tool to assess MCH skills of and reporting by PHC staff	Printing 100 copies of Annual Report - 2013	0	2362	NA	Balance from 2014 and completed.	2203
3.6 Review the quality and efficiency of existing management information system on MCH including EPI	Establishment of web based RHMS at FHB	0	19616	NA	Balance from 2014 and completed	20236
4.1 Operational Research	Independent Evaluation	0	4803	NA	Balance from 2014 and plan to complete in 2015.	28932
5.0 Administrative support activities	Coordination, Monitoring & Management	0	12	NA	Balance from 2014 and plan to complete in 2015.	16998
Balance	Remain from different activities completed.	0	0	NA	This balance money could be used for administrative support activities before closing the programme. Balance after the closing of programme should be returned to the donor as per the Agreement.	35126
		0	61019			227493

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
No					
		0			

8.7. Revised indicators in case of reprogramming

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

8.8. 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 8.8: Sources of HSS funds in your country

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

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

8.9. Reporting on the HSS grant

8.9.1. 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Reports sent by relevant Programme Directors, Provincial / District level Inspection Reports, Reports of Family Health Bureau, Reports of Epidemiology Unit, Financial Statements and documents of Finance Division - Ministry of Health and the Treasury Reports.	Through discussions at Health Master Plan Implementation Steering Committee meeting, Web - Based Monitoring System, Field / observation visits, Annual Performance Report, At Health Sector Development Committee Meeting.	Some indicators (national level) are not updated to the 2013 or 2014 as the data collection and verification process is not completed.

8.9.2. 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.

No

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?3

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

Sri Lanka **has NOT received GAVI TYPE A CSO support**

Sri Lanka is not reporting on GAVI TYPE A CSO support for 2014

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

Sri Lanka **has NOT received GAVI TYPE B CSO support**

Sri Lanka is not reporting on GAVI TYPE B CSO support for 2014

10. 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

There is no special concerns from both chairs of ICC and HSCC. However, both chairs highly appreciated GAVI support received in the past.

Both chairs expressed concern of GAVI graduation status of the country and how to move forward with GAVI; (i) The continued support on IPV is well noted (ii) They wish to inform GAVI ,similarly the need of future GAVI support, particularly in new vaccine introduction (eg HPV, Pneumo).

11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523













* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Sec MoH Signature.pdf File desc: Date/time : 03/06/2015 10:47:46 Size: 612 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Sec MoH Signature.pdf File desc: Date/time : 03/06/2015 11:23:27 Size: 612 KB
3	Signatures of members of ICC	2.2	✓	Signature page for ICC.PDF File desc: Date/time : 14/05/2015 01:22:05 Size: 234 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Minutes HSCC 13-05-2015.pdf File desc: Date/time : 13/05/2015 06:31:15 Size: 1 MB
5	Signatures of members of HSCC	2.3	✓	Signature page for HSCC.PDF File desc: Date/time : 14/05/2015 01:21:43 Size: 257 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Minutes HSCC 13-05-2015.pdf File desc: Date/time : 13/05/2015 06:30:26 Size: 1 MB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	PIE Report.docx File desc: Date/time : 11/05/2015 04:29:32 Size: 835 KB
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	NVS Financial support Report.docx File desc: Date/time : 11/05/2015 04:30:04 Size: 834 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1	✓	NVS External aduit report on NVS VI G.docx File desc: Date/time : 11/05/2015 04:30:49 Size: 834 KB

12	Latest EVSM/VMA/EVM report	7.5		SLanka EVM report D1 MH 12 05 30 .pdf File desc: Date/time : 11/05/2015 04:31:29 Size: 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		EVM-Improvement-Plan-D2 SL1.xls File desc: Date/time : 11/05/2015 04:31:46 Size: 194 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		GAVI HSS EVM Progress 2014 11052015.xls File desc: Date/time : 11/05/2015 04:32:03 Size: 33 KB
16	Valid cMYP if requesting extension of support	7.8		CMYP 2010 - 2016 Sri Lanka.pdf File desc: Date/time : 11/05/2015 04:32:50 Size: 843 KB
17	Valid cMYP costing tool if requesting extension of support	7.8		cMYP Costing Tool Sri Lanka 2012 2 016-V1.0.xls File desc: Date/time : 11/05/2015 04:33:42 Size: 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		No file loaded
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		Expenditure satements.pdf File desc: Date/time : 07/05/2015 05:58:16 Size: 515 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		GAVI Expenditure 2015.pdf File desc: Date/time : 13/05/2015 06:32:23 Size: 1 MB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3		Audit Report 2013.docx File desc: Date/time : 30/04/2015 06:57:55 Size: 1 MB
22	HSS Health Sector review report	8.9.3		Performance and Progress Report 2013-2014- English.pdf File desc: Date/time : 30/04/2015 07:03:35 Size: 27 MB
23	Report for Mapping Exercise CSO Type A	9.1.1		No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4		No file loaded

25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	X	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	Bank Statement.pdf File desc: Date/time : 07/05/2015 05:59:51 Size: 419 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded
28	Justification for changes in target population	5.1	X	No file loaded
	Other		X	ACCD ICC Meeting minutes 2014.zip File desc: Date/time : 11/05/2015 04:37:42 Size: 14 MB
HSCCminutes12-5-14.pdf File desc: Date/time : 11/05/2015 02:59:48 Size: 748 KB				
Immunization Policy Sri Lanka.zip File desc: Date/time : 11/05/2015 04:41:40 Size: 21 MB				
Immunization summit 2015 Summary Report.pdf File desc: Date/time : 11/05/2015 05:12:55 Size: 2 MB				
Minutes 12-12-2014.docx File desc: Date/time : 07/05/2015 06:02:02 Size: 2 MB				
Minutes July 2014.pdf File desc: Date/time : 07/05/2015 06:01:07 Size: 493 KB				
Mulative Report.docx File desc: Date/time : 07/05/2015 06:03:24 Size: 4 MB				
Report Mulaitivu visit 1-2 Sep 2014.docx File desc: Date/time : 07/05/2015 06:02:23 Size: 18 KB				

	Other		X	Report on study.doc File desc: Date/time : 30/04/2015 07:05:31 Size: 161 KB
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