



**Ministry of Health and Sanitation, Sierra Leone**

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**Report on Gavi 2020 multi-stakeholder dialogue: Immunisation Planning In light of COVID-19**

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**CH/EPI Program and Partners**



NOVEMBER 1, 2020

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## 1. Introduction

2020 has been marked by the unprecedented crisis caused by COVID-19. Though the longer-term trajectory of the pandemic remains uncertain, evidence shows that immunisation services in Gavi-supported countries have been disrupted. Millions of people are expected to miss out on immunisation, likely leading to a resurgence of VPDs, further exacerbating existing inequities and putting the most marginalized and poorest communities at greater risk. Gavi-supported countries have already had the opportunity to reallocate or re-programme existing HSS and TCA support to respond to immediate needs presented by the COVID-19 pandemic. The Gavi Alliance is fully committed to assisting countries to restore immunisation services that have been scaled-back, brought off-track or otherwise affected during the pandemic response.

As an alliance, multi-stakeholder engagement remains key to Gavi's portfolio management approach. It is particularly critical in 2020 as a forum for engagement on how the Gavi Alliance partners and other stakeholders can support countries as they deal with the different phases of the COVID-19 pandemic and seek to maintain and restore primary health care, including immunisation services that have been disrupted. Civil society organisations (CSOs), in particular, will have a vital role to play in engaging communities to rebuild trust and demand, deliver services where there are gaps in government provision and in overcoming gender-related barriers.

Recognizing the difficult operating environment and the rapidly evolving landscape currently faced by countries, and to ensure that Gavi's continuing support to the EPI programme is aligned with realities, countries are not requested to conduct a traditional Joint Appraisal in 2020. However, countries are encouraged to sustain the multi-stakeholder dialogue. This dialogue should review the immunisation programme performance in 2019, the impact of the COVID-19 pandemic on immunisation, discuss the needs for maintaining and restoring immunisation services in the context of primary health care, plan for short-term catch-up activities and, where needed, create a roadmap for further re-allocation/planning within the country's recovery plan.

### **The 2020 multi-stakeholder dialogue exercise**

This 2020 multi-stakeholder dialogue exercise will be tailored to the country context, considering current constraints in terms of travel, meetings, and workload. The process will involve preparatory work on data for the review, potentially multiple exchanges with at least one event for live discussion (likely a virtual meeting), concluding with the finalisation of a report and relevant additional documents (e.g., workplan and budget for short-term response/recovery activities, roadmap for further planning). The process should be inclusive and transparent, with meaningful engagement of partners and civil society.

### **The 2020 multi-stakeholder dialogue report is structured as follows**

- Section 1: Country situation: overview of performance of vaccine support, HSS grant implementation, PEF-TCA and other Gavi support, up to end of 2019/early 2020; pre-COVID-19.
- Section 2: Update on impact of COVID-19 immunisation service delivery and immunisation coverage (in 2020) and status of the implementation of the COVID-19 recovery plan (if relevant).
- Section 3: Discussion on priorities, immediate catch-up needs, related action plan, estimated budget and technical assistance needs. Roadmap for further analysis and re-allocation/planning in the context of the country health sector recovery plan.

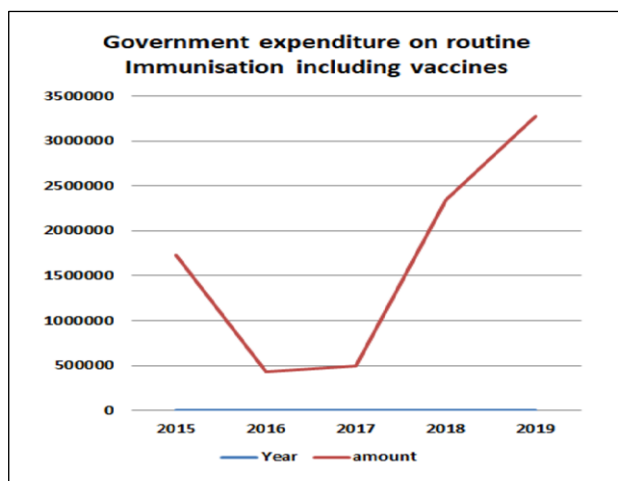
Much of the information contained in sections 1 and 2 on the country immunisation programme and Gavi support is pre-filled by Gavi from existing documents and completed by the country. These form the basis for the multi-stakeholder dialogue. Section 3 focuses on a concise overview of Gavi's potential contribution to maintaining and restoring essential services, with focus on immunisation, and short-term catch-up needs and further planning. It is to be tailored to the country context.

### 1.1. Country situation pre-COVID-19

The total population of Sierra Leone in 2019 is estimated to be 7901454 with annual growth rate of 2.4% and 3.6% of the population are under 1 year of age. Percentage of surviving infants comprise of 3.6%. The immunization program aims protecting target children against 12 vaccine preventable diseases. According to the JRF reports, the total government expenditure for routine immunization including vaccines has been increasing over the last 3 years from nearly \$ 500,000 in 2017 to over \$ 3 million in 2019.

According to WHO-UNICEF estimates 2019, the immunization performance has improved progressively achieving 95% coverage for children vaccinated with third dose of pentavalent vaccine (penta3). The proportion of districts achieving at least 80% penta3 increased by up to 18%, from 78% in 2017 to 96% in 2019. The performance against the alliance indicators have shown a positive trend for all indicators.

Contextual Information (Sierra Leone)			
Indicator name	Year	Source	Value
GNI per capita	2019	World bank	500
Health centres per 100,000 population	2019	DPPI	16
Nurse/midwives per 1000 population	2016	World bank	0.224
Total population	2019	Stats SL	7901454
Under 5 mortality/1000	2019	DHS	122
Surviving infants	2019	Stats SL	2869810



### 1.2. Overview of performance of vaccine support (end of 2019/early 2020; pre-COVID-19)

#### Vaccines introduced and forecasted to be introduced (MR vaccine introduction report and PCV switch reports)

##### 2.1.1: Routine Introductions

Vaccines	Introduction Dates	2019 Coverage	2020 Coverage	2021 Coverage
MR Switch	Jun-19	98	90	92
PCV- 4 Switch	Nov., 2018	94	90	92

##### 2.1.2 : Forecasted Routine and Campaign Introductions

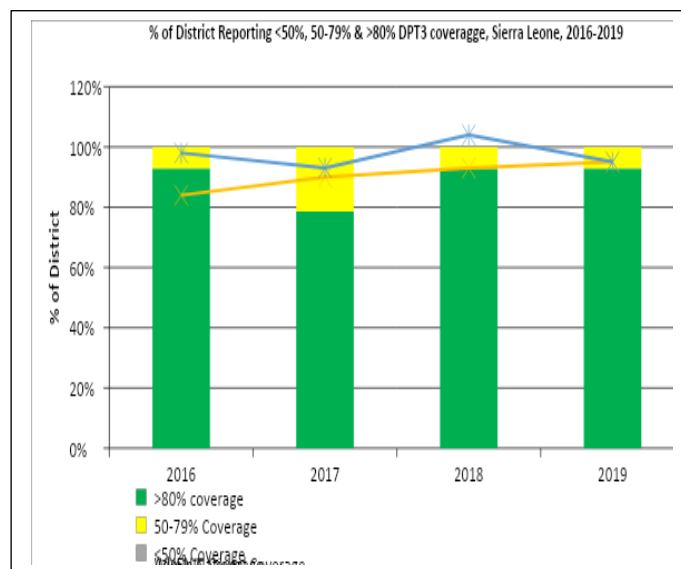
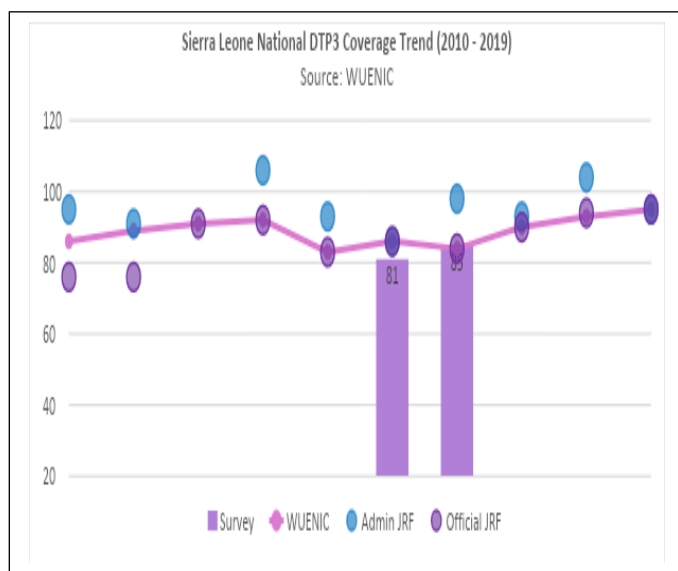
Vaccine names	type	Sub Type	Status	CP Date	Phase
IPV 2nd Dose	Routine	02nd Dose	Forecaste	15.05.2021	Nationwide
HPV	Routine	01st Dose	Forecaste	02.10.2021	Nationwide
Hepatitis Birth Dose	Routine	01st Dose	Forecaste	01.06.2022	Nationwide
IPV catch-up campaign	Campaign	01st Dose	Forecaste	30.03.2021	Nationwide

#### 1.1.1. Performance against Alliance KPIs

Indicators	Source	Year	Value	Previous Value	Trend
MCV 2 Coverage at National Level	WUENIC	2019	72	64	^
Penta 3 coverage at the National Level (Penta 3)	WUENIC	2019	95	93	^
DOR between Penta1 and Penta3	WUENIC	2019	0	4	v
Difference in Penta 3 coverage between children of Urban and Rural residences	Survey (DHS)	2019	1.6	-0.3	→
Difference in Penta 3 coverage between the highest and lowest wealth quintiles	Survey (DHS)	2019	-0.1	6.3	v
Difference in Penta3 coverage between the children of educated and uneducated mothers/caregivers	Survey (DHS)	2019	10.8	6.1	^
EVM	EVM	2019	65	65	→

# of unimmunized children	Calculated	2019	14,269	28,993	v
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### Trends and district equity



### 1.3. Progress against Indicators and target achievement

Vaccine Program	Source (2019)	Immediate Results Indicator	Reported Actuals	Rel. % Change
PNEUMO	Admin JRF	Number of Surviving infants who received the first recommended dose of PCV vaccine (PCV1)	283,471	17%
	Admin JRF	Number of Surviving infants who received the third recommended dose of PCV vaccine (PCV3)	269,989	14%
PENTA	Admin JRF	Number of Surviving infants who received the first recommended dose of Pentavalent vaccine (Penta1)	272,335	9%
	Admin JRF	Number of Surviving infants who received the third recommended dose of Pentavalent vaccine (Penta3)	272,175	14%
MCV	Admin JRF	Number of Surviving infants who received the second recommended dose of Measles Containing Vaccine (MCV2)	207,980	19%
	Admin JRF	Number of Surviving infants who received the first recommended dose of Measles Containing Vaccine (MCV1)	265,458	18%
IPV	Admin JRF	Number of Surviving infants who received the first recommended dose of IPV	248,224	50%

### 1.2.1. Overview of HSS grant implementation (end of 2019/early 2020; pre-COVID-19)

#### MOHS HSS implementation summary (December 2019)

Recipient	Grant Amount	Funds Disbursed	Expenditure	Country cash balance *
MoH	NA	NA	NA	NA
WHO/MOHS	936,044.00	577,117.00	577,117.00	358,927.00
UNICEF/MOHS	3,571,632.50	3,571,632.50	3,037,346.50	534,286.00
<b>Total</b>	<b>4,507,676.50</b>	<b>3,614,463.50</b>	<b>4,148,749.50</b>	<b>893,213.00</b>

\*As at end December 2019

Gavi has provided HSS funding (cash grants) for strengthening of health systems and immunization services through UNICEF and WHO. As shown above, the total amount allocated was \$4,507,676.50. By end of December 2019, the balance of the grant was \$893,213.00. At the approval of the Ministry and to avoid programme disruptions, funds were exceptionally channeled through UNICEF and WHO for critical activities as an interim, while the Ministry of Health and Sanitation and its partners were addressing key Programme Capacity and Monitoring Review (MR) recommendations including to establish a fully functioning Integrated Project Management Unit and further put in place a financial and programmatic Monitoring Agent and these activities are now at advanced level of achievement. Gavi and MoHS are in the process of putting in place a hybrid model that aims to channel cash funds through UNICEF and WHO and MOHS based on a criteria. An audit assessment will be conducted after 12 months to collect lessons and inform future fund flow models.

**Funds channeled through UNICEF:** While MOHS/EPI with support from partners was addressing identified programme capacity assessment and audit findings a total of \$3,571,632.50 was channeled through UNICEF. At the end of December 2019, there was an overall balance of \$534,286.00 from the GAVI HSS grants managed by UNICEF to be re-allocated. Approval was granted by Gavi and this balance was used to support the following activities indicated in the table below:

The table below shows amount and status of activity implementation using the balance of HSS funds at the end of December 2019.

Balance and Implementation Status of GAVI HSS Re-allocated Amounts for 2020				
ACTIVITIES	Amount Allocated in \$	Amount Spent	Balance	Implementation Status
Procure cold chain equipment for the 2 new districts	90000	81500	8500	11 sets of TCW 4000 SDD have already been Procured and delivered for the two newly established district stores
Procure 6 computers for Central EPI	8400	8400	0	Six (6) lap top computers procured and distributed to the central EPI Staff
Refurbish the ceiling and roof, land scaping, retaining wall, additional furniture and locks	80000	76370	3630	Funds have already been disbursed for the Completion of construction works at the new EPI office and works are on-going
Printing of EPI data collection tools	64,000	64,000	0	EPI data collection tools have already been printed.
Power supply (edsa Top Up) to the cold rooms	10000	10000	0	Electricity EDSA Top Up have been procured for the cold rooms and this is being used
Vaccine distribution from Districts to PHUs for Q1 and Q2 of 2020	30000	26400	3600	Funds for the transportation of immunization supplies from central to all the districts and from districts to the respective health facilities for quarters one and two have already been paid.
Vaccine distribution (from Central to District) for Q1 and Q2 of 2020	11000	9142	1858	Funds for the transportation of immunization supplies from central to all the districts and from districts to the respective health facilities for quarters one and two have already been paid.
Incentive of HCWs to carry out immunization services (80 new HCWs per year)	76,000	76,000	0	Incentives have been paid already for Q3&4 of 2019.
Incentive of 28 new DOO's for Q3&Q4 of 2019 and Q1&Q2 of 2020	18,519	18,519	0	Incentives have been paid already for Q3&Q4 of 2019 and Q1&Q2 of 2020
District Cold Chain Technician (2 per district) for Q3&4 of 2019	26,937	26,937	0	Incentives have been paid already for Q3&4 of 2019

Transport allowance for outreach for Q3&4 of 2019	63,351	63,351	0	Incentives have been paid already for First and second quarters
Incentives for EPI Program Management Staff for Q3&Q4 of 2019 and Q1&Q2 of 2020	17,079	17,079	0	Incentives have been paid already for Q3&Q4 of 2019 and Q1&Q2 of 2020
Vaccine clearing for the year	36,000	33,500	2500	Funds for the clearing of immunization supplies (vaccines and syringes) for first, second and third quarter of 2020 have already been paid.
Commissioning and registration of the refrigerated trucks	3,000	2,980	20	The two refrigerated trucks have already been commissioned and registered. Supply transportation to the district stores has already started using the newly commissioned trucks
<b>Grand Total</b>	<b>534,286</b>	<b>514,178</b>	<b>20108</b>	

In September 2020, **\$1897766** from the GAVI additional funding (HSS change 1) was channeled through UNICEF. The below table shows the balance of funds and implementation status

ACTIVITIES	Amount Allocated in \$	Amount Spent \$	Balance (\$)	Implementation Status
Procurement of Vehicle for EPI Activities (Toyota Land Cruiser)	57000	29758.53	27241.47	The vehicle has been ordered and expected in Quarter 1 of 2021.
Procurement of Vehicle for EPI Activities (Toyota Hilux)	45000	22763	22237	Same as above
Procurement of SDD Refrigerators (253 solar refrigerators)	1138500	956345	182155	171 sets of TCW 40 SDD have been ordered with the expected delivery date of 22 December 2020.(arrived)
Installation of SDD Equipment	101200	0	101200	The equipment would be installed upon arrival
procurement of cold chain spare parts	227700	0	227700	Inventory of spare parts to be procured is being prepared. Once finalized, procurement would commence.
Freight cost	151800	0	151800	This would be used as freight cost of the above equipment
Procurement of Cold Boxes	29900	24700	5200	260 cold boxes have been ordered and expected to be received in Quarter 1 of 2021.This will be updated in the fixed asset register
Repair of Cold Chain Equipment at district and national level	66,666	0	66666	Already, with technical support from B-Medicals, 32 cold chain technicians have been trained on equipment installation, repairs and preventive maintenance ahead of the arrival of the new cold chain equipment.
Construction of two district vaccine stores	60000	0	60000	Tendering process to identify contractors to construct the two stores is on-going and works are expected to comment in Quarter 1 of 2021.
Repair of Cold Room at Lungi Airport *	20000	0	20000	This is expected in Q1 of 2021
<b>Grand Total</b>	<b>1,897,766</b>	<b>1,033,566.53</b>	<b>864,199.47</b>	

\*The cold room at Lungi Airport has been dismantled due to security reasons in 2019. The amount allocated (\$20,000) along with \$88,000 which has been disbursed as remaining funds for procurement and supply chain management summing up to a total of \$108,000 will be utilized for the following activities:

- Purchase of 8 laptops for DOOs for reporting
- Staff incentives
- Air-conditioned- 24,000 BTUs for central cold room
- Filing cabinet for the new EPI office
- Mega phone for social mobilization during outreach activities

- 40 Motor Bikes to strengthen outreach services and last mile supply distribution. This will also be captured in the fixed asset register
- Projector for EPI program. The plan is to have a fixed projector that will be attached to the ceiling of the new conference hall
- Community engagement activities to increase demand for immunization services
- Electricity Top-up for central EPI cold room

**Funds channeled through WHO:** While MOHS/EPI and its partners was addressing identified programme capacity assessment and audit findings a total of \$ 936,044.00 was channeled through WHO from 2018. By Q4 of 2019 (pre-covid-19 pandemic), a total of \$ 358,927.0 was available for implementation for the following activities:

- An amount of \$60,000 was allocated for operational research- this amount was however reallocated
- the amount of \$ 2,205 for meeting between EPI, DPPI and DPC to review data consistency across various data sources and \$ 312 for meeting to review DHIS2 EPI indicators- were also reallocated
- A total of \$159,987 was allocated for EPI Coverage Verification Survey- and this was also reallocated.
- Out of \$ 161,695 allocated, \$ 130,157 was utilized for Micro planning. This activity was completed nationwide with resultant updated micro plan at district, chiefdom and health facilities levels. These micro plans are being used to guide and strengthen immunization services and resource allocation.
- A total of \$32614 was allocated for supportive supervision and an amount of \$ 22001 was utilized to conduct 3 - Supportive supervisions from national to districts and from district to all PHUs. On-the- job mentoring and coaching was provided during supportive supervision and this has helped to improve on the quality of immunization services across the country

In early 2020 the program in consultation with districts was able to conduct EPI tool review and develop job aids which resulted in standardization of EPI tools and advanced draft job aids. The EPI tools are being printed and will be distributed to all health facilities and are expected to improve quality of data at all levels. The job aids are under finalization and these will provide quick reference to health workers on common EPI concepts and procedures to strengthen routine immunization. The planned budget for this activity was \$ 7,302 and actual expenditure was \$ 8313.

At the end of Q1 2020 (pre-COVID period), Funds utilization by then was 62%. In consultation with Gavi and the program, a total of \$62,517 budgeted for operational research, meetings for review of data consistency and review of EPI DHIS 2 indicators were re-allocated into training on FT2 and SMT (Cascade Training). These trainings have been completed and are contributing to improvement in vaccine stock management and vaccine temperature monitoring. SMT reporting has improved from 30% in 2019 to 80% in 2020.

*Please see the table under section 1.3.1 below for detailed implementation status of activities comparing the planned budget, actual expenditure and balance available as at 31 October 2020*

### 1.2.2. Overview of other Gavi grant supports, such as VIGs, OPS, PBF, switch grants, transition grants

**Table showing utilization status of other Gavi grants (excluding HSS)**

Grant name	Start Date	End Date	Recipient	Grant Value (US\$)	Disbursed (US\$)	Expenditure (US\$)	Cash balance	Status Update
VIG MR	22nd Jan. 2019	21 <sup>st</sup> January 2020	UNICEF	\$203,065	\$203,065	\$203,065	00	Completed and final report shared with Gavi
OPS for HPV	20 February 2019	Dec. 2020 (NCE is being requested to Mach 2022)	UNICEF	\$141,245.71	00	00	\$141,245.71	Postponed to October 2021
PCV switch grant	5 February 2019	08 <sup>th</sup> June 2020	UNICEF	\$75,467	\$75,467	\$75,467	00	Completed and final report shared with Gavi
VIG MR	01 Jan 2019	31 Mar 2020	WHO	200,861	50,240	50,240	150,621	MR introduced. Balance funds added to HSS grant through GAVI grant Amendment. (amendment dated 26 March 2020)



<i>OPS MR</i>	01 Jan 2019	31 Mar 2020	WHO	1,683,992	1,410,471	1,410,471	273,521	MR campaign conducted and report submitted to GAVI. Balance funds added to HSS grant through GAVI grant Amendment.(amendment dated 26 March 2020)
<i>VIG HPV</i>	01 Sep 2019	31 Dec 2021	WHO	100,012	0	0	100,012	Activity postponed to October 2021.

\*no funding is yet channeled through MOHS until compliance with PCA recommendations. The PCA and Grant management requirements are being addressed by the country

**OPS for MR:** A total of \$1,683,992 was channeled through WHO, out of which \$1,410,471 was spent with a balance of \$273,521, which was also re-allocated to the HSS grant to support activities 12-18 shown in the table under section 1.3.1. The MR campaign was successfully implemented with a national admin coverage of 98% and 94% for the MR post campaign coverage survey.

**VIG MR:** As shown in the table above, the financial consumption rate was 100% for the fund channeled through UNICEF, whilst the implementation for the funds channeled through WHO was 33% leaving a balance of \$150,621.00. With approval from Gavi and the EPI programme, this balance was re-allocated to the HSS grant to support activities 12-18 shown in the table under section 1.3.1. Following the successful implementation of the MR campaign, the vaccine was introduced into the routine EPI services in June 2019 and by end December 2019, all the health facilities delivered MR vaccine to the targeted children through routine schedule.

**PCV switch Grant:** All the total amount of \$75,467 allocated for this important activity through UNICEF has been fully utilised and by end December 2019, all the health facilities switched to the 4-dose vial of PCV-13 vaccine.

**VIG and OPS Cost for HPV Introduction:** A total of (US\$241,257.71) broken down as \$141,245.71 and \$100,012 were disbursed through UNICEF and WHO respectively. Due to the postponement of HPV introduction as a result of the Covid-19 pandemic, these amounts remain unspent. HPV is projected for introduction in October 2021. A number of activities are on-going towards the introduction of HPV on 6<sup>th</sup> October 2021, these activities includes the establishment of the Technical Working Group and Sub-groups which meets regularly. The Technical working groups comprises of members from CH/EPI program and other relevant ministry of health programs, key line ministries such as Ministry of Basic and Senior Secondary Education, UNICEF, WHO, and many other stakeholders.

### 1.3. Implementation Status of GAVI HSS Grants (31st October 2020)

#### 1.3.1. Funds channeled through WHO for MOHS

As explained in Section 1.2, there was still a remaining HSS balance of \$358,927.00 with WHO at the start of 2020. In addition, the \$ 424,142 (\$273,521 MR Operational budget and \$150,621 MR VIG – see table 1.3) balance from MR grants, which was added to the balance of the HSS Grant; increasing the available balance to \$ 783,069 to support the following activities.

Table showing activity implementation and fund utilization of HSS3 grant channeled through WHO (As at 31 October 2020)

S/ N		Total	Expenditure USD	Balance USD	Amount to be reallocated	Remarks
1	Refresher training for DOOs and DM&Es on DVDMT, 1 national logistician, dashboard, supervision and feedback of PHUs on supply reporting (in Bombali)	7,493	7,280	213	213	Completed
2	Internet subscription at EPI Headquarters	4,110	6,017	-1,907	-1907	Completed but overspent by \$1,907.
3	Internet subscription in 11 districts (Orange Modem) (Eventually 8 Districts)	8,250	1,155	7,095	0	2 sets subscriptions <b>Completed</b> Remaining balance will be used for 2021 internet subscriptions
4	Internet subscription in 3 districts (Africell Modem) (Eventually 6 Districts)	2,040	916	1,124	0	2 sets subscriptions <b>Completed</b> . Remaining balance may be used for more internet subscriptions
5	Conduct periodic EPI coverage surveys (every three years) – 2017 & 2020.	159,987	0	159,987	159,987	Activity deferred to 2022, amount to be reallocated
6	Quarterly joint EPI / DPC meetings (surveillance-oriented) to discuss and compare vaccination coverage rates against the prevalence of vaccine preventable diseases	6,678	6,612	66	66	<b>Completed</b> . Often supported from WHO GPEI & WHE funds as well
7	Conduct a 2-day workshop between Child Health Program, DHMT, and DPPI to review DHIS2 EPI indicators and dashboards (RE-PROGRAMMED TO SUPPORT SMT/FT2 TRAINING)	312	0	312	312	<b>Completed</b> FT2/SMT Training for which fund were reprogrammed. <i>Unspent funds may be further re-programmed.</i>
8	Monthly meetings between EPI, DPPI, and DPC to review data consistency across various data sources and validate. (RE-PROGRAMMED TO SUPPORT SMT/FT2 TRAINING)	2,205	0	2,205	2,205	<b>Completed</b> FT2/SMT Training for which fund were reprogrammed. <i>Unspent funds may be further re-programmed.</i>
9	Establish National Immunization Technical Advisory Group (NITAG)	4,196	0	4,196	4,196	Inauguration was Funded by UNICEF. Has had another meeting. <i>These unspent may be used to support future meetings</i>
10	Supportive Supervision (Nat - DHMT)	32,614	22,001	10,613	0	<b>Completed</b> . Done in Jan/Feb 2019, July 2020 and Sept 2020.
11	Support to ICC quarterly meetings (HSCC)	1,069	0	1,069	1,069	ICC Meetings held. Funded from other source. <i>These unspent may be used to support future meetings</i>
12	District micro planning for routine immunization	161,695	130,157	31,538	31,538	<b>Completed</b> . Part of these balance funds was used to support MR M/Planning
13	Conduct workshop to revise reporting tools (Review)	7,302	8,313	-1,011	-1,011	Completed

14	Operational research costs (RE-PROGRAMMED TO SUPPORT SMT/FT2 TRAINING)	60,000	58,714	1,286	1,286	Completed. SMT/FT2 Training (DFC) These funds were reprogramed for FT2/SMT Training
15	Quarterly joint EPI/DPC meeting (surveillance oriented)	10,873	0	10,873	0	Meetings held - were supported by WHO GPEI and UNICEF. Unspent funds may be used for future meetings.
16	National Logistics Working Group meeting	270	0	270	270	Awaiting request from MoHS
17	Supportive supervision - DHMT to lower levels	24,412	24,935	-523	523	Completed
18	EPI Operational Program Support Costs. (RE-PROGRAMMED TO IN-CHARGES MEETINGS)	28,123	9,484	18,639	0	Completed Used to support in-charges meeting. Done in Sept/Oct 2019, Aug 2020 and Oct 2020.
19	Strengthening National Immunization Program Capacity (2 NPO equivalent positions - annual contracts) - (Embedded TA National Operations Officer & Accountant sitting at MOHS/EPI office)	38,523	105,833	-67,310	-67,310	On-going. Two EPI NPOs (SSAs) salaries still on-going till June 2021.
20	Strengthening National Immunization Program Capacity (1 NPO equivalent position - annual contract)	31,415	31,415	0	0	
21	WHO Routine Immunization Specialist - one year (\$250,000)	301,477	244,935	56,542	0	
22	EPI Coverage verification survey TA	43,000	31,017	11,983	11,983	TA support completed. EVCS activity however on hold.
23	Funds for Improvement of Physical Environment of EPI office	21,594	25,329	-3,735	-3735	Completed But overspent by \$3,735
24	Funds for hiring of Local Consultants to Develop Tools for Vaccine Wastage and Vaccine Disposal	3,188	3,098	90	0	On-going (Funds committed) Hiring of TA in progress. Delayed due to COVID-19.
25	Funds for hiring of Local Consultants and Review of the National EPI policy with validation meetings	5,553	5,542	11	0	On-going (Funds committed) Hiring of TA in progress. Delayed due to COVID-19.
26	COVID-19 Support to Sierra Leone Govt.	119,000	114,830	4,170	4,170	Completed. DFC = 98,540 and Procurement = \$16,290
27	Data Improvement plan activities	93,994	93,433	561	561	On-going. Request budget finalized
28	Others (Used for hand Sanitizers & part MR M/Planning)	30,713	54,714	-24,001	-24,001	Completed. The deficit of \$24,001 was made up from balance funds of District Routine Imm. M/Planning (Item 12 above)
29	Added to make up EPI Coverage Survey budget	47,070	0	47,070	47,070	Activity deferred to 2022, amount to be reallocated
30	Printing of Job aids and IEC materials	99,946	0	99,946	50,000	Amount of \$50,000 will be reallocated
31	Internet connection modem including data bundles for 6 months	3,085	3,085	0	0	Completed
<b>Total</b>		<b>1,360,186</b>	<b>988,815</b>	<b>371,372</b>	<b>216,492</b>	

\* Activities from 23-31 are budgeted from MR balances added to HSS3 grant with planned activities

\*\* Activity number 26 is supported using budget originally approved for data quality improvement plan

Out of the grant amount of \$ 1,360,186, and \$988,815 has been committed or fully implemented as at 31<sup>st</sup> October 2020 with a current balance of \$371,371. Out of this balance, \$216,492.00 is available for re-allocation to support other priority activities. These funds will be used to support the following activities:

Implementation status and achievement for some of the major activities is described below:

- The physical environment of the new office has improved with installation of water facility, work stations and internet connection.
- Supported integrated training on selected EPI topics using the opportunity of funding for SMT and FT2 training. Updated and adapted training materials, training materials making it easier to understand by PHU staffs by complementing presentations with video and demonstrations. The approach was very much appreciated by participants
- Establishment and quarterly NITAG and ICC meetings held. These committees have been meeting regularly to guide programme implementation. The NITAG has been fully constituted with all the relevant specialties. Three meetings were held in 2020. NITAG contributed to finalizing the guide on IPV second dose introduction schedule, HPV introduction guideline, vaccine characteristics for COVAX facilities, review of routine immunization performance among other issues.
- Two supportive supervisory visits have been supported from national to the districts and from the districts to respective PHUs. These visits have been used to provide ‘hands-on’ training to health staffs especially those new and inexperienced ones. Issues identified during such visits have been discussed with DHMTs for redress.
- Monthly meetings of Officers In-Charge of health facilities have been supported. These meetings serve as an excellent opportunity to discuss issues identified during supportive supervision and provide feedback to the participants.
- Data quality improvement plan was reviewed, and budget revised downwards. Activity was delayed due to COVID-19 however this will be expedited as the situation is permissive now. A balance of \$ 119,000 was reallocated to cover cost of Gavi supported activities for COVID-19 response indicated in section 2.4.
- Technical assistant was engaged to support the EPI coverage survey who helped to finalize the survey protocol. Unfortunately, the survey could not proceed owing to the need for additional funds to conduct fresh Household listing. This became evident as the 2019 DHS frame that was envisioned to be utilized had only 578 clusters, whereas the EPI coverage survey requires about 900 clusters with a precision of 7%. This made it impossible to use the DHS sample for the EPI coverage as doing so will compromise quality, accuracy and credibility of the survey. Hence, a total of USD468,450.81 is the new estimate to cover both the fresh household listing exercise and data collection process for the EPI coverage survey. This survey has been postponed to 2021 pending availability of additional funds.

### 1.3.2. Funds channeled through UNICEF for MOHSS

As explained in Section 1.2, there was still an outstanding amount of \$534,286.00 in UNICEF at the start of the year. Since the previous JA, several activities were implemented using funds managed by UNICEF. Such critical activities include, but not limited to the following:

- 25 central and district level staff were trained on EVMA self-assessment for improved immunization supply chain management. By end October 2020, eight of the fourteen districts with vaccine stores and two health facilities in each of these districts were assessed. In consultation with DHMTs, recommendations were made to the identified challenges for follow up and implementation. Achievement/results of these recommendations will be tracked during the next implementation period and to be reported by December 2021
- All the 16 DOOs and their assistants were trained on Stock Management Tool (SMT) and monthly reporting of SMT from the districts has increased from 30% to 100%
- Eleven sets of TCW4000 SDD have been procured for the two new districts namely Falaba and Kerene, thereby ensuring availability of vaccine stores in all 16 districts.
- 1327 vaccinators, 32 District Operations Officers, 32 District Cold Chain Officers and 22 central level staff were provided quarterly incentives thereby improving overall performance
- Transportation support is ongoing and has also been provided to all the 14 districts to support last mile thereby ensuring continuous availability of supplies. In addition, transportation support was also provided to central level to be able to deliver supplies to all the 14 districts.
- Mid-year review meeting was supported with all EPI stakeholders to review immunization performance and discuss challenges and proposed solutions to those identified challenges. The meeting was also used to discuss future of the EPI programme. At the end of the review meeting road map, implementation plans were developed and feedback on implementation status will be provided at the next review meeting.
- EDSA Electricity top-up have been procured for continuous electricity supply at the central EPI vaccine store for increased vaccine potency.
- Funding have been provided for the speedy clearing of immunization supplies at both the air and seaports.
- Procurement of 11 sets of solar refrigerators for the two new districts (Kerene & Falaba) to increase vaccine storage capacity.
- Printing of data collection and reporting tools has been fully completed.

- Funds for the refurbishment (Construction of retaining wall, landscaping of the compound, drainage, fixing of faulty ceiling and doors, office space, toilet facility in the cold room,) of the EPI new office has been disbursed and work is still on-going.

By December 15, 2020, the balance of funds is \$20,108 which has been committed to complete the remain activities of the grant.

### 1.3.3. Compliance, absorption and other fiduciary risk matters

#### UNICEF/MOHS

As of December 15<sup>th</sup>, 2020, out of the total HSS grant of \$3,571,631.50, a total of \$ 3,551,523.50 was disbursed with a balance of \$ 20,108 with an overall utilization rate of 99.4%. The balance of \$20,108 has been committed to support staff incentives and vaccine clearing. MoHS continues to receive regular financial update from UNICEF on the implementation of the activities. UNICEF continued to perform spot checks both at central level and in the districts, and provide recommendations where gaps are realized.

Following the presentation of Gavi audit findings in 2018, UNICEF supported the EPI programme to take additional corrective actions to strengthen programme implementation and reduce programme and financial management risks. Some of those actions include:

- Workshop organized for Maternal and Child Health (MCH)/EPI Programme staff and District Health Management Teams (DHMT) Western Area Urban and Rural to build capacity in financial management.
- To strengthen oversight and ownership of the EPI Programme, UNICEF ensured that all communications from the DHMTs, including funding requests and liquidation documents, must be channeled through the EPI Programme to enable coordination, quality reviews and registering of the information.
- In consultation with CH/EPI program, UNICEF Sierra Leone diversified the approaches to disburse funds for activity implementation including the use of direct payments to vendors, in addition to Direct Cash Transfers (DCT) to the Government implementing partners.
- In collaboration with CH/EPI program, UNICEF Sierra Leone uses a mobile technology money transfer platform (Orange Money) to make direct payment of incentives for beneficiaries at the national, district, health facility, and community levels. To ensure the accuracy and transparency of Community Health Worker (CHW) incentive payment, UNICEF has put in place the following measures:
  - Alongside MOHS/EPI development and implementation of standard operating procedures (SOPs) outlining steps and required documents with responsible bodies;
  - Joint field visits for pre-payment, intra-payment, and post payment verifications with DHMTs, Directorate of Primary Health Care (DPHC)/CHW hub and EPI/Child Health (CH) Programme;
  - The similar measures are being implemented for health workers incentive payment.

In consultation with MoHS, UNICEF Sierra Leone contracted a third-party firm to conduct audit and financial spot checks; and recruited a full-time HACT Officer who is responsible for developing, implementing and monitoring of HACT assurance activities, including associated capacity development plans. In the first quarter of 2020, a spot check was conducted at both central and district levels on the funds disbursed. Findings of these visits, including weaknesses and areas to improve have been discussed and shared with MOHS for implementation.

Between January and September 2020, UNICEF Sierra Leone staff conducted spot check field visits to 6 DHMTs. Critical findings from these spot checks include, but not limited to the following:

- Activities are implemented outside the request (FACE Form) period as indicated on the official request submitted to Agency for funding
- Original copies of supporting documents were not available for inspection at time of visit. Only photocopies were kept by DHMTs. Originals should be available for auditing purposes
- Liquidation documents are sent to UNICEF very late after implementation of activities.

Base on the findings of the spot check action plans were developed for implementation.

To strengthen the response to the audit/spot check/PMV findings, UNICEF Sierra Leone introduced a follow-up matrix which tracks the follow-up actions to address the findings and recommendations from different financial assurance activities. For instance, the latest round of financial spot checks shows persistent capacity gaps in financial management at district level. To address this, UNICEF Sierra Leone in collaboration with CH/EPI has started designing and implementing on-the-job training and coaching programme on financial management for DHMTs for the next 4-6 months.

The stock ledgers have been reviewed and updated to capture key variables such as expiry dates, lot/batch numbers, VVM status and these are being printed for distribution to all health facilities. Minimum and maximum stock levels are also captured in the stock ledgers. In addition, both central and district level staff have been trained on the use of computerized Stock Management Tool (SMT). The initial phase of RapidPro involving physically stock count of supplies at district level in 2019. In consultation with MoHS, the RapidPro reporting will now be expanded to PHU level to provide vaccine visibility at the last mile.

**WHO/MOHS/EPI**

As at the end of October 2020, out of the total HSS grant of \$1,360,186, a total of \$ 988,815 was disbursed with a balance of \$ 371,372 and overall utilization rate of 73%. Out of this balance,\$154,880 has already been committed and \$216,492 will be reallocated to support the following activities:

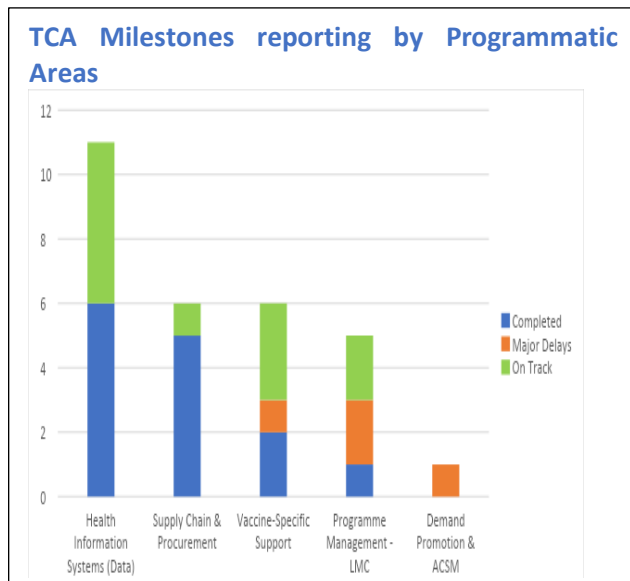
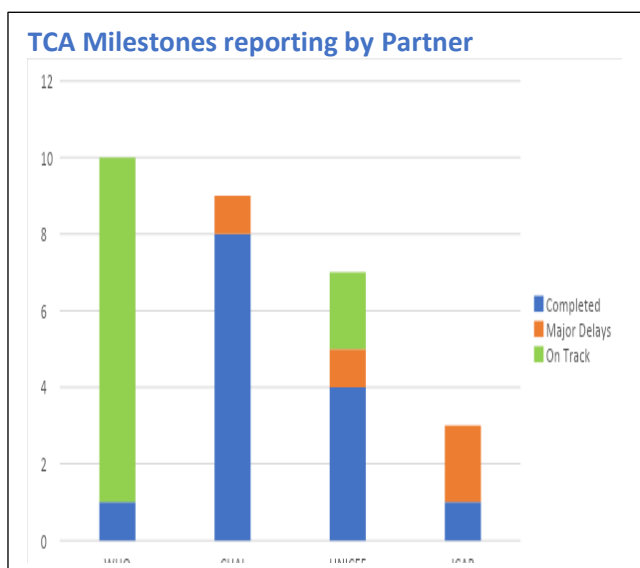
- Undertaking the comprehensive EPI Review to inform the development of the National Immunization Strategy
- Operational research on Health Care seeking behavior in urban settings
- Implementation of Urban immunization strategy to address low immunization in the western Urban District
- Training of vaccine handlers on basic vaccine management at the Port of entry

To strengthen grant funds management, WHO supported MoHS in the process of recruitment of EPI Finance/Accounting Officer embedded in the National EPI Programme and this has improved the level of financial management in the CH/EPI program. It is envisaged that at the end of his current contract in June 2021his position will now be under HSS/IHPAU component in line with the Grant Management Requirements. Gavi exceptionally approved a salary of accountant for 2 years and after which they will be transferred to MOHS.

WHO works closely with the MoHS to ensure that accountability is submitted on financial management and fiduciary risk. Risk mitigation measures were put in place to prevent recurrence of poor accountability of funds advanced. The mitigation measures include:

- Risk mapping of districts (heat map). 5 districts including Pujehun District which had outstanding 2 DFCs in early 2019 were identified as high risk for financial management and no funds were transferred to these districts directly without National level supervision.
- National level Finance Officers were deployed to high-risk districts during and after campaign to ensure correct disbursements, supporting documents and timely liquidation of program funds.
- WHO staff and WHO recruited Independent Monitors performed assurance activities (spot checks) during and after the campaign.
- All Direct Implementations (DIs) are executed by WHO finance/operations Staff with timely funds liquidations.
- WHO Auditors visit periodically to review accounting books and documentations for proper alignment with fiduciary requirements.

**1.4. Overview of PEF TCA progress (end of 2019/ early 2020)**



## **Brief description of achievements on the implementation of the TCA plans**

### **1.4.1. WHO TCA 2019 (June 2019-December 2020)**

Utilization of the 2019 TCA has witnessed remarkable progress, presently at 94% utilization. The 2019 TCA greatly supported the building of technical capacity of District and PHU Immunization Staff through mentorship and on-the-job training provided by WHO during regular Integrated Supportive Supervision in the field. These supportive supervisory visits have resulted in improved immunization practices especially at PHUs and district levels with improved coverage e.g. Penta3 coverage being 95% (Admin, Dec. 2019).

WHO supported MoHS in introducing the MR vaccine into the Country's Routine Immunization system in June 2019 using the 2019 TCA. Through this, WHO engaged a consultant who supported the MR introduction process and a second consultant to facilitate MR Post Campaign Coverage Survey (PCCS) in collaboration with Statistics Sierra Leone, in 364 enumeration areas (EAs) of all 14 districts of the country. The MR PCCS yielded a National coverage of 93.2% with 7 (50%) districts achieving the target 95% coverage. The routine MR uptake was generally very impressive and National coverage by December 2019 were MCV1 (93%) and MCV2 (73%); and no Measles or Rubella outbreak has occurred in the Country since introduction of routine MR since June 2019 to date.

Pursuant to immunization data quality improvement, WHO provided technical support to MoHS in a workshop that brought together key stakeholders to review existing EPI tools. The meeting resulted in standardization of all data tools used by the program, including job aids and other additional data tools developed during the workshop. WHO also supported data harmonization aspects of the Data Quality Improvement Plan (DQIP) that were collaboratively undertaken at National level before and preparatory to JRF meeting with resultant better harmonized data presented.

In consultation with the program, supported development of an integrated plan which helped to integrate some of the siloed trainings into a comprehensive package with expected benefit of improving quality, minimize time of health workers away from work and improved overall efficiency. The plan is being used to finalize the training activity and associated budget

Supported development of integrated training materials on selected EPI topics supplemented by video presentations which is believed to help maintain key lessons as training are cascaded and ease self and peer learning. Given the positive feedback on the usefulness of the material developed and used already, the remaining modules will be updated and adapted in the same fashion.

Actively supported the drafting of the national immunization guideline on immunization in the context of COVID-19 which was finalized in consultation of the program and districts. The national guide was disseminated during the June biannual review meetings and districts shared with all health facilities to guide adjusting implementation of safe immunization in the context of COVID-19 and maintain services as much as possible.

Together with the program and TCC members provided technical support in the development of concept papers and proposals including on IPV and RI catch up and IPV2 introduction.

With WHO's technical support, the National EPI operational plan for 2020 was developed and further reviewed in the light of rapidly evolving COVID-19 situation in Sierra Leone and the document is presently being used to guide EPI activities.

WHO provided MoHS with solid technical support in conducting four (04) joint National EPI/IDSR quarterly review meeting in 2019 and one in Q1 2020 as well as the 1st EPI specific Bi-annual review meetings held in Bo Town (21-24 June 2020 and at Makeni (25-27 June 2020) in the context of COVID-19 pandemic. These meetings that brought together a lot of stakeholders involved in disease control in the country provided the EPI programme a great opportunity for in-depth discussions on all aspects of immunization program with candid discussions on the programme issues that led to well-articulated actionable recommendation. Implementation of these action points/plans shall help drive the program forward to achieve set targets. Minutes of these meetings and action points are available

Other critical activities the TCA enabled WHO to support include review of performance of sentinel surveillance for new vaccines especially Rota, PCV (PBM) & Influenza as well as a nation-wide Routine Immunization micro planning process that resulted in development of chiefdom-based RI micro plan per district. These micro plans presently provide RI implementation roadmaps for PHUs – the lowest immunization unit in the country.

Given that HPV will be introduced in October 2021, NCE will be requested from GAVI till December 2022 to enable the country to conduct HPV post introduction evaluation.

#### 1.4.2. WHO TCA 2020 (June 2020-June 2021)

During this period WHO continued implementation of TCA 2019 activities whose end date was extended from June 2020 to December 2020 due to COVID-19 pandemic which affected implementation of activities. As a result, much of the activities supported by 2020 TCA are yet to be undertaken. That notwithstanding, MoHS requests for support of some of the activities are now being processed.

Implementation status of TCA 2020 activities is shown below

TCA activity in the approved plan	Status	Achievement description	Balance
Support strengthening of the National Immunization Program management by a) Facilitating development of National Immunization operations Plan and review of cMYP through consultative workshops, b) Capacity building on Mid-level managers (MLM), c) supporting NITAG and ICC activities; d) Facilitating in-depth national immunization review meetings and tracking of action points,	ongoing		
Updating of guidelines and policies, a) Immunisation in Practice (IIP) guideline, b) EPI policy guide review, finalisation and dissemination	ongoing	Adapted selected topics of the IIP modules and used training material during SMT/FT2 training;	
Conduct Post MR introduction evaluation (budget in TCA 2019)	Not started	Activity not a priority	
Support country to introduce HPV in 2020 through a) technical support to adapt guides, tools and monitoring readiness, b) Stakeholder sensitization workshop to create awareness on multi-pronged approach towards cervical cancer, c) deployment of 1-2 national TAs for focused support to high priority districts	Not started		
Support operationalization of Data Quality Improvement Plan and monitoring of the DQIP through selected activities within the DQIP: a) National Data Quality Review and harmonization of denominators, b) Quarterly data quality review c) Annual peer review of joint report format d) National data quality self-assessment to compare progress in data accuracy and data management system: baseline (early 2019) and end year late 2020	Ongoing		
Revise and print RED Monitoring chart and monitor its use	Ongoing		
Support sentinel surveillance for new vaccines (Rota, PBM, Influenza).	Ongoing		
<b>TOTAL</b>			137,254



## UNICEF TCA 2019 (June 2019-December 2020) update

There has been much progress in the implementation of UNICEF TCA 2019 plan which covered the period from June 2019 to December 2020. The below tables highlight the achievements and financial balance

TCA activity in the approved plan	Status	Achievement description	Balance
Support Cold Chain and CCEOP implementation: 1. Functionality of the PMT/NLWG, 2. Monitoring deployment, installation and commissioning of 2018 ODP equipment, 3. support finalization of 2019 CCEOP ODP, 4. Temperature mapping conducted in the walk-in freezer/cold rooms at the central cold store	Completed	1) Operational Deployment Plan was developed and implemented successfully. 2) 220 CCE have been successfully installed and commissioned thereby increasing vaccine storage capacity at PHU level. 3) Four quarterly National Technical Working Group (NLWG) meetings held, discussed on issues related to effective immunization supply chain management practices, and proffered solutions to the gaps identified. 4) Three Walk-in Cold Rooms fitted with Multi-logs for continuous temperature monitoring and two Walk-In Freezer Rooms have been installed and commissioned at new central EPI Vaccine stores. 5) First ever temperature mapping study completed, and findings shared	0
Support Immunization supply chain system design (1. Support data analysis and modelling and Workshop for modelling results sharing with SC stakeholders	Completed	Study completed and findings shared with MOHS. Road map has been developed for implementation.	0
Support planning implementation and monitoring of new vaccine introduction - support vaccine, cold chain management and logistics related to MR SIAs and introduction of MR and HPV in routine immunization.	Completed	MR campaign was conducted in all districts with national admin coverage of 98% with PCCS coverage of 94%. The campaign was followed by nationwide introduction of the vaccine into routine immunization services.	0
Support Data for management and decision (1. Support vaccine supply planning and strengthening of regular SMT update and use, 2. Support monitoring of vaccine stock by quarterly physical stock take at national level.3) Support decentralization of use of SMT to the districts	Completed	two quarterly physical stock takes conducted by the end of June 2019 at national and district level with monthly submission of SMT from National level.	0
Support the use of rapidpro technology innovation for collection of monthly vaccine stock data from the district level	Completed	At least 50% of the districts are submitting vaccines and devices stock balance data using Rapidpro	0
Support EVM self-assessment at all levels of the country immunization supply chain system including the national cold store, 14 district store and selected PHUs in all districts	On going	25 central and district level staffs were trained. By end Oct. 2020, eight of the 14 districts with vaccine stores and 2 PHUs in each district were assessed. In consultation of the DHMTs, proposed recommendations are being followed up for implementation	0
1. Provide support to the development of an HPV communication strategy.	On going	HPV Communication strategy developed and costed.	0
<b>Balance</b>			<b>0</b>

UNICEF 2020 TCA update (June 2020 – June 2021)

TCA activity in the approved plan	Status	Achievement description	Balance
Support Cold Chain and Logistics management (1) Support EPI team in conducting routine preventive maintenance of the new cold store; 2) Build capacity of cold chain technicians at national level on cold room maintenance and repair; 3) Establish temperature monitoring system across the country through effective use of RTMD and Fridge Tags; 4) Support to strengthen preventive maintenance system of cold chain equipment; 5) Develop standardized guidelines on the procurement and decommissioning of cold chain equipment) 6) Support cold room operations	On going	1. The ToR has been drafted for the training of two national Cold chain technicians for the management of the central cold rooms. UNICEF, through its Regional Office, is currently searching for countries where these two technicians could be sent for at least two weeks to gain hands-on training on cold room management. 2. The monthly temperature recording chart has been re-designed to facilitate easy review. This is designed in booklets for better record keeping. Printing is completed and this will be distributed across all health facilities and districts stores. 3. The guidelines on disposal of obsolete cold chain equipment are currently being drafted.	
In-depth analysis on cold chain optimization options for improved supply chain management (geo-mapping of facilities vs population size, access, etc.) as a follow-up to Supply Chain System Design work	On going	District cold chain inventories have been collected and updated. Geo mapping of cold chain equipment is expected to start in Q1 of 2021	
Support planning implementation and monitoring of new vaccine introduction - support vaccine, cold chain management and logistics related to HPV introduction in routine immunization. Support proposal development for HepB birth dose introduction	On going	While the initial date for HPV introduction was October 2019, due to the country's inability to pay for its co-financing contribution, this was postponed. In July 2019, following full payment of 2019 co-financing obligations and submission of the repayment plan for 2018 obligations arrears, Sierra Leone came out of default status, and reinitiated the discussion for introduction in 2020. Sierra Leone has not fulfilled 100% of its co-financing commitments, but due to Covid-19 pandemic, the country postponed the HPV introduction to October 2021.	
Support Data for management and decision (1) Support vaccine supply planning and strengthening of regular SMT update and use, 2) Support monitoring of vaccine stock by quarterly physical stock take at national level. 3) Support decentralized use of SMT to the districts including IRP. 4) support to ensure quarterly cold chain inventory update from all districts.	On going	Physical count of vaccines has been institutionalized. By end October, three quarterly physical counts were conducted at both the central level and in all the 14 districts. In addition, all the 16 District EPI Operations Officers and their Assistants were retrained on Stock management Tool (SMT) and by end October 2020, all the 14 (100%) Districts with Vaccine stores are using and reporting SMT monthly, ensuring vaccine visibility for effective vaccine management practices and informed decisions. To enhance vaccine visibility at lower level, rapid pro will be used at PHU level in 2021 whiles DHIS facility stock reporting will be reactivated.	

Support EVM self-assessment at all levels of the country immunization supply chain system including the national cold store, 14 district store and selected PHUs in all districts	On going		
1) Provide support to the implementation of an HPV communication plan with focus on strengthening interpersonal communication (IPC) of service providers. 2) Build a model for male involvement for promotion of EPI services by pilot testing the intervention in WAR	On going	This activity has been deferred till 2020 Q4 due to the shift of focus of country's social mobilisation and communication efforts towards COVID-19 prevention, response, and mitigation.	
1) Identify challenges at the budget development and execution stages for vaccine procurement and propose solutions 2) Develop a multi-year plan for EPI financing (incl. co-financing of EPI supplies); 3) Support the government in the development of a multi-year transition plan to gradually take over the funding for procurement of traditional vaccines. 4) High-level advocacy for increased domestic resources for EPI	On going	1) Continued capacity building support was provided to the Ministry of Health and Sanitation on vaccine forecasting. Several meetings were held to review the current vaccine shipment plans to inform future vaccine delivery into the country to prevent both stock out and over stock of vaccines. 2) Terms Of Reference (TOR) for the vaccine financing consultancy has been finalized. The consultancy is being advertised and it is expected to start at the beginning of 2021. The objective of the consultancy will include among others, the development of a multi-year transition plan for the government for the procurement of traditional vaccines and payment of co-financing amounts for Gavi supported new vaccines.	
<b>Balance</b>			<b>\$148,308</b>

This balance of \$148,308 will be used to support the above ongoing activities for the remaining period of the grant

### CHAI TCA 2019 update

In 2019/20 TCA year, which ran from July 2019 to June 2020, MOHS/EPI and CHAI co-designed a new performance management system involving data review meetings across at the MoHS's Child Health/EPI programme and the four selected districts (Kambia, Bombali, Bo, Kono) through workshops; MoHS/EPI and CHAI then implemented monthly data review meetings focusing mainly on supply chain data between MoHS/EPI and Districts and worked with Districts to make sure that data was reviewed at monthly District meetings for PHU In-charges. Our approach to skills transfer meant that one national MoHS and one CHAI member of staff per district were each allocated to implement monthly data review meetings with the aim of improving the quality & use of EPI data. Feedback on analyzed data is provided to health facility staff during -in- charges meetings. Health facility staff are also mentored on data analysis during in-charges meetings.

CHAI also researched and recommended streamlining the use of paper reporting tools and data systems by MoHS/EPI and both MoHS/EPI and CHAI have worked together to redesign existing forms (e.g. Vaccines RRIV); highlighted areas for use of data in decision making within immunisation supply chain management, namely monthly review of "days out of stock" information at facility-level and the difference between "opening" and "closing" balances to monitor and improve the data quality of stock management information recorded in DHIS2. The activities being currently implemented are informed by the research findings from 2 years ago. A measurable highlight of EPI/CHAI work has been the perceptible improvements of digital stock reporting in DHIS2 at PHU-level, wherein reporting rates in the four districts increased by 30% on average over a 5-month period. Reporting rates of stock data at PHU-level have also increased from 53% to 83.5% on average. This has greatly improved the visibility of stock allocation in the final mile and vaccine stock out events at health facilities. CHAI and EPI now co-chair monthly

Data Review meetings with four DHMTs to strengthen data quality and service delivery. It is planned that this role will be transitioned fully to EPI by March 2021 so that EPI chair these meetings independently.

CHAI and EPI developed and tested several standard operational procedures (SOPs) such as Data review and response management framework, RRIV SOP, vaccine wastage SOP and a performance management framework with EPI in order to standardize data reporting and performance management practices. Finally, CHAI provided coordination support towards the introduction of the HPV vaccine between September 2019 and June 2020 (detailed summary of activities below) and began to support the CH/EPI Programme with detailed analysis of the impact of the COVID-19 crisis on immunization services in Sierra Leone.

In early April, CHAI supported EPI/CH to switch to remote working during the COVID-19 period by setting up a 12-month subscription to a dedicated zoom account for the CH/EPI programme, providing training on how to conduct zoom meetings to national and districts EPI staff, and ensuring that the software could be used for remote working. Together, the CH/EPI programme and CHAI adapted the national and district data and supply chain strengthening project to use videoconferencing to continue data review meetings at these management levels.

### CHAI detailed description of implementation of 2019/20 TCA Activities

TCA activity	Status	Achievement description
Provide technical support on data strengthening activities with focus on increasing quality, accuracy, and completeness of information from all levels 1) Identification of key performance indicators 2) review of data tools 3) data workflow mapping and constraint identification 4) review and response system targeting 3-4 districts	Completed	1. Key indicator list was created and reviewed with EPI program. 2. Gaps and duplication identified in the current data tools & reporting processes were validated with EPI through a workshop. 3. Data workflow mapping and constraint identification complete with report produced. 4. Management review and response system established in four districts. CHAI/EPI visited each of the four districts three times between February and April. May and June virtual data review meetings were conducted. In addition to the District Scorecard, feedback reporting was established to document and share agreed actions for national and district staff (June 2020).
Support programme to make use of data on stock and wastages to identify necessary improvements in supply chain performance and key processes (e.g., vaccine stock allocation to districts and PHUs), reinforcing use of data for decision making	Completed	Submitted deliverable includes a compilation of relevant data analysis in a single document which has been shared with the EPI program and highlights potential SC challenges based on the agreed KPI (Nov 2019). A Supply Chain Performance Management Framework for Supply Chain has been documented. SOPs have also been drafted for “How to complete the Vaccines RRIV form”, “How to calculate wastage rates using DHIS2 data”, “Running Effective Data Review Meetings” and “How to report end of month physical stock counts at district stores”. These items are currently in review with the CH/EPI programme and partners (June 2020).
Provide support on coordination and accountability of HPV introduction including support on 1) introduction plan 2) HPV TWG and coordination on non-immunisation platforms 3) planning for HPV SC requirements 4) progress review 5) Microplanning best practice and quality assurance 6) coordination with lower levels on responsibilities, 7) EPI efforts on training and IEC, 8) AEFI guidance, and 9) monitoring practices	Ongoing (carried over to new TCA)	Supported the EPI program to identify their HPV age cohort for introduction (Aug 2019), complete the HPV workplan, establish an HPV TWG and ToR (Sep 2019) and held two meetings by November 2019. CHAI has continued to support the engagement of crucial partners such as the Ministry of Education (Jan 2020), revisions to the work plan, and drafting initial versions of training guides and communication plans for the campaign (May 2020). CHAI has also established and maintained a shared Google Drive folder for all TWG members to access. All key documents produced to date have been archived (June 2020).

### CHAI detailed 2020/21 TCA Activities

Between June and November 2020, CHAI and EPI have made the following progress against the 2020/21 TCA.

TCA activity	Status	Achievement description
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<p>Provide technical support on data strengthening activities with focus on increasing quality, accuracy, and completeness of information from all levels:</p> <ol style="list-style-type: none"> <li>1) Targeted improvements to improve access to data for key performance indicators</li> <li>2) Conduct and identify improvements in routine data analysis including support on the coordination of the NLTWG and quarterly M&amp;E meeting</li> <li>3) Implement management review and response system at 4 additional districts</li> <li>4) Assess suitability and develop strategic plans for further integration with existing MoHS technology solutions</li> </ol>	<p>Ongoing (TCA until June 2021)</p>	<ol style="list-style-type: none"> <li>1. Started. CHAI and EPI submitted a request for additional data fields and items in the Vaccines RRIV form revisions led by DDMS. More data expected to be included in early 2021 (Oct 2020). CHAI/EPI retrospectively trained 160 healthcare workers in our 4 original districts in data tools and use of data in supply chain management calculations (Oct 2020).</li> <li>2. Delayed. NLTWG has not been taking place since July and is overdue. Quarterly M&amp;E meetings have not been maintained. To be addressed as a priority.</li> <li>3. Started. Districts selected for management 'data' review and response system at four new districts. 6-month district coaching to commence in November with new districts (Oct 2020).</li> </ol>
<p>Support program to make use of data on stock and wastages to identify necessary improvements in supply chain performance and key processes (e.g., vaccine stock allocation to districts and PHUs), reinforcing use of data for decision making</p>	<p>Ongoing (TCA until June 2021)</p>	<p>Started. Supported EPI to submit requests for additional data fields and items in the Vaccines RRIV form revisions led by DDMS (Oct 2020). More data expected to be included in early 2021. CHAI/EPI retrospectively trained 160 healthcare workers in the 4 original districts in data tools and use of data in supply chain management calculations (Oct 2020). UNICEF and WHO were consulted on the development of the training materials and the MoHS/CHAI training sessions also used leveraged key content on EVM and FT2 temperature monitoring devices alongside focused sessions on reporting and use of data in facilities. Due to limited training resources, MoHS coordinated CHAI, WHO and UNICEF to deliver trainings in alternative districts in 2020.</p>
<p>Provide support on coordination and accountability of HPV introduction including support on:</p> <ol style="list-style-type: none"> <li>1) HPV TWG and coordination on non immunisation platforms</li> <li>2) planning for HPV SC requirements</li> <li>3) progress review</li> <li>4) Microplanning best practice and quality assurance</li> <li>5) coordination with lower levels on responsibilities,</li> <li>6) EPI efforts on training and IEC,</li> <li>7) AEFI guidance</li> <li>8) monitoring practices</li> <li>9) Development of rapid assessment tool post 1st and 2nd dose administration)</li> </ol>	<p>Ongoing (TCA until June 2021)</p>	<p>Due to immediate COVID-19 monitoring and recovery planning activities (see below) we agreed to reduce the first half 6-months of the new grant to December 2020. However, the sub-working group for Comms and Social Mobilization has also been supported between July and November 2020. CHAI has supported the facilitation of a workshop with Girl Effect (Gavi funded) in November focused on Comms and Social Mobilization campaign planning and design. MoHS/EPI, CHAI and UNICEF have also coordinated several meetings of the Comms and Social Mobilization sub-working group in the period. MoHS appointed a sub-working group lead, UNICEF are the lead technical adviser for the Comms and Social Mobilization campaign with a C4D resource allocated to this working group, whilst CHAI is contracted to coordinate the HPV Introduction overall and make sure that sub-working groups are structured, planning, reporting and escalating risks and issues. An HPV TWG due in the final week of November. The first bi-monthly progress report enclosing progress on things such as the work plan, tools development, microplanning, training, IEC communication and disbursement will follow the November TWG and be made available to MoHS, partners (and donors).</p>
<p>Support COVID response:</p> <ol style="list-style-type: none"> <li>1) Technical assistance in development of tools to determine Covid19 impact on routine immunization activities</li> <li>2) Technical support in spotting RI challenges to the level of PHUs posed by Covid19 pandemic</li> <li>3) Support in development of Covid19 RI recovery plan</li> </ol>	<p>Ongoing (TCA until June 2021)</p>	<ol style="list-style-type: none"> <li>1. Initial version of the 'COVID-19 routine immunization tracker' developed and launched (July 2020).</li> <li>2. Monthly PHU/Hospital-level analysis of trends in routine immunization levels and reporting rates were added to the tracker (Aug 2020).</li> <li>3. A report is currently being drafted (Oct 2020) and will be submitted to the EPI Programme (and partners) by early-November with recommendations on which Districts and Health Facilities could be prioritized in future catch-up campaigns based on data analysis of COVID-19 impact on routine immunizations vs. historical trends. CHAI has also supported the coordination and development of the first EPI bulletin (Oct</li> </ol>

<p>4)Support in national performance and progress review of the RI activities including Covid19 impact</p> <p>5)Support in deployment and usage of technology solution for rapid assessment and dissemination of lessons learnt during catch up campaigns</p>		<p>2020).through collaboration with MoHS/EPI and partners. The EPI bulletin is due to be released twice-yearly. It has been agreed that UNICEF will be printing the bulletin in advance of its distribution. The data being analyzed is drawn from the DHIS-2 and analysis is done beyond what is currently found in DHIS-2 and in collaboration with the EPI team</p>
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### 1.4.3. ICAP TCA 2019/20 Update

In September 2019, the CDC Foundation awarded ICAP at Columbia University a 10 months project (September 2019 – July 2020) through the Targeted Country Assistance to strengthen immunization systems and capacity in Western Area, Sierra Leone in the following areas:

- *Activity 1: Capacity building for conducting integrated defaulter tracking, community outreach, and demand promotion*
- *Activity 2: Strengthening the capacity of DHMT staff in conducting supportive supervision for the integrated model*
- *Activity 3: Outcome evaluation*

ICAP collaborated with the EPI and CDC foundation in planning and implementation of a training of trainers (ToT) for 20 MOHS staff (12 DHMT and 8 EPI) as master trainers in February 2020. A cascade training to 405 HCWs in Western Area Urban and Rural and 28 from the other 16 districts was scheduled to start in March and end in April followed by a supportive supervision which should have ended in July 2020.

The first cohort of cascade training for 14 health facilities made up of 37 health facility staff (In-charges, EPI Focal Persons, and Community Health Workers Peer Supervisors) was conducted in March 2020. The trainings focused on building community support for immunization, interpersonal communication with caregivers, defaulter tracking and outreach as well as data quality and reporting.

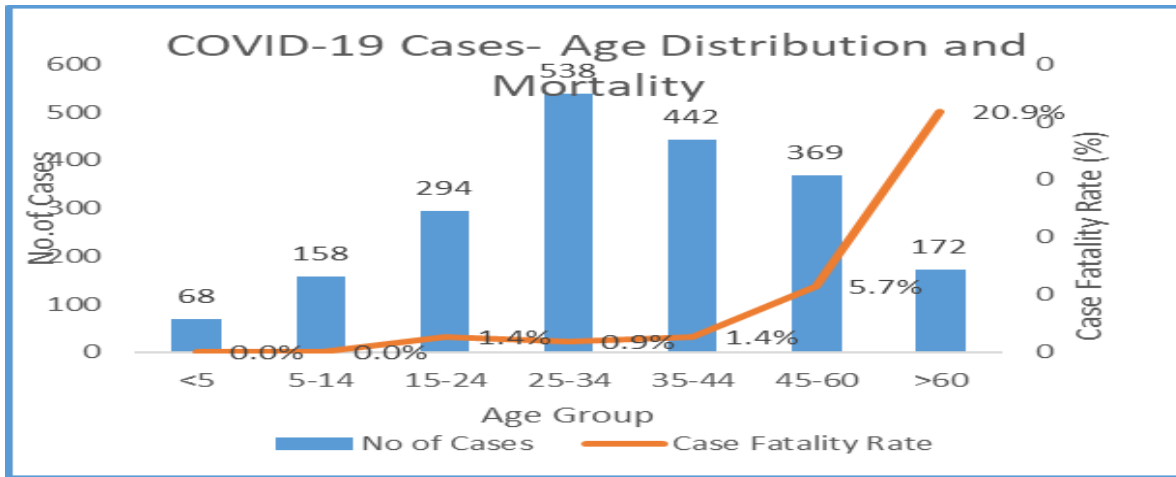
Sierra Leone reported COVID -19 cases which negatively impacted the scheduled dates for trainings and supportive supervision. The cascade trainings were put on hold due to government’s regulations on social distancing. After consultations between ICAP and the EPI program office and CDC, the trainings were restarted but with a significant cut in the number of participants per cohorts and increase in the number of cohorts for the trainings.

Due to the delay in implementation, a no-cost extension was given to ICAP by CDC to implement to December 2020. The cascade trainings for Western Area Urban and Rural have been completed, with 411 HCWs trained. A ToT for 28 DOOs in the other 14 Districts has also been completed. Supportive supervision and mentorship will commence in the second week of October and will end in December 2020.

## 2. COVID-19 current situation and its impact on disease surveillance and Immunization

### 2.1. COVID-19 cases and deaths as of October 2020

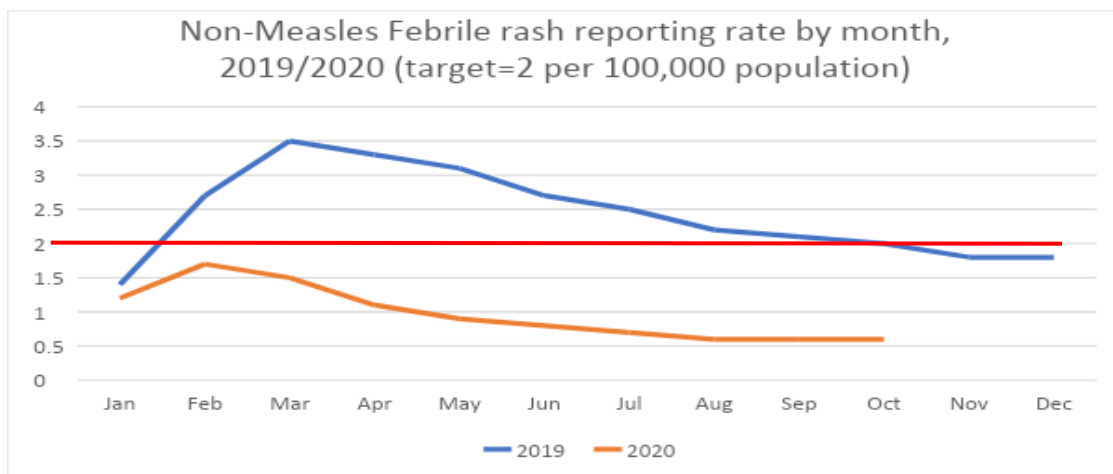
On 30 January, the World Health Organization declared the 2019 coronavirus disease (COVID-19) outbreak a public health emergency of international concern (PHEIC). As of 31st March 2020, Sierra Leone reported its first case. Since then, the country has gone on intensive response mode to control the outbreak. In the 24 weeks of COVID-19 outbreak in Sierra Leone as of 8<sup>th</sup> September there were 2064 confirmed cases, 72 deaths with 1613 recoveries. Overall case fatality is 3.5.



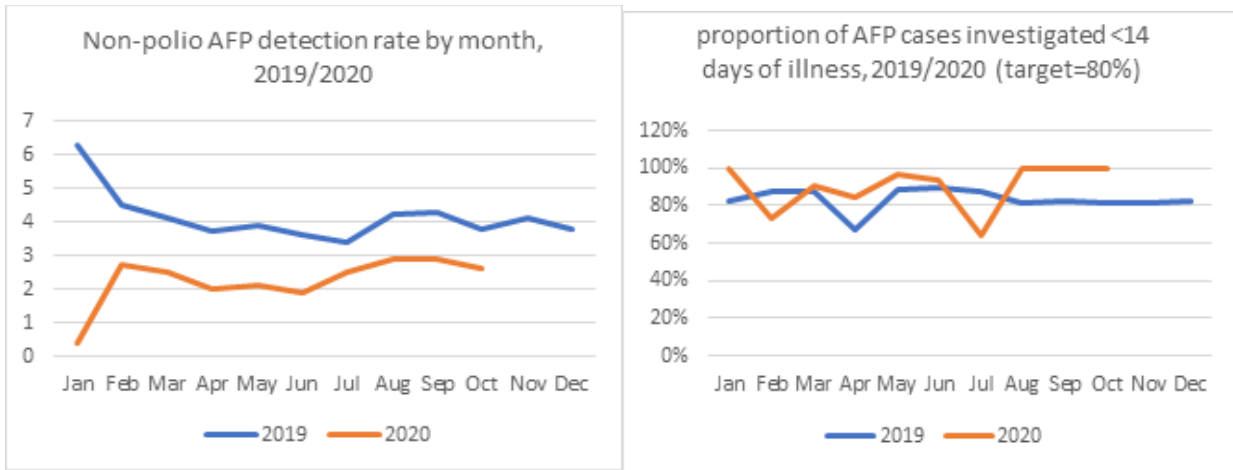
The graph above is showing the age distribution and mortality of COVID-19 cases. It reveals that the mortality from COVID-19 is higher in the older age group (45-60) and >60.

### 2.2. Impact of COVID-19 on disease surveillance

The graph below shows trend of non-measles febrile rash by month comparing 2019 and 2020. The standard indicator for sensitive measles surveillance is to report at least 2 suspected cases of measles per 100,000 population. The non-measles febrile rash detection rate reported in 2020 was significantly lower than that of 2019 particularly from April and beyond. On the other hand, specimens were collected and tested for Measles and Rubella for 100% of suspected measles cases investigated. This could imply a decline in the sensitivity of the surveillance system possibly due to COVID19 pandemic.



The below graph shows performance of Non-Polio AFP surveillance by month comparing 2019 and 2020. Comparing AFP surveillance performance of Jan – Oct. 2019 against the same period in 2020, AFP surveillance indicators plummeted dramatically as NP-AFP Rate dropped from 3.8 to 2.6.



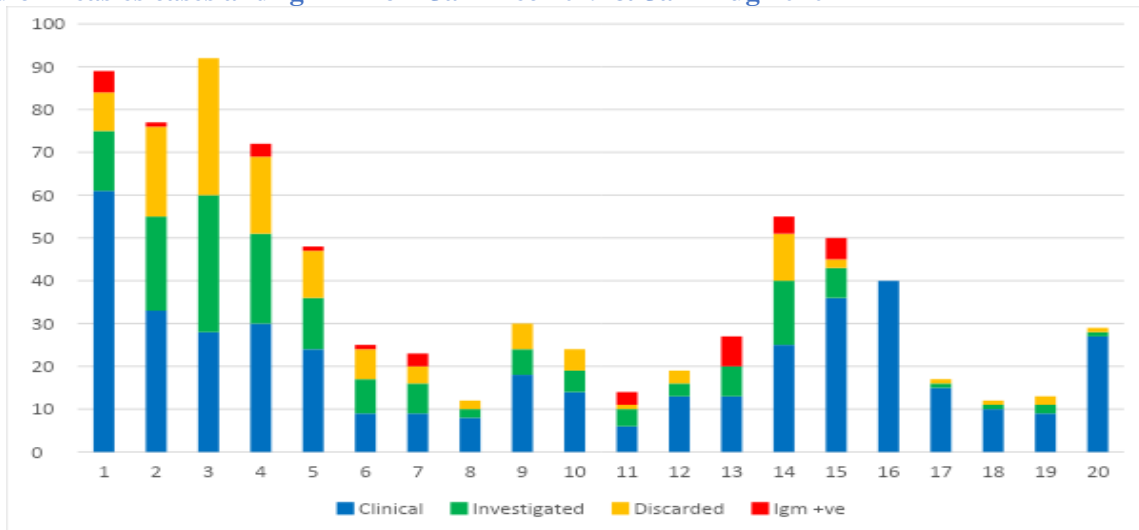
The decline in sensitivity of both measles and AFP surveillance could be due to COVID-19 pandemic which had an impact both at national and global levels. The COVID-19 control measures such as intra and inter-districts movement restriction, curfews, airport shut down and repurposing of surveillance staff at all levels to focus on COVID-19 response activities impacted negatively on implementation of routine disease surveillance in the country. The movement restrictions hampered active case search, case investigations, stool transport from districts to National level and from National lab. to Abidjan, Cote D’Ivoire due to air flight restrictions as well. Same experience holds true for other diseases under surveillance.

However, with WHO support for intensified surveillance activities in identified very poor performing districts, the surveillance indicators have started to improve since August 2020.

**2.2.1. Impact of COVID-19 on vaccine preventable disease incidence**

The bar chart below shows the number of reported and confirmed measles cases in 2019 and 2020. There were more reported and Igm+ positive cases for measles in 2019 than in 2020. Surveillance data received so far revealed that the total number of suspected measles cases reported between January and August 2019, was much higher than that reported within the same period in 2020.

**Trend of measles cases and Igm + from Jan -Dec 2019 & Jan- Aug 2020**



The above line graph shows the number of reported and confirmed measles cases between 2019 and 2020. There were more reported Igm+ positive cases for measles in 2019 than in 2020. This could be attributed to the impact of MR campaign conducted in June 2019 manifesting in 2020.

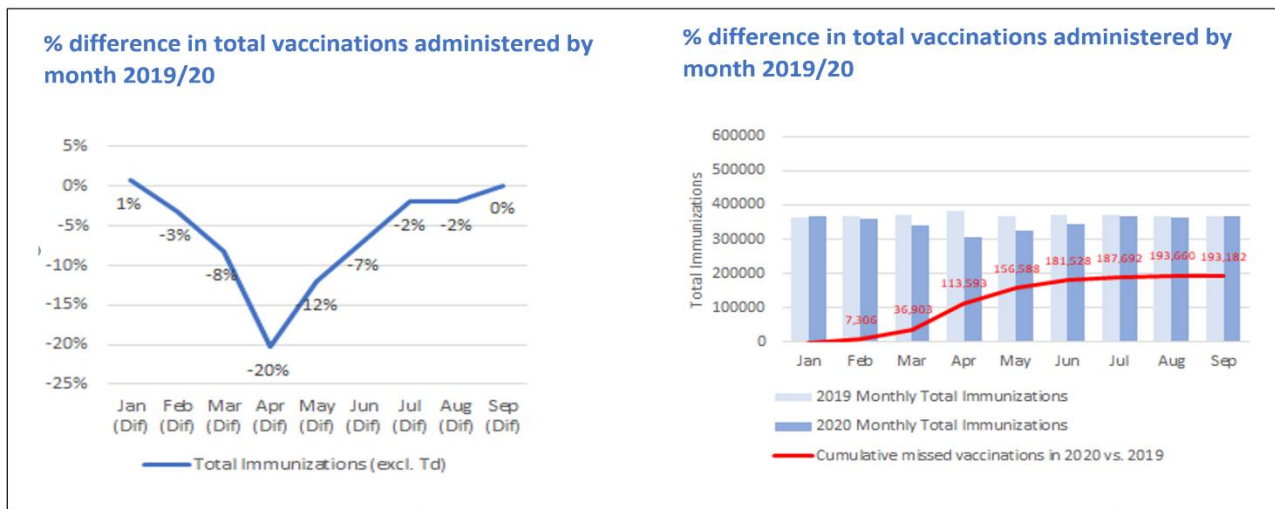
Case reporting for Measles reduced in the Covid period (after March 2020) compared to the pre-Covid period in 2019. This observation mirrors immunization performance observed in the Covid period. In addition, the proportion of cases investigated reduced in the Covid-19 period, which could be explained by the re-purposing of surveillance officers to the Covid-19 response.

By end of October 2020, the cumulative number of reported AFP cases reduced to 64 from 113 cases reported in Oct 2019. The % of cases investigated in 2020 was also much lower compared to same time in 2019.



### 2.3. Impact of COVID-19 on Routine Immunisation

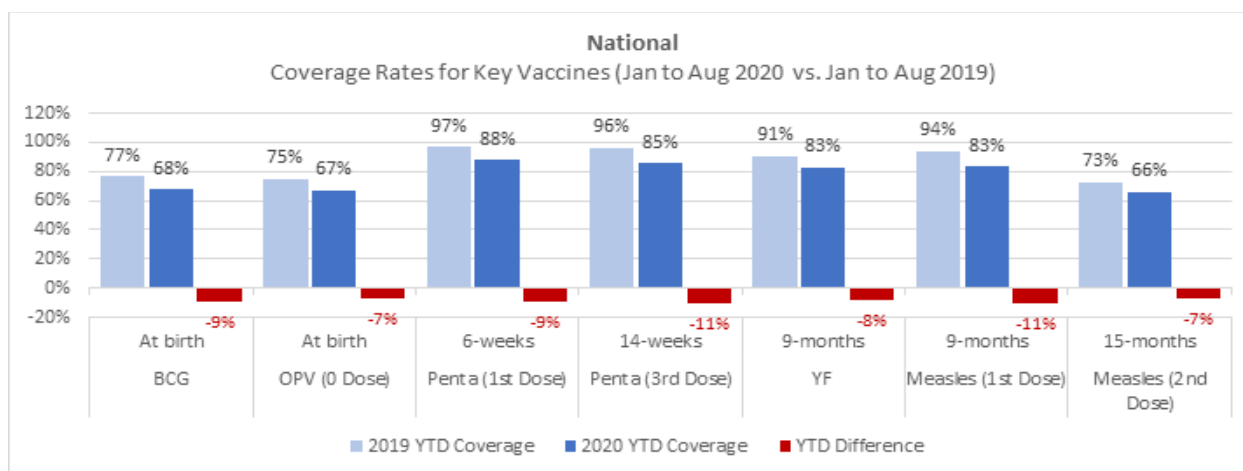
Comparison of total vaccinations administered between Jan-Sept. 2019/2020



The graphs above demonstrate that in March 2020 immunizations were 8% less than in March 2019 (left graph). By April 2020, Sierra Leone delivered -20% less immunizations compared to April 2019 when the administration of Tetanus-Diphtheria is excluded from calculations.

RI services began to recover steadily nationwide from May 2020 onwards. By the end of July 2020, the number of doses delivered per month nationally were back to 2019-levels. By making an uplift adjustment to national figures for a known M&E issue of non-reporting by 10 government hospitals in 2020, we can draw this conclusion. However, vaccinations this year have not yet increased higher than 2019-levels and therefore have not kept up with Sierra Leone’s annual population growth rate, which is estimated at 2.4% per annum. This will have an impact on 2020 coverage rates.

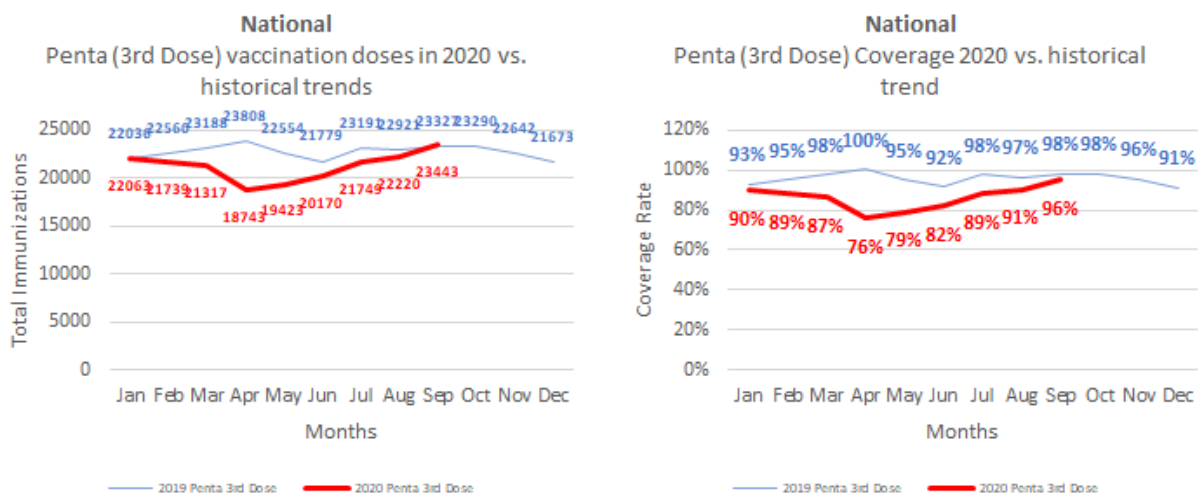
### Comparison of coverage rates of selected vaccines, Jan-Aug 2019/2020



The graph above demonstrates that the coverage rates of certain key vaccines may have been negatively impacted more than others in the period.

At-birth vaccines like BCG and OPV achieved only 68% and 67% coverage rates in the first 8-months of 2020 without accounting for any adjustments from underreporting. Penta, Yellow Fever and Measles 1<sup>st</sup> dose all achieved greater than 80% coverage rates in the first 8-months of the year. Measles 2<sup>nd</sup> Dose recorded a 66% coverage rate in the same period.

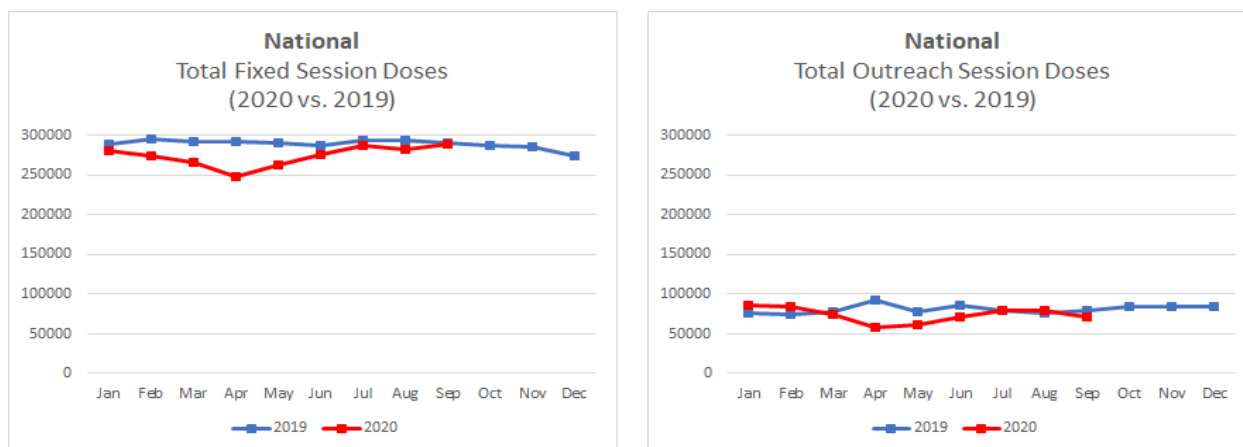
## Comparison of pentavalent-3 vaccination in absolute number and rate, Jan-Sept 2019/2020



The measurement of the administration of the third dose of Pentavalent vaccine is often taken as a benchmark of the quality of EPI’s services. We can see the impact of the COVID-19 crisis on immunizations in Sierra Leone, by taking a deep dive and evaluating this vaccine. The two graphs above tell us (1) the absolute number of Penta 3<sup>rd</sup> dose administered month by month through to September 2020 and (2) the coverage rate of Penta 3<sup>rd</sup> Dose using EPI’s population target for surviving infants. Neither of these graphs includes any adjustments for non-reporting hospitals in 2020.

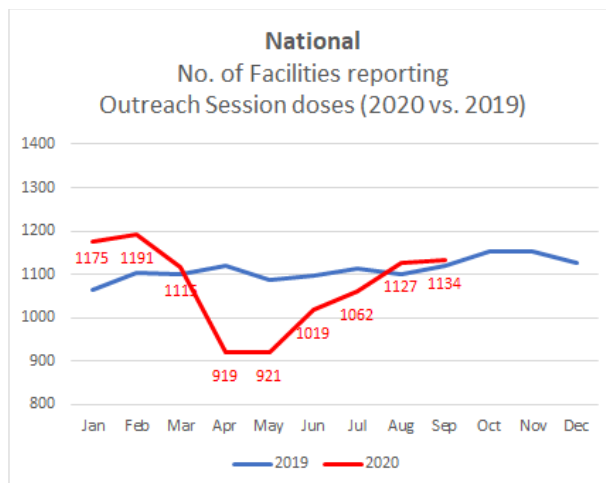
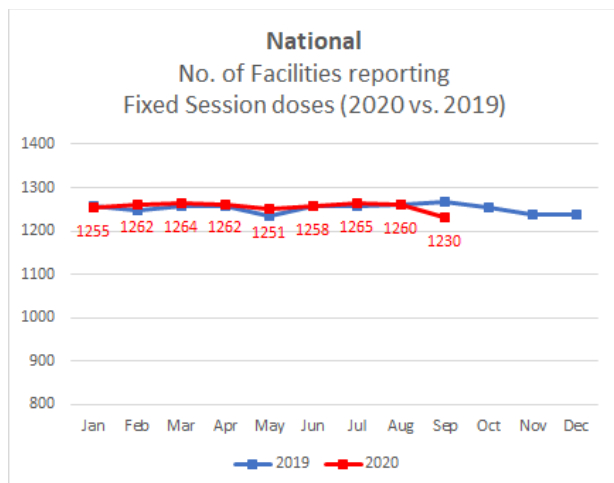
The coverage graph indicates that the country is now back to performing services at the level greater than it was in January 2020 (pre-COVID) and achieving a 96% coverage rate in September. However, the country continues to remain below 2019-levels of monthly coverage. In September 2020 it was -2% less than in August 2019. The gap caused by missed vaccinations due to reduced services and fall in demand in earlier periods of this year needs to be addressed through targeted interventions.

## Impact of COVID-19 on the number of total monthly doses of fixed and outreach vaccinations



The analysis of the two above graphs demonstrates that the number of doses administered through both Fixed and Outreach sessions were both impacted by the pandemic. The number of monthly doses delivered through outreach sessions recovered to 2019-levels by July 2020. However, the number of monthly doses delivered through fixed sessions at facilities recovered to 2019-levels in September 2020.

## Comparison of no. of facilities reporting monthly fixed and outreach session vaccinations



The above two graphs display the sum of the number of facilities nationwide who recorded more than zero vaccinations through each type of session each month; fixed or outreach sessions. The graph on the left demonstrates that the number of facilities delivering some vaccinations through fixed sessions each month stayed broadly constant throughout 2020. However, the number of facilities delivering any doses through outreach sessions fell by 22% from 1,175 facilities to 919 facilities in April.

### Total Immunizations (excl. Td) by District (2020 vs. 2019)

When we evaluate how districts have been impacted, we can draw very different conclusions about the impact of COVID-19 on immunization services. The map below (on the left) shows that Western Area, North Western Region and Northern Region were most severely impacted by COVID-19 in the period to June 2020. However, districts within both the North Western Region and Northern Region have on average recovered strongly since April. Southern Region immunizations were the least impacted by COVID-19, with Pujehun demonstrating strong resilience and gains made on the previous year. Eastern Region has mostly recovered from declines in monthly levels of immunization, with Kailahun the standout performer. Western Area Urban needs closer attention and special measures to bring it back on track.

Western Area Urban, Tonkolili and Karene deserve utmost attention for an immediate intervention as three of them have registered the most severe impact in terms of immunization performance during Covid period. Western Area Urban should be treated as the top priority for any recovery plan. Tonkolili and Karene will need support to conduct a swift catch-up campaign focused in chiefdoms that have been severely impacted by COVID-19. Since Karene district was established in late 2019 and the district management team is still in a nascent stage it will, thereby, need additional support from the central team.

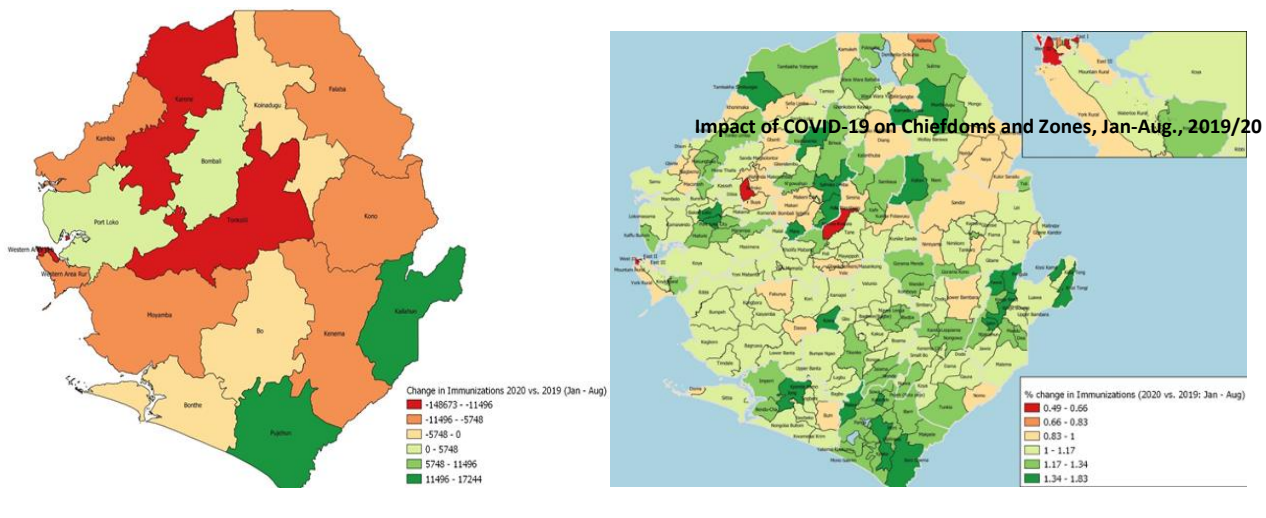
### Impact of COVID-19 on Chiefdoms and Zones, Jan-Aug., 2019/20

The map below (right) displays the % change in Total Immunizations (excluding Td) between January to August 2020 against the same period in 2019. Those chiefdoms that have recorded a percentage change less than 1 (<1) have seen a reduction in immunizations so far this year as compared to last year. Those that have seen a percentage change greater than 1 (>1) have seen an increase in immunizations delivered so far this year.

Pujehun and Kailahun in the south and Port Loko in the north have recorded higher rates of immunizations across all chiefdoms among all the districts. Bonthe, Kenema, Moyamba and Western Area Rural have seen reductions in total immunizations concentrated in only two of their chiefdoms or zones, which may make focused monitoring, intervention and campaigning a possibility in these districts.

Districts such as Western Area Urban, Karene and Tonkolili have recorded four or more chiefdoms / zones with falls in immunizations and significant reductions in immunizations of up to 50% in at least one chiefdom each, potentially impacted by non-reporting of hospitals in some cases. Remaining districts may have not recorded chiefdoms with as severe a reduction in immunizations, however they do contain several districts that have seen between a 1-17% reduction in immunizations so far this year across several chiefdoms. Additional resources might be required to tackle issues of under immunization in these districts vs. a district where only one or two chiefdoms have been affected negatively so far this year.

## Change in Total Immunizations by district, Jan-Aug. 2019/20



The map above shows the varied impact of COVID-19 on RI services across the 16 districts and Chiefdoms. Immunisation performance in Western Urban, Kerene and Tonkolili districts have been affected the most by the COVID19 outbreak. Kambia, Falaba, Kono, Kenema, Moyamba and Western Rural have also been moderately affected by COVID-19. We are therefore proposing the implementation of PIRI in these districts to strengthen immunization performance.

### Constraints on routine immunisation services

The country reported its first case of COVID-19 on the 31st of March and since then the impact on child survival activities at service delivery level, with particular reference to immunization, has been affected. However, the country continued with immunisation activities during COVID although with reduced visits for vaccination services. Although immunization continued at every health facility in every chiefdom and district, the pandemic has affected access and utilization at that same level. In some communities, healthcare workers at outreach points have been verbally abused, as reported by health facilities staff, for fear of COVID virus-inducing vaccination being given to caregivers and their children.

[Impact of the pandemic that may have exacerbated gender related barriers to immunization experienced by caregivers, adolescents and/or health workers.](#)

The pandemic has not negatively impacted gender related issues with regards to immunization at any level. All services were available and provided for all communities regardless of gender, as and when they accessed the health facilities for such services.

[Impact on uptake, demand and community engagement \(including impact of rumors or misinformation\)](#)

[Impact on any planned new vaccine introductions or campaigns](#)

HPV introduction was planned for fourth quarter 2020, IPV catch up campaign was planned to be conducted also in the fourth quarter of 2020. The preparatory phase for introduction was well advanced but was postponed to 2021 because of the COVID-19 pandemic, envisaging its negative effect it will have on uptake of the vaccine among the target recipients', "girls of ten years of age".

[Impact on vaccine stocks \(e.g. restocking of vaccines and related supplies, risk of expiry, updating dose requirements, reallocating stocks internally within the country/districts to ensure equity of supply\):](#)

In addition to the manual ledgers, the country is currently using the electronic Stock Management Tool (SMT) for vaccine management at central level and this has been rolled out to all districts. The country receives vaccine shipments twice yearly and the first shipments of Penta and Td were delayed due to the closure of the airport. This has affected the stock level of Pentavalent vaccine at central level and the country ended up using the reserved stock. In June, with support from UNICEF, a flight was hired to ship Penta vaccine and other vaccines into the country, preventing a major stock out.

### 2.4. Already agreed budget reallocations of HSS grant for COVID-19 response

Table showing reallocation of HSS grant for COVID-19 prevention and response in Sierra Leone

Covid Related Activities	Amount in \$	Status of Implementation
<b>Training of PHUs staff in COVID 19 prevention and management in Health facilities with emphasis of safe immunization</b>	40,867.87	Completed training for 320 health staff in 8 districts
<b>Procurement of IPC Materials</b>	10,539.85	Completed
<b>Training of Case Management Officers</b>	26,074.45	Completed training of 350 case investigators
<b>National Social Mobilisation activities</b>	3,701.80	Started and Ongoing
<b>Districts stakeholder meetings</b>	28,148.89	Started and Ongoing

NB: Sierra Leone has not made any modifications in technical assistance in response to COVID-19

## 2.5. Unspent funds and savings from Gavi support, available for re-allocation

HSS Grant	Balance Available	Funds already committed	Available for Reallocation
UNICEF	168,644.00	168,644.00	0
WHO	371,371	104,879	266,492
Total	540,015	273,523	266,492

Table above illustrates the implementation status of HSS funds under WHO and UNICEF. Based on this analysis and as shown in figure, there is a total of \$266,492 available with WHO for reallocation. No funds for UNICEF are available for reallocation.

## Section 3. Short/medium-term activities to maintain/restore RI and catch-up on coverage.

### 3.0. Priorities for 2021

The current Coronavirus pandemic has the potential to disrupt all routine health service provision affecting the uptake of critical preventive services including immunisation. The rampant proliferation of fake news and anti-vaccination messages across the country has also compounded the problem leading to total mistrust of the health care delivery system by communities and this need to be adequately addressed at every opportunity as it also has the potential to reverse all gains made.

In order to consolidate the gains and to further bolster routine immunization coverage rates, the country will in 2021 and beyond focus on the following short- and medium-term activities to restore and maintain immunization services. Some of the priorities are already in the country indicative HSS budget for 2021. The priorities will be narrated in the following order:

Table: Activities planned for short term as well as those running through short and medium term

S/N	Activities	TA required?	Short Term	Medium Term
1.	IPV and Routine Immunization catchup Campaign	No	Yes	
2.	PIRI Implementation	No	Yes	
3.	Implement the EPI communication strategy		Yes	Yes
3.1	Radio and TV Programmes	No	Yes	Yes
3.2	Development of Community Action Plans	Yes	Yes	Yes
3.3	Production and distribution of IEC Materials	Yes	Yes	Yes
4.	Support for Outreach Services (1327 PHUs)	No	Yes	Yes
5.	Staff Incentives (Vaccinators, DOOs, Central Staff)	No	Yes	Yes

6.	Supportive supervision from national to DHMT and from DHMT to PHUs and assets verification	No	Yes	Yes
7	PHUs Monthly Meetings	No	Yes	Yes
8	Capacity Building			
8.1	Training of 3000 PHU Staff on IIP and REC	Yes	Yes	
9.	DQIP Implementation/ Conduct Data Quality review and data quality self-assessment	Yes	Yes	Yes
10.	Cold Chain Strengthening (SDD Procurement)		Yes	
11.	Maintenance of Cold Chain Equipment		Yes	
12.	Support to supply transportation (Central to District and District to PHUs)	No	Yes	Yes
13.	Implementation of Performance based Financing (please see attached concept paper and budget): RANGE-USAID Project: Strengthening Health Systems through reliable supply of renewable electricity (Solar), clean purified water and connectivity	No	Yes	
14.	Maintenance cost for the refrigerated trucks		Yes	Yes
15.	Maintenance of National Cold room		Yes	Yes
16.	Internet subscription for EPI Headquarters as well as internet support to the districts		Yes	Yes
17.	Implementation of National Logistics working group meetings		Yes	Yes
18.	Support to ICC quarterly meetings		Yes	Yes
19.	Support to Annual Joint Appraisal meetings		Yes	Yes
20.	Support to NITAG meetings		Yes	Yes
21.	Support to annual audit process		Yes	Yes
22.	Management costs such as vehicle and generator maintenance Fuel for vehicles,		Yes	Yes
23.	Short course for junior and senior staffs		Yes	Yes

### 3.1. Brief Description of Short-term activities:

Aiming at reaching over 90% of children who missed their vaccination during the COVID-19 pandemic and restore vaccinations to normal

**Implementation of Routine Immunization and IPV catch-up campaign:** Requesting Gavi for additional funding to cover an additional estimated 70,000 children that were missed during COVID. The objective of this activity is to reach those children that would have defaulted or missed their vaccinations due to the fear to visit health facilities during COVID19 pandemic. This activity is planned to be integrated with the approved IPV catch-up campaigns.

**PIRI Implementation:** Implementation of PIRI will be informed by EPI performance in the various districts. Eight districts with the highest number of missed children will be targeted. This would however include the two new districts (Karene & Falaba) and Western Area Urban due to its population size, EPI performance and COVID\_19 impact. The PIRI activity will focus on districts that have had severe to moderate impact of COVID-19 on routine immunization services.

### Capacity Building on IIP and REC as well as MLM training:

Training and retraining of staff is critical to the delivery of effective immunization services. The last IIP training was conducted in 2015. In this regard, the country plans to conduct training of PHU staff (at least two per facility) on the

new IIP modules. The countrywide training will be preceded by national training of trainers at central for both central and district level staff, who will in turn train PHU staff in the district.

This training is already part of the 2020 -2022 HSS plan. Given the importance of capacity building for staff, the country will prefer to implement this activity as early as possible.

Incentives for staff:

The objectives of providing incentives to staff involved in immunization services are to increase the motivation of staff for improved immunization performance. The beneficiaries of the incentives will include the Program Management staff, the DOOs at the district level, the vaccinators at the health facility level as well as the CHWs in 2 districts, Kono and Bombali to avoid overlap with the CHWs in other districts that are being paid by the Global Fund and the World Bank. The program has a verified list of these staff from all the districts. Funds are requested by the EPI program to UNICEF after the fulfillment of set criteria and deliverables by the beneficiaries who then conducts the payment directly to the beneficiaries through their mobile phone using the Orange mobile money transfer platform. Proof of payment is submitted electronically to UNICEF and the EPI Program.

**Strengthening of the Cold Chain System and Supply Transportation:** Sierra Leone has implemented a one-year Cold Chain Equipment Optimization Project (CCEOP) in 2019 with 220 CCE installed across the country. The CCEOP has contributed significantly towards the expansion of the cold chain coverage at facility level to about 61%. In 2019, the country conducted a cold chain gap analysis and identified 450 Health facilities without cold chain equipment. Already from the GAVI additional funding, the country has placed an order of 171 sets of TCW 40 SDD solar refrigerators; thereby leaving a gap of 502 sets. Through this proposal, the country proposes to procure 400 sets of solar fridges to cover the remaining gaps. This equipment, when installed will increase the cold chain coverage at facility level especially in the furthest and remotest districts/health facilities for increased uptake of immunization services.

The Programme with support from partners will conduct a cold chain optimization and mapping to inform future distribution and installation of new equipment. Therefore, the country plans to Procure 200 sets of cold chain equipment (TCW 40 SDD) in 2021 to be installed in health facilities across the country.

There are five new cold rooms (3 positive and 2 negative) at the central EPI store for vaccine storage. The continuous provision of preventive maintenance to these cold rooms is critical for improved vaccine potency. There are no cold chain technicians at the central for the management of these cold rooms and the country currently relies on private contractors for repairs and preventive maintenance, who charge unsustainable fees. To address this, the country plans to build the capacity of two cold chain technicians for a period of one year on cold room management.

Vaccines and other supplies for both routine and supplementary activities are transported using DHMT vehicles. In January 2020, Gavi procured two refrigerated trucks through UNICEF to MOHS. These have been licensed and being used to deliver supplies to the district stores. However, there are challenges to deliver immunisation supplies from District stores to respective health facilities. In most cases, they transport such supplies to the facilities during supervisory visits, which are often not regular. Gavi has provided funding in the current HSS grant, which is already exhausted, for the transportation of supplies from national to district stores and from district stores to PHU and this has really helped to maintain continuous availability of supplies. Thus, through this report, the country proposes to continue to provide incentives to support supply transportation at all levels especially at the last mile.

**Implementation of Performance based Financing** (please see attached concept paper and budget):

Given that Sierra Leone is eligible for Performance based funding to help strengthen the Health care delivery system particularly in areas that will contribute positively to improving immunisation services. GAVI has already given approval for the country to benefit from PBF funding for which the country has already submitted a concept note to GAVI. Through this funding, the Programme will focus on the following critical areas:

1. **Provision of solar systems in the National Cold room and 10-district cold rooms and pediatric/SBCU Wards:** This is critical to improve the delivery of quality pediatric care and could provide opportunity for monitoring of the immunisation status of children brought to the hospital and vaccinating them if necessary. This would be implemented under RANGE-USAID Project: Strengthening Health Systems through reliable supply of renewable electricity (Solar), clean purified water and connectivity
2. **Assessment of the 16 district cold rooms:** All the district vaccine stores would be assessed for possible solarization and rehabilitation.

3. **Rehabilitation of 6 district cold rooms:** Part of this funding will be used to rehabilitate six district vaccine stores for increased vaccine storage capacity.
4. **Training of DOOs and cold chain officers in vaccine stock management:** The training will help to build the capacity of the district colleagues on effective vaccine management practices.

#### **Implementation of the EPI communication strategy:**

To regain public confidence on the uptake of immunization services, the country will focus on a number of community sensitization programmes and these include the following:

- Radio and television programs will be conducted in different national languages at the national and district levels. In addition, immunization jingles will be developed and aired in selected radio stations throughout the country.
- Development of community action plans: The EPI programme in collaboration with CSOs and NGOs will support communities to develop community action plans to address immunisation challenges and issues in their respective communities. The communities will first be provided with adequate information on immunization as well as status update on immunisation performance in their communities. The implementation of these action plans will be monitored periodically, and feedback will be provided to inform adjustments as and when necessary.
- Production and distribution of IEC materials: IEC materials e.g. Posters, pictorial flip charts will be developed and distributed to all health facilities. These materials will be used by health workers before and during immunization sessions.

#### **Outreach Strengthening:**

- Fixed-site delivery of services combined with regular outreach activities are acknowledged as a more sustainable and cost-effective approach. In Sierra Leone, about 22% of immunizations were administered through outreach clinics in 2019, based on DHIS2 administrative data. In the current Gavi grant, incentives are being provided to vaccinators to deliver immunization services at outreach clinics. Outreach services will be organized in well ventilated areas and COVID-19 prevention measures such as handwashing, social distance, wearing of mask by health workers and caregivers will be observed. This has no doubt helped to reach more children with basic immunization services especially those in remote and hard to reach communities. Therefore, the country wished to propose for the continuous provision of incentives to EPI staff in all the 1327 health facilities for the delivery of outreach services in the coming years. Once approved, these incentives will be paid directly into the accounts of the respective health facilities and SOPs will be developed on the utilization of these incentives. Funds will be accessed upon submission of monthly reports on outreach sessions to the DHMTs. In addition, the country will like to procure 100 motorbikes to support supply transportation, supportive supervision and outreach services particularly in hard-to-reach areas. Low cost, easily maintained moto bikes appropriate for use by community nurses in hard-to-reach areas will be procured. The details of the motorbikes will be upped in the assets register. At the district level the District Health Management teams will be responsible for the management of the bikes whiles the national EPI Program and the directorate of Primary Health Care provides the required oversight.

**Supportive supervision:** Strengthening supervision from National to District and from District to PHU level will be prioritized

**Support to in-charges meeting:** This provides an opportunity of engaging with health facility staff and to provide feedback on facility performance as well as findings from the supportive supervision.

#### **DQIP Implementation**

##### **Conduct Data Quality review and data quality self-assessment**

Sierra Leone conducted DQA in 2019, followed by the development of Data Quality Improvement Plan. The implementation of this plan will help to improve data management systems at all levels. The EPI programme will focus, among others, the implementation of critical activities e.g. DQSA, training, archiving, ODK, DHIS2 etc., in the data quality improvement plan.

In addition, M&E Technical Working Group will be supported to monitor, among others, the implementation of DQIP and provide feedback to the national TCC. Such committee will also periodically review the monthly routine immunization data and proffer action points.

Given the importance of data, the programme will continue to provide support for improved data management systems at all levels.



**Maintenance cost of National Cold room and the refrigerated trucks:** The program hopes to continue providing maintenance services to the national cold stores as well as the refrigerated trucks to ensure that the potency of vaccine is maintained during storage and transportation

**Internet subscription for EPI Headquarters as well as internet support to the districts:** This will involve the provision of annual internet subscription. To ensure effective communication within and outside EPI program

**National Logistics working group meetings:** There meetings will be held quarterly to discuss cold chain logistics issues and address identified gaps and challenges

**Support to quarterly ICC and NITAG meetings:** These meetings are important to provide strategic and technical Oversight to immunization related activities:

**Support to Annual Joint Appraisal meetings:** These meeting are annual appraisal meetings to review the overall grant performance at the end of every year

**Support to annual audit process:** This is important to be done in order to ensure that the financial documents for the program activities are duly reviewed with the aim of preventing the occurrence of ineligible expenditure.

**Support to operational costs including photocopier:** Whiles it is anticipated that this cost will be reduced over the years, it is important that some cost be maintained whiles the Government takes over the funding of these activities in the coming years.

The total amount required for the implementation of the short-term activities is \$608,781.48. There is however \$274,000 available in the existing HSS grant under WHO which will be reallocated to cover some of the costs for the short-term activities. The consensus from the MSD is that this amount will be allocated for PIRI implementation. There will however still be a funding gap of **\$334,781.48** for the implementation of the short-term activities.

### 3.2. The medium-term activities:

The table below shows the activities identified for implementation in the medium term to restore and maintain immunisation services

Table: Activities planned for the medium term

S/No	Activities	HSS Budget or New?	TA required?
1.	Urban Immunization and Establishment of vaccination posts in busy centers	New	Yes
2.	PPP (support private clinics to offer immunization services)	New	Yes
3.	Conduct Effective Vaccine Management Assessment (EVMA)	HSS	Yes
4.	Conduct Comprehensive EPI review in 2021 to inform the development of the next cMYP.	HSS	Yes
5.	NIS Development	TCA	Yes
6.	Cost of motorbike (unit price plus freight)	HSS	No
7.	FT2 Monitors and Stem thermometers	HSS	No
9.	Half-yearly and Annual Review meetings	HSS	
10.	Financial Management Training and Supervision	To be discussed with Gavi	
11.	Print and distribution of data collection tools	HSS	
12.	Development of Immunization Act and review of EPI policy	HSS	

### Brief description of medium-term activities

#### 1) Assessments

a) **EVMA:** The country conducted external EVAM in 2016 and this is followed by the development of improvement plan. To date, over 805 of the activities identified have been implemented with funding from GAVI. Sierra Leone plans to conduct a nationwide Effective Vaccine Management Assessment (EVMA) to inform the development of a comprehensive 5-year improvement plan that will highlight critical activities to be implemented in the short and medium term to improve immunization supply chain management practices at all levels. Through the EPI Inter-Agency Coordinating Committee (ICC), the Ministry of Health will use the improvement plan to mobilise adequate resources for its full implementation. It is envisaged that once implemented, this will sustainably address the current gaps identified in effective vaccine management practices across all levels.

b) , communication and Social mobilization among others.

2) **Development of national immunization strategy (NIS):** The current cMYP ends in 2021 and there is a need to develop the national immunization strategy to guide the program in the next five years aligned with global priorities and the national health sector strategy which is derived from UHC roadmap

### 3) **Implementation of Urban vaccination**

Analysis of immunization performance of the country has shown that immunization coverage has been consistently low in most urban settings. This is a grave concern given the fact that the bulk of the target population is found in such settings. The Western Area Urban, for example, which has been historically recorded low coverages and now worsened by the COVID-19 pandemic. This activity will be implemented with the directorate of Primary Health Care with the possibility of integrating the services with provision of comprehensive child health services such as IMNCI and nutrition services. The implementation of this strategy will involve the following interventions:

- A) **Establishment of vaccination posts in busy centres:** The programme plans to establish vaccination posts in markets and other (DHMT) busy areas within Freetown in collaboration with the western area District Health Management Team
- B) **PPP (support private clinics to offer immunization services).** The programme will source out the list of private clinics from SLMDC and identify those that provide maternal and child health services with the objective of exploring the possibility of providing immunization services in these facilities.
- C) **Involvement of schools/ECD:** The programme will collaborate with school authorities and proprietor to monitor the immunization status of children in pre-schools.

### 4) **Review meetings**

Review meetings have been excellent fora to discuss immunization performance with district colleagues and in-country colleagues. Such meetings also serve as an excellent opportunity to discuss challenges and propose solutions to those identified problems and also discuss prioritised activities. The programme will, henceforth, continue to conduct both mid and end year review meetings with stakeholders.

- 5) **Provision of motorbikes:** The provision of 600 motorbikes is required as part of support to the strengthening of outreach services. The intention is to provide relatively small sized motorbikes appropriate for used by nurses and vaccinators to support outreach services.
- 6) **FT2 Monitors and Stem thermometers:** These are required to ensure availability of temperature monitoring equipment in all health facilities with refrigerators.
- 7) .
- 8) **Half-yearly and Annual Review meetings:** The first ever annual review meeting that was conducted in this year and was highly successful and provided an opportunity to get presentations from districts on achievements and challenges and recommendations were proposed to address all the challenges mentioned to ensure improvement in service delivery. These recommendations will be tracked and monitored in subsequent review meetings.
- 9) **Financial Management Training and Supervision:** The objectives of these activities are to ensure improved financial management at the national & district levels to reduce to occurrence of ineligible expenses during audit processes in future.

## 4.0. TCA Priorities for 2021/2022

The program is working with the support of a number of partners. These include WHO, UNICEF, CHAI and ICAP/CDC. The table below illustrates the Key TCA priorities agreed between the program and partners. The priorities complement the recovery priorities identified to restore and maintain immunisation services in the country. The TCA plan also helps to support the implementation of overall HSS activities in the GAVI HSS grant or the cMYP.

TCA Priorities for 2021/22, Sierra Leone			
S/No	Activities	HSS or New	TCA partner
1	<b>Implement the EPI communication strategy</b>	HSS	
1.1	Development of Community Action Plans	HSS	UNICEF
1.2	Production and distribution of IEC Materials	HSS	UNICEF
2	<b>Capacity Building</b>		

2.1	Training of 3000 PHU Staff on IIP and REC	HSS	WHO
2.3	Post training follow up: establishing knowledge management database, ongoing mentoring and documenting impact to improve subsequent trainings	New	WHO
2.4	Piloting innovative training using digital platform	New	WHO/TDI
3	Data Quality Improvement Plan implementation	HSS	WHO
4	Data strengthening with the EPI program, selected districts and facilities	New	CHAI
5	Expanded use of DHIS2 by national and district-level staff enabled through system account access, training and district dashboard customization	New	CHAI
6	Supply chain data management strengthening, with a focus on improving data quality in use of key facility, district and national tools	New	CHAI
7	Provide Repair Kits to every district	HSS	UNICEF
8	External training of Cold Chain technicians	HSS	UNICEF
9	Operational Research.	New	ICAP/CDC/WHO
10	Urban Immunization and Establishment of vaccination posts in busy centres	New	WHO
11	PPP (support private clinics to offer immunization services)	New	ICAP/CHAI/CDC
12	Strengthening of VPD Surveillance	New	WHO
13	<b>Assessments</b>		
13.1	Cold Chain Assessment	HSS	UNICEF
13.2	Conduct Effective Vaccine Management Assessment (EVMA)	HSS	UNICEF
13.3	Conduct Comprehensive EPI review in 2021 to inform the development of the next cMYP.	HSS	WHO
14	cMYP /NIS Development	TCA	WHO
16	Revision of supervision checklist for various levels including training on designing questions into ODK	New	WHO
17	<b>New vaccine introduction</b>		
17.1	HPV vaccine introduction dose 1	VIG	CHAI/WHO/UNICEF
17.2	HPV vaccine introduction dose 2	VIG	CHAI/WHO/UNICEF
17.3	HPV Post introduction review	New	WHO
17.4	Routinization of HPV vaccine	New	CHAI/WHO
18	Application Proposal for introduction of birth dose hepatitis B vaccine	New	tbc
19	Strengthening of defaulter tracking system	New	ICAP

**Note:** The detailed 2021/2022 one TCA plan for partners could be found in an attached document.

