Annual Progress Report 2008

Submitted by

The Government of

Sierra Leone

Reporting on year: 2008

Date of submission: 15th May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

and any hard copy could be sent to :

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Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of ***Sierra Leone***

Minister of Health:	**Minister of Finance:**
Title: ……	Title: ……
Signature: ……	Signature: ……
Date: ……	Date: ……

This report has been compiled by:

Full name: **Rev. Dr. Thomas T. Samba**

Position: **Child Health/EPI Manager**

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	**Agency/Organisation**	**Signature**
Dr. W. Alemu/WHO Representative	WHO	
Mr. G. Cappelaere/UNICEF Representative	UNICEF	
Mr. Banabas Yisa/UNFPA Representative	UNFPA	
Mr. Dominic O'neill/Country Director	DFID	
Ms. Ann- Marie Callan /Country Director	Irish-Aid	
Mr. Edward T. N'Gandi/President	Sierra Leone Red Cross Society	
Mr. Charles Mambu/ Chairman	Civil Society Coalition for Health	

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

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As this report been reviewed by the GAVI core RWG: y/n

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HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Mr. Sheku Tejan Koroma/ Hon. Minister of Health and Sanitation	Ministry of Health and Sanitation		
Dr. W. Alemu /WHO Representative	WHO		
Mr. G. Cappelaere/UNICEF Representative	UNICEF		
Mr. Banabas Yisa/UNFPA Representative	UNFPA		
Ms. Ann-Marie Callan/ Country Director	DFID		
Mr. Dominic O'Neill /Country Director	Irish-Aid		
Mr. Edward T. N'Gandi/President	Sierra Leone Red Cross Society		
Mr. Charles Mambu/ Chairman	Civil Society Coalition for Health		
Dr. Kisito S. Daoh/ Chief Medical Officer	Ministry of Health and Sanitation		
Dr. Samuel A.S Kargbo/ Director, Reproductive and Child Health	Ministry of Health and Sanitation		
Mr. Joan Mist/ Country Director	MSF Belguim		
Mulunesh Tennagashaw//Country Director	UNAIDS		
Dr. Samuel Onwona/ Country Director	ADB		
Mr. Hans Alden/Country Director	European Commission		
Mr. Engilbert Gudmundson/Country Director	World Bank		

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

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

This report on the GAVI Alliance CSO Support has been completed by:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ……

Post: ……

Organisation:……...

Date: ……

Signature: ……

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
Mr. Sheku Tejan Koroma/ Hon. Minister of Health and Sanitation	Ministry of Health and Sanitation		
Dr. W. Alemu /WHO Representative	WHO		
Mr. G. Cappelaere/UNICEF Representative	UNICEF		
Mr. Banabas Yisa/UNFPA Representative	UNFPA		
Ms. Ann-Marie Callan/ Country Director	DFID		
Mr. Dominic O'Neill /Country Director	Irish-Aid		
Mr. Edward T. N'Gandi/President	Sierra Leone Red Cross Society		
Mr. Charles Mambu/ Chairman	Civil Society Coalition for Health		
Dr. Kisito S. Daoh/ Chief Medical Officer	Ministry of Health and Sanitation		
Mr. Joan Mist/ Country Director	MSF Belguim		
Mulunesh Tennagashaw//Country Director	UNAIDS		
Dr. Samuel Onwona/ Country Director	ADB		
Mr. Hans Alden/Country Director	European Commission		
Mr. Engilbert Gudmundson/Country Director	World Bank		

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (*From the most recent submissions to GAVI)*

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	218,941	224,317	229,872	235,603	241,506	247,611	253,934	
Infants' deaths	19,486	19,964	20,459	20,969	21,494	22,037	22,600	
Surviving infants	199,455	204,353	209,413	214,635	220,012	225,574	231,334	
Pregnant women	240,835	246,749	252,859	259,164	265,657	272,372	279,327	
Target population vaccinated with BCG	218,941	201,885	211,482	221,467	231,846	242,659	248,855	
BCG coverage*	96%	90%	92%	94%	96%	98%	98%	
Target population vaccinated with OPV3	193,762	179,831	188,472	197,464	206,812	216,551	226,707	
OPV3 coverage**	86%	88%	90%	92%	94%	96%	98%	
Target population vaccinated with Penta3	193,762	179,831	188,472	197,464	206,812	216,551	226,707	
Penta3 coverage**	87%	88%	90%	92%	94%	96%	98%	
Target population vaccinated with Penta1	193,762	179,831	188,472	197,464	206,812	216,551	226,707	
Wastage[1] rate in base-year and planned thereafter	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%	
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of Pneumococcal Congugate-10 Vaccine (PCV-10)	NA	NA	188,472	197,464	206,812	216,551	226,707	
……. Coverage**	NA	88	90	92	94	96	98	
Target population vaccinated with **1st dose** of Pneumo	NA	179,831	188,472	197,464	206,812	216,551	226,707	
Wastage[1] rate in base-year and planned thereafter	NA	≤5%	≤5%	≤5%	≤5%	≤5%	≤5%	
Target population vaccinated with **1st dose** of Measles	193,762	179,831	188,472	197,464	206,812	216,551	226,707	
Target population vaccinated with **2nd dose** of Measles	NA	NA	NA	NA	NA	NA	NA'	
Measles coverage**	88%	80%	82%	84%	86%	88%	90%	
Pregnant women vaccinated with TT+	240,835	224,542	235,159	246,205	257,687	266,925	273,741	
TT+ coverage****	87%	91%	93%	95%	97%	98%	98%	

[1] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Vit A supplement	Mothers (<6 weeks from delivery)		224,542	235,159	246,205	257,687	266,925	273,741	
	Infants (>6 months)		201,885	211,482	221,467	231,846	242,659	248,855	
Annual Penta Drop out rate [(Penta1-Penta3)/Penta1] x100		17	10	10	10	10	10	10	
Annual Measles Drop out rate (for countries applying for YF)		NA	NA	NA	NA	NA	NA	NA	

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births								
Infants' deaths								
Surviving infants								
Pregnant women								
Target population vaccinated with BCG								
BCG coverage*								
Target population vaccinated with OPV3								
OPV3 coverage**								
Target population vaccinated with DTP (DTP3)***								
DTP3 coverage**								
Target population vaccinated with DTP (DTP1)***								
Wastage[2] rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with **3rd dose** of ……..								
……. Coverage**								
Target population vaccinated with **1st dose** of ……..								
Wastage[1] rate in base-year and planned thereafter								
Target population vaccinated with **1st dose** of Measles								
Target population vaccinated with **2nd dose** of Measles								
Measles coverage**								

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Pregnant women vaccinated with TT+									
TT+ coverage****									
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100									
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

Yes.

Every year, the Ministry of Health and Sanitation conducts an annual review and planning for its three-year rolling plan. Activities identified for the next three years are costed and a budget prepared. The annual plan budget is disaggregated into sources of funding and the existing gaps.

The Directorates' of Planning and Financial Resources compile all the activity plans of various units and programmes to produce a three-year rolling plan of the Ministry of Health and Sanitation.

The Ministry of Health and Sanitation's request to the Ministry of Finance for GOSL fund allocation takes into consideration other partners including GAVI funding support, as would have been highlighted in its rolling plan budget.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Upon receipt of funds from GAVI secretariat, the Hon. Minister of Health and Sanitation who is the chairperson of the ICC for Reproductive and Child Health (RCH) mandates the Technical Committee comprising (EPI Manager, UNICEF Focal person and WHO/ EPI Consultant) to allocate the GAVI fund to EPI activities not funded .The draft allocation is presented to the Technical Committee for RCH for discussion. This draft allocation then presented to the ICC for RCH for approval. Upon approval, funds are requested based upon the activity time line.

There was no problem in the release of approved funds.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance ***Immunization Services Support*** *contribution.*

Funds received during 2008 _____$ 397,310.20
Remaining funds (carry over) from 2008 _____117,366.01
Balance to be carried over to 2009 _____506,280.29+8,395.92 Interest received=$514,676.21

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	12,742.77	0	0	12,742.77	
Injection supplies	0	0	0	0	
Personnel	0	0	0	0	
Transportation	7,020.69	7,020.69	0	0	
Maintenance and overheads	33,675.31	10,675.31	0	23,000.00	
Training	26,048.64	0	0	26,048.64	
IEC / social mobilization	0	0	0	0	
Outreach	71,980.00	0	0	71,980.00	
Supervision	18,095.60	14,035.59	0	4,060.01	
Monitoring and evaluation, (quarterly review meeting)	12,478.68	12,478.68	0	0	
Epidemiological surveillance	0	0	0	0	
licensing of vehicles and motorbikes	1,155.22	1,155.22	0	0	
Cold chain equipment (Fuel)	37,500.00	0.00	0	37,500.00	
Other ……. *(specify)*	0	0	0	0	
Fuel for cold chain	15664.14	2508.58	0	13155.56	
Refreshment for meetings	2495.11	2495.11	0	0	
Total:	**238,856.16**	**50,369.18**	**0.00**	**188,486.98**	**0.0**
Remaining funds for next year:	**117,366.01**				

1.1.3 ICC meetings

How many times did the ICC meet in 2008? _____
Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: ***[Yes]***
if yes, which ones?

List CSO member organisations
Civil Society Coalition for Health

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Major Activities

- *Conduction of Mid Level Management Training (WHO,GOSL)*
- *Training of District and national staff on computerised vaccine management (GOSL,WHO)*
- *Post Pentavalent vaccine introduction assessment (GOSL, WHO)*
- *Adaptation of WHO,AFRO Generic guidelines on Reaching Every District (RED) (GOSL,WHO)*
- *Training of DHMT members and national staff on adapted RED guidelines (GOSL,WHO)*
- *Training of service providers on AEFI and immunization techniques (GOSL,WHO)*
- *Training of Technicians on solar refrigerator maintenance (GOSL,UNICEF)*
- *Development of District micro plans for routine immunization (GOSL, WHO)*
- *Supervision visits to all districts and selected PHUs -(GAVI, GOSL)*
- *Conduction of outreach activities in all 13 districts–(GOSL)*
- *Support to outreach services in all 13 districts- (GAVI)*
- *Planning and review meetings of District Healthy Management Teams (DHMTs) in all 13 districts -(UNICEF)*
- *Expansion of health facilities on-going -(GOSL, NGOs & other development partners)*
- *District and national micro planning for Maternal and Child Health Weeks (MCHW) Campaign (WHO ,UNICEF, GOSL)*
- *Implementation MCHW Campaign (WHO, UNICEF, GOSL, HKI,)*
- *Training of solar cold chain technicians (UNICEF)*
- *Maintenance of cold chain equipment at all levels -(GAVI)*
- *Procurement of fuel for running of cold chain at all levels (GOSL, GAVI)*
- *Distribution of vaccines and other supplies to districts (GOSL, GAVI)*

Problems related to multi year plan.

- *Inadequate transport*
- *Limited support to social mobilization*
- *Limited human resource*
- *Inadequate funding*

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (DOCUMENT N°……) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT N°……) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
c) Detailed Financial Statement of funds (DOCUMENT N°……) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations DQA implementation report has been presented in previous Annual Progress Reports

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES [X] *NO* [ ]

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

Implementation of the recommendations has been previously reported.

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC*. [mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

Demographic Health Survey

List challenges in collecting and reporting administrative data:

- *Data not received on time*
- *Incomplete data*
- *Too many vertical data collection tools at PHU level*
- *Shortage of data collection tool*
- *Faulty computers at national and district level*

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008 No new and under-used vaccines introduced

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

[List any change in doses per vial and change in presentation in 2008]

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)

Please report on any problems encountered.

[List problems encountered]

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

[*List activities*]

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: *[dd/mm/yyyy]*

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems

1.2.4. Vaccine Management Assessment

When was the last Vaccine Management Assessment (VMA) conducted? *[December 2007]*

If conducted in 2007/2008, please summarize the major recommendations from the VMA.

[List major recommendations]

- Install and use the computerized stock management tool (SMT) at central level
- Expand (provide more space in) central cold store to better accommodate the refrigerators and freezers
- Equip central cold rooms with an alarm system and automatic temperature recorder
- Provide where necessary vaccines carriers and cold boxes (to comply with the national equipment policy)
- Provide voltage regulators for refrigerators and freezers
- Plan and implement a periodic (regular) supportive supervision on vaccine and cold chain management
- Plan and implement a solid training session on vaccine and cold chain management for all levels

Was an action plan prepared following the EVSM/VMA? No

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]

There was no specific action plan developed following the Vaccine Management Assessment. However, there are activities in the EPI annual plan that will address implementation of the recommendations of the VMA.

When will the next EVSM/VMA* be conducted? *[December 2009]*

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: Yellow Fever	
Anticipated stock on 1 January 2010	**38,457**
Vaccine 2: Pentavalent	
Anticipated stock on 1 January 2010	**65,183**
Vaccine 3:	
Anticipated stock on 1 January 2010	**.....**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries) Injection safety supply not received

Are you receiving Injection Safety support in cash or supplies?

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

[List sources of funding for injection safety supplies in 2008]

GOSL and bundled supplies for traditional vaccines procured by UNICEF

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

Injection wastes including sharps are disposed of through:

- Collection in safety boxes
- Burning of injection waste in incinerators in health facilities that have incinerators.
- Burning and burying in health facilities that do not have incinerators as yet.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

- Materials for construction of Demorfort incinerator are not available locally.
- Inadequate vehicles for the distribution of injection materials from national to district, and district to health facilities levels.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	**Reporting Year 2009**	**Reporting Year 2010**
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	322,758	319,965	334,407
New Vaccines	2,027,595	2,105,766	2,198,606
Injection supplies	313,071	327,259	343,374
Cold Chain equipment	469,972	492,440	253,062
Operational costs			
Other (please specify)			
Total EPI	8,786,038	17,610,766	9,756,688
Total Government Health			

Exchange rate used	2,960

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine: Yellow Fever		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		30%	40%	50%	60%	70%	
Number of vaccine doses	#	62,761	87,674	114,781	144,223	176,151	
Number of AD syringes	#	62,761	87,674	114,781	144,223	176,151	
Number of re-constitution syringes	#	6,276	8,767	11,478	14,422	17,615	
Number of safety boxes	#	6,904	9,644	12,626	15,865	19,377	
Total value to be co-financed by country	**$**	66,772	94,328	125,789	160,939	198,329	

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)

2nd vaccine: Pentavalent		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		30%	40%	50%	60%	70%	
Number of vaccine doses	#	763,430	781,137	799,260	817,804	836,774	
Number of AD syringes	#	763,430	781,137	799,260	817,804	836,774	
Number of re-constitution syringes	#	0	0	0	0	0	
Number of safety boxes	#	7,634	7,811	7,993	8,178	8,368	
Total value to be co-financed by country	**$**	763,430.46	1,041,515.55	1,598,519.22	1,908,209.73	1,952,473.11	

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)

3rd vaccine: Pneumococcal		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		10%	20%	30%	40%	50%	
Number of vaccine doses	#	74,211	124,402	195,437	272,854	357,064	
Number of AD syringes	#	NA	NA	NA	NA	NA	
Number of re-constitution syringes	#	NA	NA	NA	NA	NA	
Number of safety boxes	#	989	1,659	2,606	3,638	4,761	
Total value to be co-financed by country	**$**	520,406	872,375	1,370,511	1,913,400	2,503,920	

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
		(day/month)	
1st Awarded Vaccine (Yellow Fever)	June 2008	December 2008	June 2009
2nd Awarded Vaccine (Pentavalent)			June 2009
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine (Yellow Fever)	53,000	53,000
2nd Awarded Vaccine (Pentavalent)	0	0
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. The global economic recess had a very negative effect on the national economy
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

The country is not in default.

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births**:*

There is no change in the number of births

*Provide justification for any changes **in surviving infants**:*
There is change in the number of surviving infants. This is as a result of the data available from the recent DHS which showed a drop in the number of infant deaths.

*Provide justification for any changes **in Targets by vaccine**:*
The targets by vaccines remains the same as outlined in the cMYP

*Provide justification for any changes **in Wastage by vaccine**:*
The wastage rates remain the same as is in the cMYP

Vaccine 1: Pneumococcal vaccine conjugate-10 (PCV 10)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)

Table 3.1: Specifications of vaccinations with new vaccine Pneumococcal Conjugate vaccine (PCV)-10

Vaccine: Pneumococcal Vaccine Conjugate-10 (PCV-10)	Use data in:		**Year 1 2010**	**Year 2 2011**	**Year 3 2012**	**Year 4 2013**	**Year 5 2014**
Number of children to be vaccinated with the third dose	Table B	#	169,625	177,718	186,131	194,896	204,036
Target immunization coverage with the third dose	Table B	#	90	92	94	96	98
Number of children to be vaccinated with the first dose	Table B	#	**188,472**	**197,464**	**206,812**	**216,551**	**226,707**
Estimated vaccine wastage factor	Annex 2a or 2b Table E - tab 5	#	0.05	0.05	0.05	0.05	0.05
Country co-financing per dose *	Annex 2a or 2b Table D - tab 4	$	520,406	872,375	1,370,511	1,913,400	2,503,920

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		Year 1 2010	**Year 2 2011**	**Year 3 2012**	**Year 4 2013**	**Year 5 2014**
Number of vaccine doses	#	667,898	497,609	456,020	409,281	357,064
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	8,905	6,635	6,080	5,457	4,761
Total value to be co-financed by GAVI	**$**	4,683,655	3,489,502	3,197,859	2,870,099	2,503,920

Vaccine 2: No second vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

Vaccine 3: No third vaccine

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	**$**						

5. Health Systems Strengthening (HSS)

UPDATE ON HSS PROJECT IMPLEMENTATION

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from January to December.

b) This HSS report covers the period from October 2008 to December 2008

c) Duration of current National Health Plan is from January 2009 to December 2009.

d) Duration of the immunisation cMYP: 5 years (2007 – 2011)

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

The report was put together by the Directorate of Planning and Information of the Ministry of Health and Sanitation. Electronic copies of the document were forwarded to members of the Health Implementing Partners Coordinating Committee (HIPCC), as well as to UNICEF, WHO and other members of the development partners for comments and validation. No comment was received from UNICEF, and WHO reported that they had no comments. No major comment was raised by the HIPCC, expect that at the HIPCC meeting of 6th May 2009, they said that they needed more time to study the document. Therefore, it was agreed that an emergency meeting be called on 13th May 2009 for endorsement of the report. At this meeting the report was endorsed. See minute of meeting.

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Dr Magnus K. Gborie	Ministry of Health and Sanitation	Coordinated report writing	**gboriemk**@gmail.com
Other partners and contacts who took part in putting this report together			
Dr Edward Magbity	Ministry of Health and Sanitation	Wrote the draft report	magbity@yahoo.com
Mr Micheal Amara	Ministry of Health and Sanitation	Completed the tables on the finances	mamara34@gmail.com,

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

The main source of information to complete the report was the quarterly reports for the months of October – December 2008 submitted by each district.

The District Health Information System (DHIS) Software that is now in operation in all districts

was used to complete the coverage figures. The 2008 Annual EPI report was also used to complete certain indicators.

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

Yes. One of the difficulties was that the Health Task force, the committee for overseeing the implementation of the GAVI HSS activities was renamed to Health Implementing Partners Coordinating Committee (HIPCC). While this was going on, meetings of the group were suspended for about 4 months. The Group however started meeting again in February 2009. During this period it was not possible to meet with the committee, so most of the decisions were taken by the Top Management Team of the Ministry of Health. However, reports of updates on GAVI HSS implementation have been forwarded to the HIPCC.

Bids received from private contractors for the [procurement of items were usually too much higher than what was budgeted, and in most cases the market price. So, in most cases we have resorted to asking UNICEF to procure for us through the procurement services.

Towards the end of last year, several District Medical Officers and Hospital Medical Superintendents were transfers to new stations. These transfers obstructed the smooth implementation of activities.

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved		US$ 1,153,560	US$ 1,061,260						
Date the funds arrived		17th September 2008							
Amount spent		US$ 64,490	0						
Balance		US$ 1,089,070	US$ 1,061,260						
Amount requested		US$ 1,153,560							

Amount spent in 2008: US$ 64,490

Remaining balance from total: US$ 1,089,070

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	**Planned Activity for reporting year**	**Report on progress[3] (% achievement)**	**Available GAVI HSS resources for the reporting year (2008)**	**Expenditure of GAVI HSS in reporting year (2008)**	**Carried forward (balance) into 2009)**	**Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements**
Objective 1. To increase access to essential health care services from 70% in 2006 to 90% by 2010.						
Activity 1.1 Provision of out-reach allowances for CHC staff	To provide out-reach allowances to staff in 178 Community Health Centres (CHC).	Allowances provided for October – December 2008	61,960	15,490	46,470	
Activity 1.2 Procurement of motor-bikes and accessories for PHU Staff	To procure 35 motor cycles	Request for bids made in local newspapers	140,000	0	140,000	
Objective 2: To increase the proportion of peripheral health centres with staff trained in IMCI						

[3] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

from 0% in 2006 to 90% in 2010 and those trained in B-EMOC from 20% in 2006 to 95% in 2010.						
Activity 2.l: Training of 26 Trainers in IMCI	To train 26 trainers in IMNCI	Training plan developed and materials finalised	15,600	0	15,600	
Activity 2.2: Provision of in-service training to 200 Peripheral health care staff in IMCI	Train 83 PHU staff in IMNCI	Training plan developed	70,000	0	70,000	
Activity 2.3 Training of 26 trainers in B-EMOC						
Activity 2.4: Provision of in-service training to 900 Peripheral health care staff in B-EMOC	To 117 PHU staff in B-EMOC	Training plan developed	100,000		100,000	
Activity 2.5 : Integration of IMCI and B-EMOC into the curriculum of health care staff	To integrate IMNCI and BEMOC training into basic curriculum for nurses and Community Health Officers	Not yet done	15,000	0	15,000	
Objective 3: To increase the proportion of deliveries done through caesarean section from 0.5% in 2007 to 5% in 2010.						
Activity 3.1: Provision of ambulances to districts for transportation of referral cases.	Procurement of 6 ambulances for district hospitals	Request made in newspapers for bids	226,000	0	226,000	
Activity 3.2: Provision of fuel for ambulance.	Provision of fuel for district hospitals	Assessment conducted of hospitals with ambulances	90,000		90,000	

Activity 3.3: Provision of fuel for hospital generator for performing emergency caesarean section operation.	Provision of fuel for district generators and theatres	Bids for establishment of solar powered lighting at theatres, children's and maternity words	48,000		48,000	The HIPCC decided that it would appropriate to construct solar powered lightings in district hospitals rather than to provide fuel for generator. Moreover, other partners are currently providing fuel for district hospitals
Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to 75% in 2010.						
Activity 4.1: Provision of transportation for monitoring and supervision of district and PHU activities.	Procurement of 6 vehicles for district supervision	Request made in newspapers for bids	126,000	0	126,000	
Activity 4.2: Provision of allowances for supervision.	Provision of allowances to 13 district teams for supervision	Supervision allowance for October – December 2008 was provided for 13 district teams	156,000	39,000	117,000	
Activity 4.3: Provision of supervision allowance for National Staff	Provision of allowances and fuel for National teams to supervise district t operations	Supervision allowance and fuel was provided for 7 Central level units to effect district level supervision	40,000	10,000	30,000	
Support costs						
Management costs	Project management cost		15,000	0	15,000	
Audit	Cost of annual audit		6,000	0	6,000	Audit was not yet due

M&E support costs	Support collection of quality data	The M&E team has revised data collection forms	44,000	0	44,000	
Technical support						
TOTAL COSTS			1,153,560	64,490	1,089,070	

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009

Major Activities	Planned Activity for current year (ie.2009)		Balance available	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1. To increase access to essential health care services from 70% in 2006 to 90% by 2010.					
Activity 1.1 Provision of out-reach allowances for CHC staff	To provide out-reach allowances to staff in 178 Community Health Centres (CHC).	61,960	46,470	15,490	Already out-reach allowances have been provide for 3 quarter to 178 PHUs
Activity 1.2 Procurement of motor-bikes and accessories for PHU Staff	To procure 35 motor cycles	140,000	140,000	140,000	The procurement process for motor bikes is at an advanced stage. UNICEF has been requested to procure the motor bikes
Objective 2: To increase the proportion of peripheral health centres with staff trained in IMCI from 0% in 2006 to 90% in 2010 and those trained in B-EMOC from 20% in 2006 to 95% in 2010.					
Activity 2.l: Training of 26 Trainers in IMCI	To train 26 trainers in IMNCI		15,600	0	26 trainers have already been trained from all districts

Activity 2.2: Provision of in-service training to 200 Peripheral health care staff in IMCI	Train 117PHU staff in IMNCI	100,000	70,000	30,000	Cascade training is already ongoing already 52 staff have been trained in IMNCI
Activity 2.3 Training of 26 trainers in B-EMOC	Train 26 trainers in B-EMOC	7800		7800	Because of limited funds, only 10 trainers have been trained
Activity 2.4: Provision of in-service training to 900 Peripheral health care staff in B-EMOC	To 73 PHU staff in B-EMOC	70,000	100,000	30,000	A training plan has already been developed and the first batch of 12 trainees are currently being trained.
Activity 2.5 : Integration of IMCI and B-EMOC into the curriculum of health care staff	To integrate IMNCI and BEMOC training into basic curriculum for nurses and Community Health Officers	15,000	15,000	15,000	Key stakeholders have been contracted and are yet to be called to a meeting to agree on process for modification of curriculum to include IMNCI and B-EMOC
Objective 3: To increase the proportion of deliveries done through caesarean section from 0.5% in 2007 to 5% in 2010.					
Activity 3.1: Provision of ambulances to districts for transportation of referral cases.	Procurement of 6 ambulances for district hospitals	226,000	226,000	226,000	Bids from private contractors was too high, so arrangements have been made for the vehicles to be procured by UNICEF thorugh its procurement services.
Activity 3.2: Provision of fuel for ambulance.	Provision of fuel for district hospitals	150,000	90,000	30000	Fuel has been sent to all districts for use of the ambulance. This was done after a consultative was held in Freetown with all

					stakeholders including Medical superintendents, District Medical Officers, local council representative and Civil Society Organisations at district level to agree on how the fuel should be accounted for.
Activity 3.3: Provision of fuel for hospital generator for performing emergency caesarean section operation.	Provision of fuel for district generators and theatres	48,000	48,000	48,000	This activity has been changed to establishment of solar powered lights at theatres, children's and maternity wards in 15 district hospitals. This was seen to be more sustainable a cost effective. Contracts for this are now ready for signing.
Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to 75% in 2010.					
Activity 4.1: Provision of transportation for monitoring and supervision of district and PHU activities.	Procurement of 6 vehicles for district supervision	0	126,000	0	Bids from private contractors was too high, so arrangements have been made for the vehicles to be procured by UNICEF thorugh its procurement services.
Activity 4.2: Provision of allowances for supervision.	Provision of allowances to 13 district teams for supervision	156,000	117,000	39,000	These allowances have now been provided for 3 quarters to all

					13 district health management teams for supervsion.
Activity 4.3: Provision of supervision allowance for National Staff	Provision of allowances and fuel for National teams to supervise district t operations	40,000	30,000	10,000	These allowances now been provided to Key national level units, Office of Chief Medical Officer, office of Permanent Secretary, Directorate of Planning and Information, Human Resources Units, Directorate of Primary Health Care, directorate of Hospital and Laboratory Services.
Support costs					
Management costs	Project management cost	16,500	15,000	0	Resources from this budget line have been used to pay for newspaper adverts of bidding requests.
Audit	Cost of annual audit	6,000	6,000	0	The first audit has been completed.
M&E support costs	Support collection of quality data	24,000	44,000	0	Resources from this budget line are been used conduct an Audit of PHU data sent to district level
Technical support					
TOTAL COSTS		1,061,260	1,089,070	591,290	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for coming year (ie.2010)	Planned expenditure in coming year	Balance available (from 2009)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1. To increase access to essential health care services from 70% in 2006 to 90% by 2010.					
Activity 1.1 Provision of out-reach allowances for CHC staff	To provide out-reach allowances to staff in 178 Community Health Centres (CHC).	NA	46,470	46,470	
Activity 1.2 Procurement of motor-bikes and accessories for PHU Staff		NA	0	0	
Objective 2: To increase the proportion of peripheral health centres with staff trained in IMCI from 0% in 2006 to 90% in 2010 and those trained in B-EMOC from 20% in 2006 to 95% in 2010.			0	0	
Activity 2.l: Training of 26 Trainers in IMCI		NA	0	0	
Activity 2.2: Provision of in-service training to 200 Peripheral health care staff in IMCI	Train 117PHU staff in IMNCI	NA	70,000	70,000	
Activity 2.3 Training of 26 trainers in B-EMOC		NA	0	0	
Activity 2.4: Provision of in-service training to 900 Peripheral health care staff in B-EMOC	To 73 PHU staff in B-EMOC	NA	40,000	40,000	
Activity 2.5 : Integration of IMCI and B-EMOC into the curriculum of health care staff		NA	0	0	

Objective 3: To increase the proportion of deliveries done through caesarean section from 0.5% in 2007 to 5% in 2010.		NA	0	0	
Activity 3.1: Provision of ambulances to districts for transportation of referral cases.		NA	0	0	
Activity 3.2: Provision of fuel for ambulance.	Provision of fuel for district hospitals	NA	120,000	120,000	
Activity 3.3: Provision of fuel for hospital generator for performing emergency caesarean section operation.		NA	0	0	
Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to 75% in 2010.		NA	0	0	
Activity 4.1: Provision of transportation for monitoring and supervision of district and PHU activities.		NA	0	0	
Activity 4.2: Provision of allowances for supervision.	Provision of allowances to 13 district teams for supervision	NA	117,000	117,000	
Activity 4.3: Provision of supervision allowance for National Staff	Provision of allowances and fuel for National teams to supervise district t operations	NA	30,000	30,000	
			0	0	
Support costs			0	0	
Management costs	Project management cost	NA	16,500	16,500	
Audit	Cost of annual audit	NA	6,000	6,000	
M&E support costs	Support collection of quality data	NA	24,000	24,000	
Technical support			0	0	
TOTAL COSTS		**0**	**469,970**	**469,970**	

4.6 Programme implementation for reporting year:

a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found

or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

Sierra Leone's proposal for GAVI HSS support was to improve service delivery by:

1. by improving out-reach services.
2. training peripheral health unit (PHU) staff in Basic Emergency Obstetric Care.
3. training PHU staff in the Integrated Management of Neonatal and Childhood Illnesses (IMNCI).
4. Providing transportation and fuel for prompt referrals of severe and complicated cases.
5. Supporting supportive supervision of District and PHU staff.

The GAVI funds were received in September 2008, and implementation started in October 2008. The initial set of activities that were supported were supervision and provision of out-reach services. All districts received funds for quarterly supervision, to ensure that at least 90% of health care facilities are visited within each quarter. Report at the end of this period indicated that most of the district visited at least 80% of health facilities within the period October to December 2008.

About 75% of planned out-reach services were conducted by CHC staff. Staff at National level visited 7 district teams to provision technical and management support.

Report on immunisation shows a slight improvement in immunisation coverage, as about 18% of all immunisation encounters in 2008 were made in the months of October and November.

During this period too, plans were made to conduct training in IMNCI and B-EMOC for PHU staff.

Request was also made in the newspapers for bids for the procurement of Ambulances, motor bikes and 4-wheel drive vehicles for supervision.

During this period there were no major problems with the implementation of activities, as the implementers had already been previously informed about the grant and its uses.

A major programmatic change that has been proposed by the member of the Health Implementing Partners Coordinating Committee (HIPCC) is that instead of buying fuel for generators for the hospitals, solar power lighting should be installed in the district hospitals. This is believed to be more sustainable and also cost effective. Bids have already been made to undertake this activity, and the cost of installing solar powered lightings in 15 hospitals is about the same as providing fuel for the generators for 2 years.

b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

Yes, the Civil society organization " Health for All Coalition" is involved in sensitizing communities on the use of the ambulances, and for also ensuring that ambulances at district level properly utilized.

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

Yes, GAVI HSS funds are vision in the Comprehensive district plans of various districts, and in the Central level plan.

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

No. the auditors did not identify any issues.

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application

Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Ex of re no ac of
	Objective 4: To increase the proportion of health facilities that received regular quarterly supervision from 22% in 2006 to 75% in 2010.	1. % of health centres visited at least 4 times in the last year using a quantified checklist	Number of health centres visited at least 4 times in the last year using a quantified checklist	Total number of health centres	HMIS & Health facility survey	22%	DPI PHU Supervision Report 2007	2007	75%	2009	54%	
		2. Health Facilities without any stock outs of ACT, SP, measles vaccine, ORS and cotrimoxazole in last 3 months (%)	Number of health facilities reporting no stock –out in of ACT, SP, measles vaccine, ORS and cotrimoxazole in last 3 months	Total number of health centres	HMIS & Health Facility Survey	30%	DPI PHU Supervision Report 2007	2007	90%	2009	41%	
	Objective 2. To increase the number of staff trained in IMCI and B-EMOC from 0 in 2007 to 200 in 2009.	3. Number of CHC staff trained in IMCI and B-EMOC	-	-	HMIS & Health Facility Survey	0	HMIS	2007	200	2009	0	Th mo us pla de of ma
	Objective 1. To increase the proportion of planned out-	4. Under-fives sleeping under ITNs (%).	Total number of under-fives sampled in a survey	Total number of under-fives who slept under an ITn	MICS, DHS and CWIQ Survey	63%	CWIQ Survey Report	2007	80%	2009	25.8%	

	reach activities conducted by Community Health Centre Staff from 32% in 2006 to 70% by 2009.			the night before the survey								
		5. % of planned out-reach services conducted by CHC staff	Total number of out-reach services conducted by PHU staff	Total number of our-reach services planned by PHU staff	HMIS & Health Facility Survey	33%	DPI Supervision Report	2007	90%	2009	83%	
		6. Contraceptive prevalence rate (%)	Total number of women of child-bearing age sampled in a survey	Total number of women of child-bearing age using a modern contraceptive	MICS, DHS and CWIQ Survey	5%	MICS Survey Report 2005	2005	7%	2009	6.7%	

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Controller Ministry of Health:

Name: Mr Edward Bai Kamara

Title / Post: Senior Permanent Secretary

Signature:

Date:

5. Strengthened Involvement of Civil Society Organizations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support[4]

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

[4] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

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

This section is to be completed by countries that have received GAVI TYPE B CSO support[5]

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

[5] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

~ End ~