GAVI Alliance

Annual Progress Report 2014

Submitted by

The Government of

Sierra Leone

Reporting on year: **2014**
Requesting for support year: **2016**
Date of submission: **Not yet submitted**

Deadline for submission: 27/05/2015

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

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016

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

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	2018
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2018
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2016	2018
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2016	2018
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2017	2018

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 is available here.

2. Signatures

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

By signing this page, the Government of Sierra Leone hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of Sierra Leone

Please note that this APR will not be reviewed or approved by the High Level Review Panel (HLRP) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr. Abubakar FOFANAH	**Name**	Dr. Kaifala MARRAH
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Name/Title	Agency/Organization	Signature	Date
Dr. Brima Kargbo / Chief Medical Officer (CMO)	Ministry of Health and Sanitation		
Dr Sarian Kamara / Deputy Chef Medical Officer - 1 (DCMO - 1)	Ministry of Health and Sanitation		
Dr Amara Jambai/Deputy Chef Medical Officer - 2 (DCMO - 2)	Ministry of Health and Sanitation		
Dr. Foday Dafae/Diretor of Disease Prevention & Control (DPC)	Ministry of Health and Sanitation		
Dr. Santigie Sesay/Director of Reproductive & Child Health (RCH)	Ministry of Health and Sanitation		
Dr. S. A. S. Kargbo/Director of Health System, Policy, Planning and Information (DHSPPI)	Ministry of Health and Sanitation		
Dr. Anders Nordström, Country Rep.	World Health Organization (WHO)		

Mr. Geoff Wiffin, Country Rep.	UNICEF		
Mr. Mohamed B. Jalloh / CEO	Focus 1000		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Sierra Leone is not reporting on CSO (Type A & B) fund utilisation in 2015

3. Table of Contents

This APR reports on Sierra Leone's activities between January – December 2014 and specifies the requests for the period of January – December 2016

Sections

4. Baseline & annual targets

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

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

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	253,679	253,936	259,903	260,030	265,101	266,271		272,662		279,206
Total infants' deaths	25,036	22,603	25,367	23,923	25,874	24,497		25,085		25,687
Total surviving infants	228643	231,333	234,536	234,536	239,227	241,774		247,577		253,519
Total pregnant women	278,275	279,326	284,954	286,030	290,653	292,895		299,924		307,122
Number of infants vaccinated (to be vaccinated) with BCG	253,679	241,026	259,903	236,205	265,101	236,205		238,616		241,026
BCG coverage*[1]*	100%	95%	100%	98%	100%	1		1		1
Number of infants vaccinated (to be vaccinated) with OPV3	214,310	215,605	221,814	202,669	226,250	204,825		206,981		211,293
OPV3 coverage*[2]*	94%	93%	95%	95%	95%	95%	0%	96%	0%	98%
Number of infants vaccinated (to be vaccinated) with DTP1*[3]*	0	0	0	0	0	0		0		0
Number of infants vaccinated (to be vaccinated) with DTP3*[3][4]*	0	0	0	0	0	0		0		0
DTP3 coverage*[2]*	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Wastage*[5]* rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0		0		0
Wastage*[5]* factor in base-year and planned thereafter for DTP	1	1	1	1	1	1	1	1	1	1
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	230,442	234,425	235,972	220,360	240,691	222,704		225,048		229,737
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	214,310	215,050	221,814	202,147	226,250	204,298		206,448		210,749
DTP-HepB-Hib coverage*[2]*	94%	93%	95%	94%	95%	95%	0%	96%	0%	98%
Wastage*[5]* rate in base-year and planned thereafter (%) *[6]*	10	10	5	10	10	5		4		3

Wastage*[5]* factor in base-year and planned thereafter (%)	1.11	1.11	1.05	1.11	1.11	1.05	1.11	1.04	1.11	1.03
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0%	0%	0%	25%	10%	15%	0%	15%	0%	15%
Number of infants vaccinated (to be vaccinated) with Yellow Fever	212,007	205,477	217,095	189,039	221,437	191,094		195,203		197,258
Yellow Fever coverage*[2]*	93%	89%	93%	92%	93%	93%	0%	95%	0%	96%
Wastage*[5]* rate in base-year and planned thereafter (%)	10	10	10	8	10	6		5		3
Wastage*[5]* factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.08	1.11	1.06	1	1.05	1	1.03
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0%	40%	0%	30%	10%	20%	0%	20%	0%	20%
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)	230,442	234,063	189,610	220,360	193,402	222,704		225,048		229,737
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	214,310	215,887	189,610	202,147	193,402	204,298		206,448		210,749
Pneumococcal (PCV13) coverage*[2]*	94%	93%	81%	94%	95%	95%	0%	96%	0%	98%
Wastage*[5]* rate in base-year and planned thereafter (%)	5	5	5	5	5	4		3		2
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.04		1.03		1.02
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0%	5%	0%	5%	5%	5%	0%	5%	0%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	230,871	166,788	235,972	220,360	240,691	222,704		225,048		229,737
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	0	123,037	224,173	204,934	228,656	209,342		216,046		225,142
Rotavirus coverage*[2]*	0%	53%	96%	93%	95%	94%	0%	96%	0%	98%
Wastage*[5]* rate in base-year and planned thereafter (%)	5	5	5	5	5	4		3		2
Wastage*[5]* factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1.05	1.04	1	1.03	1	1.02

Maximum wastage rate value for Rotavirus, 2-dose schedule	0%	5%	0%	5%	5%	5%	0%	5%	0%	5%
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		205,948	0	189,039	221,437	191,094		195,203		197,258
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles			217,095	189,039	221,437	191,094		195,203		197,258
Measles coverage*[2]*	0%	0%	93%	92%	93%	93%	0%	95%	0%	96%
Wastage*[5]* rate in base-year and planned thereafter (%)		0	10	8	10	6		5		3
Wastage*[5]* factor in base-year and planned thereafter (%)	1	1	1.11	1.08	1.11	1.06	1	1.05	1	1.03
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	0.00%	40.00%	0.00%	30%	10%	20%	0%	20%	0%	20%
Pregnant women vaccinated with TT+	194,793	330,619	213,716	247,964	217,990	264,495		274,414		281,026
TT+ coverage*[7]*	70%	118%	75%	75%	80%	80%	0%	83%	0%	85%
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0		0		0
Vit A supplement to infants after 6 months	201,119	236,035	205,946	205,946	210,065	210,071		217,152		221,873
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0%	7%	0%	5%	0%	4%	0%	3%	0%	3%

[1] Number of infants vaccinated out of total births

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

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

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

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

  Annual increase in births based on projected population.

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

  Normal increase in surviving infants due to annual growth rate

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

  Changes were mainly due to annual growth rate and for targets to be consistent withwhat is in the revised cMYP 2012-2016

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

  The changes reflect what is in the revised cMYP 2012-2016.

5.2. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
NA	NA	NA	NA

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

No sex-disaggregation on data collected on DTP 3 in the country, hence no discrepancies could be observed. The country is however planning to incorporate sex-disaggregation into routine data collection.

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

5.2.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related

barriers, please see GAVI's factsheet on gender and immunisation, which can be found on http://www.gavialliance.org/about/mission/gender/)

In almost all health facilities in the country, there is at least one female staff is responsiblefor immunization services. At community levels, there are also structures knownas mothers support groups who are charged with the responsibility of encouraging the mothers to access health care services including immunization.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US$.

Exchange rate used	1 US$ = 4500	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO			
Traditional Vaccines*	573,112	31,046		573,112		0	0	0
New and underused Vaccines**	0	17,624	193,500			0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	239,740			239,740		0	0	0
Cold Chain equipment	130,291			130,291		0	0	0
Personnel	28,246				28,246	0	0	0
Other routine recurrent costs	0	14,015				0	0	0
Other Capital Costs	0					0	0	0
Campaigns costs	0					0	0	0
Supervision and mentoring		20,805			44,757	0	0	0
Total Expenditures for Immunisation	971,389							
Total Government Health				943,143	73,003	0	0	0

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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **1**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections 5.1 Updated baseline and annual targets to 5.3 Overall Expenditures and Financing for Immunisation

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

If Yes, which ones?

List CSO member organisations:
Focus 1000

Health for All coalition
Health Allert
Inter-religious council

5.5. Priority actions in 2015 to 2016

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

To improve Immunization service delivery

- Improve uptake of Immunization Service through nationwide catch up for all antigens in children less than 2 years, and conduct quarterly PIRI in priority districts.
- Strengthening advocacy and Communication for EPI service delivery.
- Conduct Refresher Training for Staff on Immunization in Practice, MLM and Vaccine management to accelerate EPI service delivery.
- Replace or repair obsolete and faulty cold chain equipment at all level.
- Support the strengthening of outreach services.
- Support the conduct of regular quarterly and monthly supportive supervision by national and district level respectively.
- Support to improve on the implementation of the RED approach strategy through regular monitoring of RED indicators.
- Introduce IPV by August, 2015.
- Support the implementation of year two HPV demonstration project activities.
- Conduct comprehensive EPI review
- Conduct Supplementary Immunization Activities/Maternal and Child Health Week activities.

To improve Data Management

- Improve Data Management through data harmonization meetings, provision of computers, antivirus and backups.
- Conduct Data Quality Self-assessment (DQS) to ensure availability of quality data.
- Analyze EPI data for action, on monthly bases and share analysis with districts and partners.
- Revise, print and distribute EPI data collection, reporting and monitoring tools.
- Support the conduct of EPI related trainings both locally and internationally.
- Conduct integrated supportive supervision at all levels.

To improve Coordination

- Conduct bi - annual EPI review meeting with DHMT’s and Community stakeholders.

Tosupport Logistics and Cold chain

- To improve Vaccines, cold chain and Logistic maintenance at all levels.
- Procure additional cold chain equipment and spare parts.
- Preventive maintenance and repair of cold chain equipment.
- Conduct temperature monitoring study as per WHO standards.
- Repair and Maintenance of EPI transport.
- Procure Vehicles and motor bikes for EPI operations.

To support the diseases surveillance in all districts

- Support case based surveillance for vaccine preventable diseases.
- Strengthen AEFI monitoring system at all levels including the development of a database.
- Support quarterly IDSR and AEFI review meetings.
- Support the establishment of Community event based surveillance activities nationwide

5.6. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	Non AD 0.05 mls and RUP 2ml	UNICEF
Measles	AD 0.5 mls and RUP 5ML	UNICEF
TT	AD 0.5 mls	UNICEF
DTP-containing vaccine	AD 0.5 mls	GOSL/UNICEF/GAVI
IPV	AD 0.5 mls	GOSL/UNICEF/GAVI
Yellow Fever	AD 0.5 mls and RUP 5ML	GOSL/UNICEF/GAVI
Pneumococcal Conjugate Vaccine	AD 0.5 mls	GOSL/UNICEF/GAVI

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

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

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

No.

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

Used sharps were directly disposed into safety boxes and further disposed by incineration or pit burning and burring.

There is inadequate supervision on waste management activities resulting in non-adherence to strict injection safety policy in some facilities. There are also challenges with provision of fuel for incineration as well as unavailability of waste collection vehicle in districts.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

	Amount US$	Amount local currency
Funds received during 2014 *(A)*	0	0
Remaining funds (carry over) from 2013 *(B)*	690,060	3,105,273,150
Total funds available in 2014 *(C=A+B)*	690,060	3,105,273,150
Total Expenditures in 2014 *(D)*	276,307	1,243,383,300
Balance carried over to 2015 *(E=C-D)*	414,197	1,863,890,010

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

GAVI ISS funds are processed as part of the total annual budget for immunisation service delivery. Annual budgets are initially formulated and presented to the TCC for technical advice before presenting them to the ICC (now HSSG) for approval. This is then forwarded to the HSCC for endorsement before the funds can be used. Requests are then sent to the Chief Medical Officer and Permanent Secretary for activities at their respective times of implementation

GAVI ISS funds are extremely useful for immunisation service delivery. The EPI programme in Sierra Leone is mainly supported by the Government of Sierra Leone (GOSL), GAVI, UNICEF and WHO. Each of these stakeholders has traditional activities/budget lines that they support annually. Normally GOSL provides staff salary and infrastructure; UNICEF procures traditional vaccines and cold chain equipment and installs them, WHO mainly provide technical support, while GAVI contributes new vaccines in addition to HSS. The ISS funds have been mainly used to support operational issues of the immunisation service delivery, including outreach services

In 2014, some ISS activities were conducted. There were however challenges in accessing the GAVI ISS funds mainly due to some changes and restructuring that adversely affected the management of the GAVI ISS/HSS grants. The establishment of IHPAU, which is a requirement for the management of ISS/HSS grant disbursement and other donor funds, was delayed. In addition to the above, the EVD outbreak further changed all health priorities and led to delay in the restructuring process.

The MoHS requested and received GAVI ISS grants for the introduction of ROTA Virus vaccine through IHPAUs account. An amount of USD 193,500 was deposited in IHPAUs account for the above introduction process.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

GAVI ISS funds are kept in a current account at the Sierra Leone commercial bank.. Annual budgets are initially formulated and presented to the TCC for technical advice before presenting them to the ICC (now HSSG) for approval. This is then forwarded to the HSCC for endorsement before the funds can be used. Requests are then sent to the Chief Medical Officer and Permanent Secretary for the release of funds to implement activities at the stated times in the work plan.

Activities are implemented both at national and district levels. For coordination purposes, the national EPI programme is used as the corridor for the remittance of funds for various activities. In this regard, the programme retains the mandate to supervise various activities and also services as guarantor for the complete liquidation of funds.

Copies of implementation and annual reports are shared with all members of the ICC (Now HSSG). Some of the activities will require the participation of HSSG members.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2014

Using the GAVI ISS funds, some key activities highlighted below were conducted ;

1) Introduction of Rota virus vaccine into routine immunization services
2) Clearing and forwarding of vaccines
3) Supportive supervision and on the job mentoring on immunization services at PHU levels
4) Conducted one EPI consultative meeting
5) Procurement of additional solar equipment and spare parts

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

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2014 calendar year (Document Number) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

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

6.3. Request for ISS reward

Request for ISS reward achievement in Sierra Leone is not applicable for 2014

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

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

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

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

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

	[A]	[B]	[C]	
Vaccine type	**Total doses for 2014 in Decision Letter**	**Total doses received by 31 December 2014**	**Total doses postponed from previous years and received in 2014**	**Did the country experience any stockouts at any level in 2014?**
Pneumococcal (PCV13)	636,000	477,900	0	No
DTP-HepB-Hib	648,700	320,000	0	No
Rotavirus	607,500	175,700	0	No
Yellow Fever	108,800	154,000	0	No
Measles second dose		0	0	No

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

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

  There was a drop in utilization of vaccines due to the Ebola Virus Disease (EVD) outbreak in 2014. Some doses were carried forward from 2013.

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

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

  - Vaccines are shipped twice a year to ensure adequate cold chain space.
  - Use of forecasting tool based on the country's previous yearly consumption and early communication to UNICEF Sierra Leone office for procurement of vaccines.
  - Use of Vaccine management tools (SMT) to ensure proper stock management.
  - Installation of - 20°C negative cold room at central EPI cold store.
  - Procurement of additional solar equipment and spare parts.
  - Implementation of the EVMimprovement plan.

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

No stock-out reported.

7.2. Introduction of a New Vaccine in 2014

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

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

When is the Post Introduction Evaluation (PIE) planned? PIE for **DTP-HepB-Hib** is Not Applicable

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Not selected	The country plans to introduce measles second dose in **November** 2015.

When is the Post Introduction Evaluation (PIE) planned?

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

When is the Post Introduction Evaluation (PIE) planned? PIE for **PCV13** is Not Applicable

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	28/03/2014
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There was delay in shipment of the Rota vaccines in 2013. Hence, introduction was done in 2014 upon arrival of the vaccine.

When is the Post Introduction Evaluation (PIE) planned? **March 2016**

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of	No	Yellow Fever vaccine was introduced in 2003

introduction was as planned in the proposal? If No, Why ?		

When is the Post Introduction Evaluation (PIE) planned? PIE for **Yellow fever** is Not Applicable

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

PIE for HPV was conducted in May 2014. The PIE for ROTA was planned for October 2014. The PIE for Rota was not conducted due to EVD outbreak, which is planned to be conducted in March 2016.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmaco vigilance capacity? **Yes**

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

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

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

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

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

Sierra Leone at the moment has no NITAG in place. The country only has EPI Technical Coordinating Committee (TCC) and Inter-agency Coordinating Committee (ICC) now HSSG. No special studies were done by NITAG/ICC. IDSR activities were reprogrammed and focused on the EVD outbreak. There is however plans to form NITAG in the country.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2014 (A)	193,500	870,750,000
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	193,500	870,750,000
Total Expenditures in 2014 (D)	193,500	870,750,000

Balance carried over to 2015 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

VIG was received for ROTA vaccine introduction. The ROTA vaccine introduction was done in first quarter, 2014 nationwide. The major activities that were undertaken using the VIG during the new vaccine introduction includes: social mobilization, staff training, vaccine distribution, cold chain maintenance, AEFI monitoring, supportive supervision, printing of materials, provision of personnel cost for ROTA introduction, waste management and coordination.

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

There were challenges in mobilization of local resources to support some planned activities. These were however mitigated through advocacy and lobbing with stakeholders and partners.

There was delay between the launching and distribution of vaccines in all facilities. This was due to limited supply of vaccines at national and district levels. This problem was however solved by shipment of additional vaccines into the country and subsequent distribution of these vaccines to districts and health facilities, nationwide.

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

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #5: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	Country co funding amount was waved by GAVI	
Donor	Decision letter not communicated	
Other	0	

	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	0	0
Awarded Vaccine #5: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	N/A	N/A
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	N/A	N/A
Awarded Vaccine #3: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	N/A	N/A
Awarded Vaccine #4: Rotavirus, 1 dose(s) per vial, ORAL	N/A	N/A
Awarded Vaccine #5: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	N/A	N/A
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	There is need for a Technical assistant to develop financial sustainability strategies.	

*__Note:__ co-financing is not mandatory for IPV

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at
http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html

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

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

Please attach:

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

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

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

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

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

If yes, provide details

There have been changes in the improvement plan. Expansion in the cold chain at national and district level. Procured and distributed cold chain spares: see attached EVM Improvement Plan.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Sierra Leone does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2021 for the following vaccines:

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**
* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section 7.11 Calculation of requirements.

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**
* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2021, which is attached to this APR (Document N°**16**). The new costing tool is also attached (Document N°**17**) for the following vaccines:

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**

* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°**18**)

* **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**
* **Rotavirus, 2-dose schedule**
* **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

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

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

Confirm here below that your request for 2016 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

Not applicable.

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED							
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule							
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED							

Vaccine Antigen	Vaccine Type	2014	2015	2016	2017	2018
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40 %	4.30 %	3.60 %	4.40 %	4.40 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	13.80 %	13.00 %	12.60 %	12.30 %	12.00 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	4.40 %	4.50 %	3.00 %	4.50 %	4.60 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	3.90 %	4.20 %	4.40 %	4.40 %	4.40 %
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	7.50 %	7.50 %	7.40 %	7.20 %	6.80 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	#	228,643	234,536	0	0	0	463,179
	Number of children to be vaccinated with the first dose	Parameter	#	230,442	235,972	0	0	0	466,414
	Number of children to be vaccinated with the third dose	Parameter	#	214,310	221,814	0	0	0	436,124
	Immunisation coverage with the third dose	Parameter	%	93.73 %	94.58 %	0.00 %	0.00 %	0.00 %	

	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.05	1.00	1.00	1.00	
	Stock in Central Store Dec 31, 2014		#	245,560					
	Stock across second level Dec 31, 2014 (if available)*		#	245,560					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.30 %	3.60 %	4.40 %	4.40 %	

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

No difference.

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

Not defined

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	585,300	596,000	- 104,400	0	0
Number of AD syringes	#	629,900	691,700	- 128,700	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	7,000	7,625	- 1,275	0	0
Total value to be co-financed by GAVI	$	1,236,000	1,218,500	- 199,500	0	0

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	63,400	67,500	- 12,500	0	0
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
Total value to be co-financed by the Country *[1]*	$	130,000	133,000	- 24,000	0	0

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	230,442	235,972		
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	214,310	235,972		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	668,580	687,954		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.05		
F	**Number of doses needed including wastage**	*D x E*		722,351		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*				
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*				
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	415,480	245,560		
H3	**Shipment plan**	*Approved volume*		663,500		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		663,500		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				

T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

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

		Formula	2016		
			Total	**Government**	**GAVI**
A	**Country co-finance**	*V*	10.74 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	- 257,982	- 27,714	- 230,268
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*	- 140,928	- 15,139	- 125,789
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*	145,432	15,624	129,808
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	- 117,000	- 12,569	- 104,431
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	- 128,759	0	- 128,759
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	- 1,287	0	- 1,287
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	- 210,249	- 22,586	- 187,663
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	- 5,768	0	- 5,768
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	- 7	0	- 7
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	- 7,568	- 813	- 6,755
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	- 223,592	- 24,020	- 199,572
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	- 23,400		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	10.74 %		

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

2014 shipment. The information would be updated when the shipment plan will become available.

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	0	0
B1	Number of children to be vaccinated with the third dose	*Table 4*	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D X E*	0	0	0
G	Vaccines buffer stock	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	0	0	0
H	Stock to be deducted	*H1 - (F (2015) current estimation x 0.375)*			
H1	Calculated opening stock	*H2 (2015) + H3 (2015) - F (2015)*			
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*Approved volume*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	0	0	0
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00 %		

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

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 4)

		Formula	2018

			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
B1	**Number of children to be vaccinated with the third dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D X E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.375* ***Buffer on doses wasted*** *=* • *if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375* • *else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0*	0	0	0
H	**Stock to be deducted**	*H1 - (F (2015) current estimation x 0.375)*			
H1	**Calculated opening stock**	*H2 (2015) + H3 (2015) - F (2015)*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
H3	**Shipment plan**	*Approved volume*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00 %		

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

Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED

ID		Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	#	228,643	234,536	0	0	0	463,179
	Number of children to be vaccinated with the first dose	Parameter	#	0	0	0	0	0	0
	Number of children to be vaccinated with the second dose	Parameter	#		217,095	0	0	0	217,095
	Immunisation coverage with the second dose	Parameter	%	0.00 %	92.56 %	0.00 %	0.00 %	0.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.00	1.11	1.00	1.00	1.00	
	Stock in Central Store Dec 31, 2014		#	19,740					
	Stock across second level Dec 31, 2014 (if available)*		#	19,740					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.00	0.00	0.00	0.00	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		13.00 %	12.60 %	12.30 %	12.00 %	
fd	**Freight cost as % of devices value**	Parameter	%						

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

No difference.

Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing		0.20	0.20	0.20	0.20
Recommended co-financing as per		0.20	0.20	0.20	0.20
Your co-financing		0.20	0.20	0.20	0.20

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the second dose**	*Table 4*	0	217,095		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B x C*	0	0		
E	**Estimated vaccine wastage factor**	*Table 4*	1.00	1.11		
F	**Number of doses needed including wastage**	*D x E*		0		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	19,740		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		150,700		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the second dose	*Table 4*	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D x E*	0	0	0
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 5,970	0	- 5,970
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	19,740	0	19,740
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	- 25,700	0	- 25,700
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	- 28,281	0	- 28,281
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	- 2,827	0	- 2,827
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	- 282	0	- 282
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	- 6,913	0	- 6,913
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	- 1,266	0	- 1,266
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	- 98	0	- 98
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	- 1	0	- 1
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	- 871	0	- 871
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	- 9,149	0	- 9,149
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00 %		

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the second dose	*Table 4*	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D x E*	0	0	0
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	0	0	0
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00 %		

Table 7.11.4: Calculation of requirements for Measles second dose, 10 dose(s) per vial, LYOPHILISED (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the second dose	*Table 4*	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D x E*	0	0	0
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	0	0	0
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00 %		

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

ID		Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	#	228,643	234,536	0	0	0	463,179
	Number of children to be vaccinated with the first dose	Parameter	#	230,442	189,610	0	0	0	420,052
	Number of children to be vaccinated with the third dose	Parameter	#	214,310	189,610	0	0	0	403,920
	Immunisation coverage with the third dose	Parameter	%	93.73 %	80.84 %	0.00 %	0.00 %	0.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.00	1.00	1.00	
	Stock in Central Store Dec 31, 2014		#	255,500					
	Stock across second level Dec 31, 2014 (if available)*		#	255,500					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.50 %	3.00 %	4.50 %	4.60 %	

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

No difference.

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	230,442	189,610		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B x C*	691,326	568,830		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		597,272		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	271,500	255,500		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		567,000		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.75 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 151,056	- 8,683	- 142,373
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	106,182	6,104	100,078
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	- 255,600	- 14,692	- 240,908
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	- 282,961	0	- 282,961
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	- 2,811	0	- 2,811
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	- 863,416	- 49,631	- 813,785
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	- 12,676	0	- 12,676
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	- 15	0	- 15
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	- 25,902	- 1,488	- 24,414
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	- 902,009	- 51,849	- 850,160
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	- 51,120		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.75 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00 %		

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	3		
D	Number of doses needed	*B x C*	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D x E*	0	0	0
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	0	0	0
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00 %		

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

ID		Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	#	228,643	234,536	0	0	0	463,179
	Number of children to be vaccinated with the first dose	Parameter	#	230,871	235,972	0	0	0	466,843
	Number of children to be vaccinated with the second dose	Parameter	#	0	224,173	0	0	0	224,173
	Immunisation coverage with the second dose	Parameter	%	0.00 %	95.58 %	0.00 %	0.00 %	0.00 %	
	Number of doses per child	Parameter	#	2	2	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.00	1.00	1.00	
	Stock in Central Store Dec 31, 2014		#	243,150					
	Stock across second level Dec 31, 2014 (if available)*		#	243,150					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		No	No	No	No	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		No	No	No	No	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		4.20 %	4.40 %	4.40 %	4.40 %	

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

No difference.

Co-financing tables for Rotavirus, 2-dose schedule

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 1)

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	230,871	235,972		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2	2		
D	**Number of doses needed**	*B x C*	461,742	471,944		
E	**Estimated vaccine wastage factor**	*Table 4*	1.05	1.05		
F	**Number of doses needed including wastage**	*D x E*		495,542		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	0	243,150		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		255,000		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 2)

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	8.49 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 123,885	- 10,519	- 113,366
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	119,265	10,128	109,137
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	- 243,000	- 20,634	- 222,366
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	- 548,208	- 46,551	- 501,657
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	- 24,121	- 2,048	- 22,073
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	- 572,329	- 48,600	- 523,729
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	- 48,600		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	8.49 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 4)

		Formula	2018		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	2		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	1		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00 %		

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

ID		Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	#	228,643	234,536	0	0	0	463,179
	Immunization coverage	Parameter	%	92.72 %	92.56 %	0.00 %	0.00 %	0.00 %	429,102
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	1.11	1.11	1.00	1.00	1.00	
	Stock in Central Store Dec 31, 2014		#	45,680					
	Stock across second level Dec 31, 2014 (if available)*		#	45,680					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#						
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
cc	**Country co-financing per dose**	Parameter	$		0.20	0.20	0.20	0.20	
ca	**AD syringe price per unit**	Parameter	$		0.0448	0.0448	0.0448	0.0448	
cr	**Reconstitution syringe price per unit**	Parameter	$		0	0	0	0	
cs	**Safety box price per unit**	Parameter	$		0.0054	0.0054	0.0054	0.0054	
fv	**Freight cost as % of vaccines value**	Parameter	%		7.50 %	7.40 %	7.20 %	6.80 %	
fd	**Freight cost as % of devices value**	Parameter	%						

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

No difference.

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

Co-financing group	Low

	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per	0.20	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		Formula	2014	2015		
				Total	Government	GAVI
A	**Country co-finance**	*V*				
B	**Number of children to be vaccinated with the first dose**	*Table 4*	212,007	217,095		
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B x C*	212,007	217,096		
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D x E*		240,976		
G	**Vaccines buffer stock**	***Buffer on doses needed*** *+* ***buffer on doses wasted*** ***Buffer on doses needed*** *= (D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** *= (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*				
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*				
H2	**Reported stock on January 1st**	*Table 7.11.1*	185,500	45,680		
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*		215,000		
J	**Number of doses per vial**	*Vaccine Parameter*				
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*				
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*				
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*				
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*				
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*				
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*				
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*				
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*				
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*				
T	**Total fund needed**	*(N+O+P+Q+R+S)*				
U	**Total country co-financing**	*I x country co-financing per dose (cc)*				
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*				

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

		Formula	2016		
			Total	Government	GAVI
A	**Country co-finance**	*V*	18.77 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	- 60,243	- 11,309	- 48,934
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	0	0	0
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	- 60,200	- 11,300	- 48,900
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	- 66,267	0	- 66,267
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	- 6,622	0	- 6,622
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	- 662	0	- 662
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	- 59,718	- 11,210	- 48,508
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	- 2,968	0	- 2,968
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	- 231	0	- 231
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	- 3	0	- 3
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	- 4,419	- 829	- 3,590
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	- 67,339	- 12,641	- 54,698
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	- 12,040		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	18.77 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 3)

		Formula	2017		
			Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	0	0	0
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1		
D	**Number of doses needed**	*B x C*	0	0	0
E	**Estimated vaccine wastage factor**	*Table 4*	1.00		
F	**Number of doses needed including wastage**	*D x E*	0	0	0
G	**Vaccines buffer stock**	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*			
H2	**Reported stock on January 1st**	*Table 7.11.1*			
I	**Total vaccine doses needed**	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	**Number of doses per vial**	*Vaccine Parameter*	10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	0	0	0
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(I / 100) x 1.10*	0	0	0
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	0	0	0
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	0	0	0
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	0	0	0
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	0	0	0
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	0	0	0
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	0		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	0.00 %		

Table 7.11.4: Calculation of requirements for Yellow Fever, 10 dose(s) per vial, LYOPHILISED (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	*V*	0.00 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	0	0
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	0	0	0
E	Estimated vaccine wastage factor	*Table 4*	1.00		
F	Number of doses needed including wastage	*D x E*	0	0	0
G	Vaccines buffer stock	***Buffer on doses needed*** + ***buffer on doses wasted*** ***Buffer on doses needed*** = *(D - D of previous year original approved) x 0.25* ***Buffer on doses wasted*** = *(F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25*	0	0	0
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*			
H2	Reported stock on January 1st	*Table 7.11.1*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	0	0	0
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(I / 100) x 1.10*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	0	0	0
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	0	0	0
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	0	0	0
U	Total country co-financing	*I x country co-financing per dose (cc)*	0		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	0.00 %		

8. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:

   a. Progress achieved in 2014

   b. HSS implementation during January – April 2015 (interim reporting)

   c. Plans for 2016

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

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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

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

5. If you are requesting a new tranche of funding, please make this clear in Section 8.1.2.

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

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

   a. Minutes of all the HSCC meetings held in 2014

   b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report

   c. Latest Health Sector Review Report

   d. Financial statement for the use of HSS funds in the 2014 calendar year

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

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

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

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

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

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

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

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

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

Please complete Table 8.1.3.a and 8.1.3.b (as per APR) for each year of your country's approved multi-year HSS programme and both in US$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 8.1.3.a and 8.1.3.b.

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

If yes, please indicate the amount of funding requested: **4718608** US$

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

Table 8.1.3a (US)$

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	1053460	0	0	4718608	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	591290	575370	476010	529870	1053000	1053000
Total funds received from GAVI during the calendar year (*A*)	0	530950	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	1090099	24100	228300	2408	2408	2408
Total Funds available during the calendar year (*C=A+B*)	1090099	557994	228962	2408	2408	2408
Total expenditure during the calendar year (*D*)	1065999	329694	226554	0	0	0
Balance carried forward to next calendar year (*E=C-D*)	24100	228300	2408	2408	2408	2408
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	529870	0	4718608

	2015	2016	2017	2018
Original annual budgets (*as per the originally approved HSS proposal*)				
Revised annual budgets (*if revised by previous Annual Progress Reviews*)				
Total funds received from GAVI during the				

calendar year (*A*)				
Remaining funds (carry over) from previous year (*B*)				
Total Funds available during the calendar year (*C=A+B*)				
Total expenditure during the calendar year (*D*)				
Balance carried forward to next calendar year (*E=C-D*)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (*as per the originally approved HSS proposal*)	4529878000	0	0	2029001440	0	0
Revised annual budgets (*if revised by previous Annual Progress Reviews*)	2542547000	2474091000	2046843000	2278441000	4527900000	4527900000
Total funds received from GAVI during the calendar year (*A*)	0	2283085000	0	0	0	0
Remaining funds (carry over) from previous year (*B*)	4687425700	103630000	981690000	10354400	10354400	10354400
Total Funds available during the calendar year (*C=A+B*)	4687425700	2386715000	981690600	10354400	10354400	10354400
Total expenditure during the calendar year (*D*)	4583975700	1417684200	974182200			
Balance carried forward to next calendar year (*E=C-D*)	103630000	0	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	2278441000	0	2029001440

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

Report of Exchange Rate Fluctuation

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

Table 8.1.3.c

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	3001	3410	3736	4386	4300	4500
Closing on 31 December	3413	3734	4374	4300	4300	4500

Detailed expenditure of HSS funds during the 2014 calendar year

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

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

Has an external audit been conducted? No

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

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and use the M&E framework in your original

application and approval letter.

Please provide the following information for each planned activity:

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

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	**Planned Activity for 2014**	**Percentage of Activity completed (annual)** (where applicable)	**Source of information/data** (if relevant)
None	None	0	Not applicable

8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	**Explain progress achieved and relevant constraints**
None	Not applicable

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

Activities were not implemented in 2014 due to restructuring in the Ministry of Health and Sanitation with high turnover of staff and the fact that the GAVI HSS account was frozen due to financial management problem at the Ministry of Health and Sanitation and the fact that the country was severely hit by the Ebola outbreak.

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

No HSS activity was implemented in 2014.

8.3. General overview of targets achieved

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

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	**Baseline**		**Agreed target till end of support in original HSS application**	**2014 Target**						**Data Source**	**Explanation if any targets were not achieved**
	Baseline value	**Baseline source/date**			**2010**	**2011**	**2012**	**2013**	**2014**		
1. National Penta 3 coverage (%)	59%	EPI Report 2006	80%	93%						Administrative data	
2. Number of districts achieving ≥ 80% Penta3 coverage	1	EPI Report 2006	11	13						Administrative data	
3. Under five mortality rate (per 1000)	194	Census report	150							DHS 2013	
4. Births attended by skilled health personnel (%)	42%	CWIQ Report 2007	60							SARA	
5. Underweight prevalence rate (%).	27.4%	Report of the Vulnerability assessment Mapping	16.1%							DHS 2013	

8.4. Programme implementation in 2014

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

Activities were not implemented in 2014 due to restructuring in the Ministry of Health and Sanitation with high turnover of staff and the fact that the GAVI HSS account was frozen due to financial management problem at the Ministry of Health and Sanitation and the fact that the country was severely hit by the Ebola outbreak.

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

The fact that the HSS account was frozen due to financial management problems, posed a major challenge for the implementation of HSS activities. As a result of the above, the Ministry of Health has established an Integrated Health Project Administration Unit (IHPAU) to strengthen Financial Management within the Ministry.

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

At national level

- Weekly meetings at the Directorate of Planning to review activities
- Weekly senior management meetings
- Top management team meetings
- HSSG meetings between the Ministry of Health and partners
- M & E sub-committee meetings
- Monitoring and supervision of districts by the DHSPPI
- Periodic surveys and assessments e.g. MICS, SARA, DHS, etc.

At district level

- Review of activities at the district health coordinating committee meetings
- Monitoring and supervision of PHUs by District Health Management Teams (DHMTs)

8.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

GAVI Health Systems Strengthening (HSS) Support

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

SIERRA LEONE

1. Introduction

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

1. Access to health services (availability, utilization and timeliness)
2. Quality of health services (safety, efficacy and integration)
3. Equity in health services (disadvantaged groups)

4. Efficiency of service delivery (value for resources)

5. Inclusiveness (partnerships)

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

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

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

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

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

2. Rationale for M&E review

Report of the Independent Review Committee (IRC)

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

Performance based funding

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

3. Overview of a M&E framework

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

The IHP+ M&E framework was developed to guide overall health sector review, planning and performance assessment and is insufficiently specific with regard to the monitoring and evaluation needs of program are as such as immunization. In response, and in collaboration with WHO, GAVI is customizing this framework to cover the linkages between HSS strengthening activities, improved immunization outcomes and ultimate

health impact. The GAVIHSS M&E framework is intended to highlight and differentiate the links across the results chain from country HSS strengthening activities, to intermediate results, outcomes and impact (Figure 1).

Figure 1 The GAVI HSS results chain

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

- Health facilities to provide access to primary and secondary care;
- Health workers with training, experience and incentives;
- Logistics and supply systems: including adequate cold chain in place to deliver vaccines; and
- Health information and monitoring.

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

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

Summary of proposed M&E framework

The Sierra Leone grant puts forward two impact indicators:

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

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

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

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

Outcome indicator:

- Increase DPT-3 coverage from 81% to 90% by 2015
- Output indicator(s):
- Increase percentage of health facilities with functional cold chain system from 56% in 2011 to 95% in 2015
- Increase number of districts with a functional equipment management Unit from 0 in 2011 to 13 in 2015.

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

Outcome indicators:

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

- Increase percentage of women attending antenatal care from 88% in2008 to 98% in 2015.

Output indicator(s):

- Increase health facilities conducting planned outreach from 12% in2011 to 80% by 2015
- Increase % of PHUs supervised at least once in the last three months using a nationally approved checklist from 30% in 2008 to 90% in 2015

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

Outcome indicators:

- Increase DPT-3 coverage from 81% to 90% by 2015
- Reduce percentage of children under 5 years who are stunted from34% in 2009 to 25% in 2015.

Output indicator:

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

General comments on Sierra Leone M&E framework

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

Recommendations

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

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

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

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

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

v. Dropout rate: Percentage points drop out between DTP1 and DTP3coverage.

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

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

3. The output indicators are very appropriately defined in relation to intermediate results that describe the availability of health service delivery areas for improved immunization, such as cold chain, stock-outs, availability of equipment and supplies, andmanagement and supervision. These indicators are

measureable through Service Availability and Readiness Assessments (SARA), which the Sierra Leone HMIS and district teams have conducted as part of health sector review processes. The SARA can be used to generate several of the output indicators, including the key intermediate results:

Service availability and readiness

- % of facilities offering routine child immunization services (including outreach)
- % of facilities offering immunization services that have tracer items for delivery of immunization including at least one staff trained in EPI in last two year
- cold box/vaccine carrier with ice packs
- functioning refrigerator and thermometer
- sharps container
- Single use- standard disposable or auto-disable syringes
- % stock-outs of key vaccines

Community mobilization and demand generation

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

Data quality

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

Program management

- Execution rate of GAVI grant

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

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

Table 1 – Commentary on proposed indicators and suggestions for improvement

Indicator as currently worded in GAVI HSS grant

Comment

Recommended revised indicator

Impact indicators

Reduce child mortality from140 in 2008 to 90 per 1,000 live births by 2015

Separate indicator from target.

Use terminology of under 5mortality rate

Indicator: Under five mortality rate

Target: Reduce under 5mortality rate from 140 in 2008 to 90 per 1,000 by 2015

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

Separate indicator from target

Indicator: Maternal mortality ratio

Target; Reduce maternal mortality ratio from 857 in 2008 to 600 per 100,000 live births by 2015

Consider moving stunting indicator from outcome to impact indicators (it is a health status indicator so belongs with impact rather than outcomes)

Outcome indicators

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

Separate indicator and target

Indicator: DTP3coverage (in %): % of surviving infants receiving 3 doses of DTP-containing vaccine.

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

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

Separate indicator and target.

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

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

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

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

Move to impact indicators.

Separate indicator and target.

Indicator: Percentage of children under 5 who are stunted

Target: Reduce percentage of children under 5 years who are stunted from 34% in 2009 to 25% in2015.

Include all remaining GAVI mandatory indicators

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

Geographic equity in DTP3coverage: % of Districts with ≥80% DTP3 coverage.

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

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

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

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

Suggested Intermediate results

Add new intermediate results indicator

% of facilities offering routine immunization services (including outreach)

Increase percentage of health facilities with functional cold chain system from 56% in 2011 to 95% in2015

Separate indicator and target

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

Target: Increase percentage of health facilities with functional cold chain system from 56% in2011 to 95% in 2015

Increase number of districts with a functional equipment management unit from 0 in 2011 to 13 in2015

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

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

Separate indicator and target

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

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

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

Separate indicator and target

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

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

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

Separate indicator and target

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

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

Add indicators on quality of data from the routine HMIS.

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

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

5. Data sources and methods

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

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

Monitoring service delivery:

The Service Availability and Readiness Assessment

The Service Availability and Readiness Assessment (SARA) tool is a health facility assessment tool designed to assess and monitor the service availability and readiness of the health sector and to generate evidence to support the planning and managing of a health system.

http://www.who.int/healthinfo/systems/sara_introduction/en/index.html

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

Data quality report card (DQRC)

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

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

Figure 2 – From data to policy – an iterative cycle

6. Conclusions and next steps

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

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

Next steps recommended include the following:

- We request Sierra Leone to please consider the suggestions provided in this report and update the M&E framework for the GAVI HSS grant accordingly. Please use a revised template provided by GAVI in file entitled “GAVI HSS Monitoring and Evaluation Framework: May 2013.xlsx”. Note that this template already lists the six mandatory outcome indicators. Instructions for completing the template can be found attached to this file.

- Engage with health systems strengthening experts to discuss SARA implementation options.

- Introduce intermediate results indicators to bridge the divide between the inputs and activities proposed and the expected outcomes and impact.

- Implement regular assessments of service availability and readiness (SARA) as part of annual health sector review preparations to generate service readiness indicators;

- Conduct routine data quality assessments for facility data and HMIS reporting.

Annex I

Figure I – IHP+ monitoring and evaluation framework

Table I – Illustrative indicators for tracking progress of HSS grants

Proposed Activities

Intermediate results

Outcomes

Impact

Service availability and readiness

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

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

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

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

- cold box/vaccine carrier with icepacks

- functioning refrigerator and thermometer

- sharps container

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

Community mobilization and demand generation

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

Data quality

•Timeliness and completeness of district reporting

• Timeliness and completeness of facility reporting

• Adequacy of accuracy of reporting(from DQRC)

•DTP3 data verification factor (from SARA)

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

Service delivery

•Capital investment in infrastructure

•Investment in cold chain equipment and facilities

Health workforce

•□ Training of health workers in EPI and IMCI

•□ Supervision of health workers

Supply chain management

•□ Upgrading PSM infrastructure

•□ Improving operationalization of PSM system

Health information systems

•□ Investment in strengthening HMIS

•□ Conduct SARA and DQRC (WHO methods)

•□ Improving immunization surveillance systems

Community mobilization and demand generation

•□ Engagement with civil society organizations for community mobilization

•□ Information and education campaigns

Proposal/implementation management

• Investment in M&E

• End of grant evaluation

Outcomes

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

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

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

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

•□ Drop-out rate – percentage point drop out between DTP1 andDTP3 coverage

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

•□ Change in accuracy rating from DQRC

Health Status

•Child mortality (under-5)

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

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

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

The EPI Programme is part of the implementation of the activities in the proposal. However, the HSS activities were not implemented in 2014 due to the reasons mentioned above.

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

No HSS activity was implemented in 2014. However, the following civil society organizations have been earmarked for involvement in HSS activity implementations: Focus 1,000, Health for All Coallision and Health Allert.

8.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The management of HSS funds has not been effective because the country has not been able to access any HSS funds for implementation. Therefore, we could not comment on the constraint swith internal disbursement.

However, to address financial management issues, the MOHS has set up an integrated health project administrative unit that would have the responsibility of prudent financial management and better documentation of financial transactions.

8.5. Planned HSS activities for 2015

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

Table 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	**Planned Activity for 2015**	**Original budget for 2015** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**2015 actual expenditure** (as at April 2015)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2015** (if relevant)
Strengthening of the District Health coordinating committees in line with the National HSCC	Strengthening of the District Health coordinating committees in line with the National HSCC		0	Strengthening of the District Health coordinating committees in line with the National HSCC	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	50000
Monitoring and Supervision of tertiary Hospitals	Monitoring and Supervision of tertiary Hospitals		0	Monitoring and Supervision of tertiary Hospitals	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	30000
Installation of VISAT in all DHMTs and payment for 3years subscription	Installation of VISAT in all DHMTs and payment for 3years subscription		0	Installation of VISAT in all DHMTs and payment for 3years subscription	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	300000
Review of the Primary Health Care Handbook	Review of the Primary Health Care Handbook		0	Review of the Primary Health Care Handbook	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	40000
Training of the Districts on the PHC Handbook	Training of the Districts on the PHC Handbook		0	Training of the Districts on the PHC Handbook	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	50000
Installation of solar lighting facilities in 30 PHUs	Installation of solar lighting facilities in 30 PHUs		0	Installation of solar lighting facilities in 30 PHUs	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	450000
Training of DHSPPI Staff on Data Management	Training of DHSPPI Staff on Data Management		0	Training of DHSPPI Staff on Data Management	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	20000
Development of Patient and Health worker safety policy	Development of Patient and Health worker safety policy		0	Development of Patient and Health worker safety policy	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	40000
Training of districts on IPC in Non Ebola settings	Training of districts on IPC in Non Ebola settings		0	Training of districts on IPC in Non Ebola settings	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	100000
District monitoring and supervision of IPC Practices in PHUs	District monitoring and supervision of IPC Practices in PHUs		0	District monitoring and supervision of IPC Practices in PHUs	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	200000
Construction of incinerators in 30 PHUs	Construction of incinerators in 30 PHUs		0	Construction of incinerators in 30 PHUs	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	500000

Establishment of pipe born water in 30 CHCs in the country	Establishment of pipe born water in 30 CHCs in the country		0	Establishment of pipe born water in 30 CHCs in the country	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	1200000
		0	0			2980000

8.6. Planned HSS activities for 2016

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

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

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	**Planned Activity for 2016**	**Original budget for 2016** (as approved in the HSS proposal or as adjusted during past annual progress reviews)	**Revised activity** (if relevant)	**Explanation for proposed changes to activities or budget** (if relevant)	**Revised budget for 2016** (if relevant)
District Health performance Review	District Health performance Review		District Health performance Review	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	60000
Monitoring of the implementation of the Basic Package of essential health services	Monitoring of the implementation of the Basic Package of essential health services		Monitoring of the implementation of the Basic Package of essential health services	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	100000
Biannual Monitoring and supervision of District health facilities and services	Biannual Monitoring and supervision of District health facilities and services		Biannual Monitoring and supervision of District health facilities and services	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	100000
Assessment of private Health facilities in the Country	Assessment of private Health facilities in the Country		Assessment of private Health facilities in the Country	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	50000
Assessment of all public health facilities across the country to determine the state of facility readiness	Assessment of all public health facilities across the country to determine the state of facility readiness		Assessment of all public health facilities across the country to determine the state of facility readiness	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	150000
Strengthening blood services: Procurement of blood bags	Strengthening blood services: Procurement of blood bags		Strengthening blood services: Procurement of blood bags	The impact of Ebola on the health sector has significantly changed the basis for the previous proposal	160000
		0			

8.7. Revised indicators in case of reprogramming

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

8.8. Other sources of funding for HSS

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

Table 8.8: Sources of HSS funds in your country

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

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

8.9. Reporting on the HSS grant

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

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

Table 8.9.1: Data sources

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

8.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

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

Difficulty in convening HSSG meetings in time.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?1

Please attach:

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

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

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

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

Sierra Leone is not reporting on GAVI TYPE A CSO support for 2014

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

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

Sierra Leone is not reporting on GAVI TYPE B CSO support for 2014

10. Comments from ICC/HSCC Chairs

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

11. Annexes

11.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on ***your government's own system of economic classification.*** This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. Annex 2 – Example income & expenditure ISS

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

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

V. Financial statements need not have been audited /certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

11.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. Annex 6 – Example income & expenditure CSO

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

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2013 (balance as of *31Decembre 2013*)	25,392,830	53,000
Summary of income received during 2014		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	**Budget in USD**	**Actual in CFA**	**Actual in USD**	**Variance in CFA**	**Variance in USD**
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2014	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:45:58 **Size:** 209 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:46:27 **Size:** 209 KB
3	Signatures of members of ICC	2.2	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:46:58 **Size:** 209 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:47:24 **Size:** 209 KB
5	Signatures of members of HSCC	2.3	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:47:51 **Size:** 209 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:52:33 **Size:** 209 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	2015-05-20 ISS Financial Stateent.zip **File desc:** **Date/time :** 20/05/2015 01:52:33 **Size:** 303 KB
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:52:33 **Size:** 209 KB
9	Post Introduction Evaluation Report	7.2.1	✗	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:52:33 **Size:** 209 KB

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	ISS Financial Stateent 001.jpg **File desc:** **Date/time :** 20/05/2015 01:52:34 **Size:** 195 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US$ 250,000	7.3.1	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:52:34 **Size:** 209 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	2013 EVM_report_SierraLeoneV5.docx **File desc:** **Date/time :** 19/05/2015 11:12:18 **Size:** 5 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	EVM_Improvement_PlanSierraLeoneV4-FINAL_updated_September_2014(1).xls **File desc:** **Date/time :** 19/05/2015 11:12:46 **Size:** 201 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	EVM_Improvement_PlanSierraLeoneV4-FINAL_updated_September_2014(1).xls **File desc:** **Date/time :** 19/05/2015 11:13:08 **Size:** 201 KB
16	Valid cMYP if requesting extension of support	7.8	✓	cMYP- 2012-2016 _ Narrative for Sierra Leone _ final updated on the 21st August 2014.doc **File desc:** **Date/time :** 20/05/2015 06:52:11 **Size:** 1 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP_Costing_Tool_Sierra_Leone_02.01.14.xls **File desc:** **Date/time :** 19/05/2015 11:16:37 **Size:** 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:58:59 **Size:** 209 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	HSS Financial Stateent 001.jpg **File desc:** **Date/time :** 20/05/2015 01:58:59 **Size:** 176 KB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	HSS Financial Stateent 001.jpg **File desc:** **Date/time :** 20/05/2015 01:58:59 **Size:** 176 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:58:59 **Size:** 209 KB
22	HSS Health Sector review report	8.9.3	✓	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:58:59 **Size:** 209 KB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:58:59 **Size:** 209 KB
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:59:00 **Size:** 209 KB
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:59:00 **Size:** 209 KB
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	2015-05-20 Bank statement.zip **File desc:** **Date/time :** 20/05/2015 01:59:00 **Size:** 1 MB
27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✗	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:59:00 **Size:** 209 KB
28	Justification for changes in target population	5.1	✗	Explanation letter to APR 001.jpg **File desc:** **Date/time :** 20/05/2015 01:59:00 **Size:** 209 KB

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