



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Liberia

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Liberia** 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 **Liberia**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	GWENIGALE, Walter T. (MD) Minister of Health and Social Welfare	Name	KONNEH, Amara Minister of Finance
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
NEWRAY, Augustne P. N.	Acting EPI Deputy Manager (MOHSW)	+231886565961/+231777565961	gusray71@yahoo.com
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WESSEH, C. Sanford	Assistant Minister for Statistics/HSS Focal Point	+231886538603	cswesseh@yahoo.com

2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
Dr. Walter T. Gwenigale, Minister of Health and Social Welfare	Ministry of Health and Social Welfare		

Hon. Blamo Nelson, Minister of Internal Affairs	Ministry of Internal Affairs		
Hon. Amara Konneh, Minister of Finance	Ministry of Finance		
Esperance Fundira, Country Representative	UNFPA		
Isabel Crowley, Country Representative	UNICEF		
Nestor Ndayimirije, WHO Representative	WHO		
Attilio Pacifici, EU Representative	European Union		
Naomi Nyitambe	Merlin (NGO)		
Randolph Augustin , Health Team Leader, Director	United States Agency for International Development		
Mr. David K. Vinton, National Chairman Polio Plus, Rotary International Coordinator	Rotary International		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **insert name of the committee**, 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. Walter T. Gwenigale, Minister of Health Social Welfare	Ministry of Health and Social Welfare		
Mr. Amara Konneh, Minister of Planning and Economic Affairs	Ministry of Planning and Economic Affairs		
Dr. Nester Ndayimirje, WHO Representative	World Health Organization		
Mrs. Isabel Crowley, UNICEF Representative	United Nations Children's Fund		
Augustine Randolf, Health Team Leader, Director	United States Agency for International Development		
Mr. David K. Vinton, National Chairman Polio Plus, Rotary International Coordinator	Rotary International		
Dr. Esperance Fundira, Country Representative	UNFPA		
Dr. Esperance Fundira, Country Representative	UNFPA		
Attilio Pacifici, Representative	European Union		
Naomi Nyitambe	Merlin (NGO)		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

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

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	185,677	170,204	189,576	143,563	193,557	146,578	197,622	149,656	201,772	152,799
Total infants' deaths	12,997	21,663	12,891	11,334	12,968	11,572	12,845	11,815	12,913	12,063
Total surviving infants	172680	148,541	176,685	132,229	180,589	135,006	184,777	137,841	188,859	140,736
Total pregnant women	185,677	170,204	189,576	136,007	193,557	138,863	197,622	141,779	201,772	144,757
Number of infants vaccinated (to be vaccinated) with BCG	167,109	144,480	174,410	123,464	180,008	127,523	185,764	131,697	191,683	135,991
BCG coverage	90 %	85 %	92 %	86 %	93 %	87 %	94 %	88 %	95 %	89 %
Number of infants vaccinated (to be vaccinated) with OPV3	138,144	113,812	159,017	105,783	162,530	114,755	166,299	121,300	169,973	126,662
OPV3 coverage	80 %	77 %	90 %	80 %	90 %	85 %	90 %	88 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	137,834	127,819	150,182	115,039	162,530	118,805	171,843	122,678	179,416	126,662
Number of infants vaccinated (to be vaccinated) with DTP3	129,510	114,773	141,348	105,783	153,501	114,755	162,604	121,300	169,973	126,662
DTP3 coverage	81 %	77 %	65 %	80 %	85 %	85 %	88 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	3	0	3	0	3	0	2	0	2
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.03	1.00	1.03	1.00	1.03	1.00	1.02	1.00	1.02
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	147,056	127,819	130,365	115,039	162,530	118,805	171,843	122,678	179,416	126,662
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	139,629	114,773	115,618	105,783	153,501	114,755	162,604	121,300	169,973	126,662
DTP-HepB-Hib coverage	81 %	77 %	65 %	80 %	85 %	85 %	88 %	88 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	5	3	5	3	5	3	5	2	5	2
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.03	1.05	1.03	1.05	1.03	1.05	1.02	1.05	1.02
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	139,629	104,376	126,920	99,172	144,471	108,005	166,299	117,165	169,973	126,662
Yellow Fever coverage	70 %	70 %	80 %	75 %	80 %	80 %	90 %	85 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	30	32	45	32	45	30	45	30	45	30
Wastage[1] factor in base-year and planned thereafter (%)	1.43	1.47	1.82	1.47	1.82	1.43	1.82	1.43	1.82	1.43
Maximum wastage rate value for Yellow Fever, 10 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	120,876	105,380	141,348	99,172	144,471	108,005	166,299	117,165	169,973	126,662
Measles coverage	70 %	71 %	80 %	75 %	80 %	80 %	90 %	85 %	90 %	90 %
Pregnant women vaccinated with TT+	148,542	125,211	161,140	103,365	174,201	108,313	177,860	113,423	181,595	118,700
TT+ coverage	80 %	74 %	85 %	76 %	90 %	78 %	90 %	80 %	90 %	82 %
Vit A supplement to mothers within 6 weeks from delivery	98,535	67,437	100,604	61,203	116,134	69,432	118,573	77,979	129,134	86,854
Vit A supplement to infants after 6 months	140,938	82,581	143,897	76,693	146,919	81,003	150,004	85,461	153,155	95,700
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	6 %	10 %	6 %	8 %	6 %	3 %	5 %	1 %	5 %	0 %

*

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

There is no statistical evidence to show the origin of the 5% birth cohort that Liberia had used in the past years. However, Liberia, like most countries, has been using the global estimated target of 4% to represent the surviving infants, which was introduced in 1985 upon the relaunched of immunization. At the moment Liberia is beginning to use the 2008 census data as the evidence for deriving these estimates - recommended rate for indicators being used here are from the 2008 national housing and population census.

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

The same reasons for changes in births apply.

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

The same reasons for changes in births apply.

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

No change.

5.2. Immunisation achievements in 2011

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

- 77% (114,773 out of the expected 148,541 children under 1 year) of children under 1 year were vaccinated with Penta-3 in 2011 compared to 75% in 2010.
- 71% (105,380) of children under 1 year were vaccinated with measles vaccines in 2011 compared to 69.9% in 2010.
- 1,026 health facility staff (midwives/vaccinators) were trained in Reach Every District (RED) Strategy with emphases on planning outreach activities with communities to improve access and utilization of routine immunization services.
- 70% (8,673 out of 12380 children less than 1 year) of children under 1 year were vaccinated during outreach activities in 2011
- Modified Routine Immunization (RI) Data collection tools developed, printed, distributed and being used by all health facilities providing RI services to improve data quality which had been one of the major challenges of the program.
- Two staff members of the EPI program were trained on MLM course in Nairobi Kenya in October 2011.
- MNTE validation survey was conducted and Liberia achieved elimination status (MNTE Survey Report)

EPI Target and Coverage in 2011

Antigen	Target	2011	2010
BCG	907485	OPV-3	807377
Penta-3	817577	Measles	7069.97
Yellow Fever	7068.37	TT2+806374	Vit A
	856356.5		

Key major activities conducted were:

- Seven (7) rounds of National supplemental immunization activities and 1 sub-national polio supplemental immunization activities in border counties
- An integrated Deworming and Vitamin-A campaign with polio supplemental immunization activities in April and October 2011
- An integrated Measles vaccination campaign and polio supplemental immunization activities in November 2011
- MNTE validation survey in December 2011
- Finalization of the revision process of the National EPI policy document

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

Though, there has been an increased in the overall routine immunization coverage, targets for most of the antigens (BCG, OPV-3, Penta-3, TT2+ and Vitamin A) were not accomplished. For example, BCG coverage increased from approximately 75% in 2010 to 85% in 2011, OPV-3 increased from 73% in 2010 to 77% in 2011, Penta-3 increased from 75% in 2010 to 77% in 2011, Measles coverage from almost 70% in 2010 to 71% in 2011 and Yellow Fever from 68.3% in 2010 to 70% in 2011. On the other hand, Vitamin A coverage reduced from 63% in 2010 to 56.5% in 2011.

Plausible reasons for the under achievement could be attributed to the 2011 National Elections that disrupted services, limited logistics for outreach and supervision and inadequate staff (e.g., one vaccinator per health facility responsible for facility -based services and outreach).

Some of the challenges faced implementation of planned activities for strengthening routine immunization in 2011 include:

- Frequent conduct of polio campaigns due to outbreaks in neighboring countries.
- Limited number of trained staff at health facilities to conduct regular outreach; and

frequent staff turnover due to low incentive

The 2011 immunization target was not achieved because of erratic conduct of campaigns due to outbreaks in neighboring countries. The seven rounds of unplanned immunization campaigns coupled with limited staff at health facilities to conduct regular outreach and frequent staff turnover due to low incentive impeded the attainment of targets.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Timeframe of the data	Coverage estimate

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

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

What action have you taken to achieve this goal?

- Although there is no statistical (data) evidence to prove that males and females have equal access to immunization services, the Liberia National EPI policy makes provision for equitable access to immunization for those in the target age group irrespective of their gender.
- The National Health Policies and Plans (2007-2011 and 2011-2021) call for “an equitable, effective, efficient, responsive, and sustainable health care delivery system”. The full implementation of these policies will ensure equal access to immunization services for boys and girls .
- National immunization campaigns target every under five regardless of gender and location and is house to house approach thus creating equal access for boys and girls
- Lastly, both immunization and the Essential Package of Health Services (EPHS) are free thus reducing financial barriers and preferential treatment (boys versus girls) by parents and care takers.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

For now only the administrative data is available. The WHO/UNICEF estimate for 2011 is not available, however, there was a national immunization coverage survey conducted in February 2012 and analysis of data is still in process.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

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

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

Although there was no assessment of data in 2011, other initiatives were carried out to assess data quality. The M&E Unit conducted regular verification of information (VOI) and harmonization exercise in various health facilities across the country under the performance based financing scheme and the Global Fund project. The result of the verification exercise shows discrepancies and data quality issues in most facilities. The Performance Base financing scheme has sanction for discrepancies and incentive for timely and accurate reporting.

Apart from the frequent quarterly verification of information (VOI) and harmonization exercises under the Performance Based Financing and Global Fund (GF) arrangement, the M&E, HMIS, EPI and GF supported programs also conducted a nationwide verification of information (VOI) and harmonization exercise. The aim of the exercise is to improve data quality, identify problems in data collection and recommend measures that will mitigate these problems.

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- Presently (April 2012) there is a Performance of Routine Information System Management (PRISM) is ongoing in seven counties to identify problems associated with HMIS (data collection, analysis, etc) that will inform the development of a capacity building plan*
- Conduct regular annual health sector reviews to assess progress and use data for decision making*
- Conduct quarterly verification of information (VOI) and harmonization exercises at the county and health facility levels*
- Train data collectors at every level of service delivery (vaccinators, surveillance officers, Child Survival Focal Point, Data managers, etc)*
- Conduct regular quarterly supportive supervision with focus on maternal and child health*
- Provide logistics for improving coverage and data quality*

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 1	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	To be filled in by country	To be filled in by country	To be filled in by country
Traditional Vaccines*	599,021	0	0	599,021	0	0	0	0
New and underused Vaccines**	1,246,056	67,786	1,178,270	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	96,591	4,172	53,095	39,324	0	0	0	0

Cold Chain equipment	72,960	0	0	72,960	0	0	0	0
Personnel	101,703	30,857	32,446	30,000	8,400	0	0	0
Other routine recurrent costs	37,382	15,000	22,382	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	4,220,958	296,408	0	1,734,145	2,190,405	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	6,374,671							
Total Government Health		414,223	1,286,193	2,475,450	2,198,805	0	0	0

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

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

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

Yes. Government budget for co-financing was less than actual amount spent. Other funding sources had to be identified to cover the gap.

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

Υνδερ βυδγετινγ ανδ λοχαλ ρεσουρχε μοβιλιζατιον δριπε ψιελδεδ λεσσ τηαν οπτιμαλ. Ιν αδδιτιον το χο-φινανχινγ, τηε φολλοωινγ αρεασ ωερε αλσο αφφεχτεδ: <?ξμλ:ναμεσπαχε πρεφιξ = ο νσ = Ύυρν:σχημασ-μιχροσοφτ-χομ:οφφιχε:οφφιχε∇ />

- Cold chain equipment
- Other capital and assets cost
- IEC/social mobilization for routine immunization
- Maintenance of capital equipment

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

Liberia's economy is recovering; current government budget cannot accommodate the cost of traditional vaccines. However, there is ongoing advocacy with government and parliamentarians to prioritize immunization for increased budgetary allocation. Meanwhile, UNICEF mobilizes funding for traditional vaccines.

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	488,946	515,324
New and underused Vaccines**	3,447,644	3,732,765
Injection supplies (both AD syringes and syringes other than ADs)	33,771	36,255
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	12,000	133,000
Personnel	507,337	545,395
Other routine recurrent costs	362,077	431,840
Supplemental Immunisation Activities	692,516	857,804
Total Expenditures for Immunisation	5,544,291	6,252,383

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

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

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

Yes.

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

- Ψεσ
- Only \$100,000.00 has been committed out of a planned budget of over \$400,000.00 for the introduction of new vaccine (PCV 13) in Liberia in 2013
- Strategies includes advocacy with government and parliamentarians locally. Also through proposals writing to donors.

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **Implemented**

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

Action plan from Aide Mémoire	Implemented?
	No

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

Action plan will be prepared in line with pending GAVI FMA final report.

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

Liberia awaits final communication from the GAVI FMA conducted in 2011

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **2**

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

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

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

If Yes, which ones?

List CSO member organisations:
Safe the Children (NGO)
Merlin (NGO)

5.8. Priority actions in 2012 to 2013

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

- To revise/update micro-plan for routine immunization at county and health facility levels
- The replacement of aged cold chain equipment
- To maintain and sustain MNTE validation status
- To implement the EVM improvement plan
- To maintain and sustain quarterly data harmonization at county and health facility levels.
- To conduct sensitization meeting for physicians, general community health volunteers (gCHVs) and other communities focus point
- To conduct quarterly supportive supervision to health facilities.
- To develop, print and distribute IEC/social mobilization materials on routine immunization to health facilities

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD syringes	UNICEF
Measles	AD syringes	UNICEF
TT	AD syringes	UNICEF
DTP-containing vaccine	AD syringes	GAVI and Government

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)

Yes

No problem has been encountered for now.

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

The sharps waste were disposed of in the following manners:

- By incineration
- By burn and bury

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	182,362	182,362
Total funds available in 2011 (C=A+B)	182,362	182,362
Total Expenditures in 2011 (D)	54,828	182,362
Balance carried over to 2012 (E=C-D)	127,534	0

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.

- The management of GAVI HSS fund is flexible and there is no hindrance in accessing funds. <?xml:namespace prefix = o />
- To access fund, requesting Unit do not need an external level of approval.
- The GAVI HSS fund is managed by the office of financial management (OFM) like other projects funds received by the Ministry.
- There are clear procedures in place to access fund with limited internal bureaucracy.
- Request for fund to implement an activity is generated by the Director of the Unit that has the mandate to deliver on such activity.
- Request for fund is approved by the Deputy for Health Services who have oversight responsibilities. When request are approved by the Deputy Minister for Health Services or Chief Medical Officer, it is forwarded to the office of financial management for disbursement. The OFM is a Unit under the Department of Administration which is headed by the Deputy Minister for Administration.
- The GAVI fund like most project funds (Global Fund, Pool Fund, HSRP-World Bank Project, etc) account is banked in a commercial bank (ECO Bank).

Funds are channeled through Counties Accounts to implement activities at that level. These funds are liquidated through regular procedures established by the OFM.

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

- All GAVI funds are lodged in the Ministry of Health and Social Welfare Ear-marked Project Accounts with both the Central Bank of Liberia and a commercial bank. ISS is saved with a commercial bank and HSS is with Central Bank of Liberia.
- Management of these funds follow the same procedures as described in section 6.1.1

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

- Personnel cost
- Goods and services
- Capital cost

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 2011 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 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? **Yes**

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 Liberia is not applicable for 2011

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

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

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

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

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		192,600	0
Yellow Fever		696,000	0

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

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

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

No difference in values.

- 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)

Not applicable to Liberia.

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

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

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

Not applicable to Liberia.

7.2. Introduction of a New Vaccine in 2011

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

Vaccine introduced	Not applicable	
Phased introduction	No	15/05/2012
Nationwide introduction	No	15/05/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Not applicable.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2012**

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

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

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? **No**

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

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

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

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

7.3.2. Programmatic Reporting

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

There was no introduction of new vaccine.

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

There was no introduction of new vaccine.

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

There was no introduction of new vaccine.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	652,848	192,600
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	593,208	696,000
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Ministry of Health and Social Welfare 2011 annual budget (Government of Liberia)	
Donor	GAVI	
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	11,749	

	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	December	Government of Liberia
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	December	Government of Liberia
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	• Technical Assistance to develop advocacy tools • Technical Assistance to organize advocacy workshops for Parliamentarians and other policy makers	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

- Liberia is not in default

Is GAVI's new vaccine support reported on the national health sector budget? **No**

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2011**

Please attach:

- EVM assessment (**Document No 15**)
- Improvement plan after EVM (**Document No 16**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

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

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
Cold chain monitoring study	Conduct a cold chain monitoring study in accordance	• Not yet implemented
Formal system to review temperature records on a	Establish a formal system to review temperature r	• Monthly analysis of temperature records ongoing
Fire extinguishers in all the 4 store locations (2	Fire extinguishers available in the National Cold	• Procurement request; awaiting purchase and deliv
Tiles for the floors of the cold rooms	All cold stores are tiled	• Purchase order completed, awaiting delivery
Vehicle for vaccine distribution for the National	Procurement of a cold truck for vaccine distributi	• Request in new GAVI HSS Funding Platform for 201
Aged kerosene refrigerators and inadequate solar p	Procurement of additional solar panels, refrigerat	• 56 complete sets of solar refrigerators installe

Inadequate cold boxes to support operational level	Procurement of additional cold boxes	• 1000 procured through WHO
Vaccine and store room management capacity an all	Train logistics officers at all levels on vaccine	• National training of logistics officers conducte
Use of coverage survey results to guide forecastin	Conduct a coverage survey and use the results to g	• Coverage survey conducted February 2012
Vaccine wastage rate study	Vaccine wastage rate study and use same for vaccin	• Monthly wastage rates monitoring by county start

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

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **March 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Liberia does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

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

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

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

Confirm here below that your request for **2013** vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.2: Freight Cost

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

7.11. Calculation of requirements

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	148,541	132,229	135,006	137,841	140,736	694,353
	Number of children to be vaccinated with the first dose	Table 4	#	127,819	115,039	118,805	122,678	126,662	611,003
	Number of children to be vaccinated with the third dose	Table 4	#	114,773	105,783	114,755	121,300	126,662	583,273
	Immunisation coverage with the third dose	Table 4	%	77.27 %	80.00 %	85.00 %	88.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.03	1.03	1.03	1.02	1.02	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		1	1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low
--------------------	-----

	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			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)

		2012	2013	2014	2015
Number of vaccine doses	#	324,800	335,500	341,700	352,600
Number of AD syringes	#	383,100	398,900	410,900	425,200
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	4,275	4,450	4,575	4,725
Total value to be co-financed by GAVI	\$	771,000	738,000	740,500	744,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	30,800	34,700	35,900	38,200
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	\$	71,500	74,500	75,500	78,500

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	8.65 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	127,819	115,039	9,948	105,091
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	383,457	345,117	29,843	315,274
E	Estimated vaccine wastage factor	Table 4	1.03	1.03		
F	Number of doses needed including wastage	D X E	394,961	355,471	30,739	324,732
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	F + G – H		355,471	30,739	324,732
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		383,080	0	383,080
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		4,253	0	4,253
N	Cost of vaccines needed	I x vaccine price per dose (g)		775,638	67,071	708,567
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		17,814	0	17,814
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)		25	0	25
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		46,539	4,025	42,514
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		1,784	0	1,784
T	Total fund needed	(N+O+P+Q+R+S)		841,800	71,095	770,705
U	Total country co-financing	I x country co-financing per dose (cc)		71,095		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		8.65 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	9.35 %			9.50 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	118,805	11,114	107,691	122,678	11,656	111,022
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	356,415	33,341	323,074	368,034	34,966	333,068
E	Estimated vaccine wastage factor	Table 4	1.03			1.02		
F	Number of doses needed including wastage	$D \times E$	367,108	34,342	332,766	375,395	35,665	339,730
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	2,910	273	2,637	2,072	197	1,875
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	370,018	34,614	335,404	377,467	35,862	341,605
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	398,851	0	398,851	410,818	0	410,818
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	4,428	0	4,428	4,561	0	4,561
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	746,327	69,816	676,511	749,650	71,221	678,429
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	746,327	0	18,547	749,650	0	19,104
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	26	0	26	27	0	27
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	44,780	4,189	40,591	44,979	4,274	40,705
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,858	0	1,858	1,914	0	1,914
T	Total fund needed	$(N+O+P+Q+R+S)$	811,538	74,004	737,534	815,674	75,494	740,180
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	74,004			75,494		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.35 %			9.50 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	9.76 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	126,662	12,364	114,298
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	379,986	37,091	342,895
E	Estimated vaccine wastage factor	Table 4	1.02		
F	Number of doses needed including wastage	$D \times E$	387,586	37,833	349,753
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,048	298	2,750
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	390,634	38,130	352,504
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	425,168	0	425,168
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	4,720	0	4,720
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	755,096	73,705	681,391
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	19,771	0	19,771
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	28	0	28
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	45,306	4,423	40,883
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	1,980	0	1,980
T	Total fund needed	$(N+O+P+Q+R+S)$	822,181	78,127	744,054
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	78,127		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.76 %		

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

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	148,541	132,229	135,006	137,841	140,736	694,353
	Number of children to be vaccinated with the first dose	Table 4	#	104,376	99,172	80.00 %	117,165	126,662	555,380
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.47	1.47	1.43	1.43	1.43	
	Vaccine stock on 1 January 2012		#	0					
	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	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.90	0.90	0.90	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	7.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.10	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			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)

		2012	2013	2014	2015
Number of vaccine doses	#	115,800	124,400	135,700	146,500
Number of AD syringes	#	110,100	122,300	133,700	144,400
Number of re-constitution syringes	#	16,200	17,400	19,000	20,500
Number of safety boxes	#	1,425	1,575	1,700	1,850
Total value to be co-financed by GAVI	\$	118,000	127,000	138,500	150,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	30,100	32,300	35,300	38,100
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	\$	29,500	31,500	34,500	37,000

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

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	20.61 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	104,376	99,172	20,444	78,728
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	$B \times C$	104,376	99,172	20,444	78,728
E	Estimated vaccine wastage factor	Table 4	1.47	1.47		
F	Number of doses needed including wastage	$D \times E$	153,433	145,783	30,053	115,730
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	$F + G - H$		145,783	30,053	115,730
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		110,081	0	110,081
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		16,182	0	16,182
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		1,402	0	1,402
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		131,205	27,048	104,157
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		5,119	0	5,119
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		60	0	60
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		9	0	9
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		10,234	2,110	8,124
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		519	0	519
T	Total fund needed	$(N+O+P+Q+R+S)$		147,146	29,157	117,989
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		29,157		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		20.61 %		

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

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	20.61 %			20.61 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	108,005	22,265	85,740	117,165	24,154	93,011
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	108,005	22,265	85,740	117,165	24,154	93,011
E	Estimated vaccine wastage factor	Table 4	1.43			1.43		
F	Number of doses needed including wastage	$D \times E$	154,448	31,839	122,609	167,546	34,540	133,006
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	2,167	447	1,720	3,275	676	2,599
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	156,615	32,285	124,330	170,821	35,215	135,606
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	122,291	0	122,291	133,689	0	133,689
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	17,385	0	17,385	18,962	0	18,962
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,551	0	1,551	1,695	0	1,695
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	140,954	29,057	111,897	153,739	31,693	122,046
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	140,954	0	5,687	153,739	0	6,217
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	65	0	65	71	0	71
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	9	0	9	10	0	10
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	10,995	2,267	8,728	11,992	2,473	9,519
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	577	0	577	630	0	630
T	Total fund needed	$(N+O+P+Q+R+S)$	158,287	31,323	126,964	172,659	34,165	138,494
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	31,323			34,165		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	20.61 %			20.61 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	20.61 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	126,662	26,111	100,551
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	126,662	26,111	100,551
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	$D \times E$	181,127	37,339	143,788
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,396	701	2,695
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	184,523	38,039	146,484
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	144,365	0	144,365
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	20,483	0	20,483
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,830	0	1,830
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	166,071	34,235	131,836
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	6,713	0	6,713
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	76	0	76
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11	0	11
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	12,954	2,671	10,283
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	680	0	680
T	Total fund needed	$(N+O+P+Q+R+S)$	186,505	36,905	149,600
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	36,905		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	20.61 %		

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

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

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

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

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

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

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

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

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

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

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

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

9.1.1. Report on the use of HSS funds in 2011

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

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

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

If yes, please indicate the amount of funding requested: **1022380** US\$

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

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	1022380	1022380	1022380	1022380		
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0		
Total funds received from GAVI during the calendar year (A)	1022500	1022500	0	1022500		
Remaining funds (carry over) from previous year (B)	0	995329	743743	202148	587267	403442
Total Funds available during the calendar year (C=A+B)	1022500	2017829	743743	1224648	722665	
Total expenditure during the calendar year (D)	27171	1274085	541596	637379	319223	
Balance carried forward to next calendar year (E=C-D)	995329	743743	202148	587267	403442	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1022380	1022380	1022380	1022380	1022380	1022380

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	1022380	1022380	1022380	1022380		
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	0		
Total funds received from GAVI during the calendar year (A)	1022500	1022500	0	1022500		

Remaining funds (carry over) from previous year (B)	0	995329	743743	202148	587267	403442
Total Funds available during the calendar year (C=A+B)	1022500	2017829	743743	1224648	722665	
Total expenditure during the calendar year (D)	27171	1274085	541596	637379	319223	
Balance carried forward to next calendar year (E=C-D)	995329	743743	202148	587267	403442	
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	1022380	1022380	1022380	1022380	1022380	1022380

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	1	1	1	1	1	1
Closing on 31 December	1	1	1	1	1	1

Detailed expenditure of HSS funds during the 2011 calendar year

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

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

Financial management of HSS funds

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

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

GAVI HSS funds are managed by the Ministry's Office of Financial Management (OFM) through a commercial bank (ECOBANK Account Number: 10-6100163-12-011) where other projects and donors funds are kept.

OFM has the responsibilities to ensure that fiduciary arrangements are in place to guarantee, trust, confidence, transparency and accountability of both government and donors' monies. OFM has the required capacity to manage GAVI funds properly and effectively.

At the Ministry, request for funds by an implementer (County, Department, programs, etc) is made to the Deputy Minister who serves as the head of that requesting implementer for approval. When it is approved, it is taken to the procurement sections for scrutiny, if there are items to be purchased and then to the office of financial management for payment when the purchase is done. The department head is expected to review and ensure that the activity being requested to implement is aligned with both the department and GAVI Work Plan and the amount requested does not exceed what is available.

The procurement and internal audit Units on the other hand are to ensure that the request follows the Public Procurement regulation for business transactions (e.g., analysis of three quotations for better price and quality, availability of specifications and contracts, etc). When the request is accepted and purchase made, the procurement Unit submit the approved request for payment to the office of financial management were request are also review base on budgetary allocation.

Activities that are county specific received funds based on planned activities and budgetary allocation through their bank accounts for implementation.

Each implementer is expected to liquidate funds approved and disbursed based on the Ministry's acceptable procedure and format. Both narrative summaries of activities implemented and financial receipts are require by the end of each implementation.

Audits are usually commissioned by the Ministry or donor at the end of each project. However, to meet GAVI financial requirements, annual audits will be commissioned and reports submitted to GAVI to ensure financial transparency and accountability. Also, GAVI annual progress reports will be submitted to track progress and show financial execution. The current system and channel of request and approval will be adhered to during the implementation of the HSS grant.

Each implementer is expected to liquidate funds approved and disbursed based on the Ministry's acceptable procedure and format. Both narrative summaries of activities implemented and financial receipts are require by the end of each implementation.

Audits are usually commissioned by the Ministry or donor at the end of each project. However, to meet GAVI financial requirements, annual audits will be commissioned and reports submitted to GAVI to ensure financial transparency and accountability. Also, GAVI annual progress reports will be submitted to track progress and show financial execution. The current system and channel of request and approval will be adhered to during the implementation of the HSS grant.

Has an external audit been conducted? [Yes](#)

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

9.2. Progress on HSS activities in the 2011 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Activity 2.1:	Train gCHV to provide family planning services, WASH etc.		
Activity 3.1:	1). Conduct regular EPI outreach 2). Conduct national EPI campaigns 3). Intensive EPI services in areas occupied by Ivorian refugees		
	1). Produce and dissemination HR Policy and Plan 2). Print and disseminate the Pre-investment Study Report		

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

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Objective 1: To implement BPHS with child survival	The implementation of the BPHS was achieved by 80% before the introduction of a new Policy and Plan that calls for Essential Package of Health Services (EPHS). The implementation of the BPHS has contributed to the improvement in health outcomes especially MDGs 4, 5 and 6.
Activity 2: Define the role of the community in th	The Community Health Services Policy and Strategy was revised. The revised Policy and Strategy redefine the roles and responsibilities of community health volunteers. Community health volunteers treated 7,583 patients for Malaria (4,333), Acute Respiratory Infection (1,625) and Diarrhea. Also, 600 complicated cases were referred to health facilities for treatment (Malaria,-369; ARI,-119 and Diarrhea,-112) by gCHVs in the ICCM pilot project. In addition to the ICCM pilot, community health volunteers assessed 95,961 cases, treated 64,851 (Diarrhea,-41,547; ARI,-13,374; and Malaria,-5,397) and referred 31,110 patients to health facilities nationwide. These initiatives by the gCHVs have contributed to morbidity and mortality reduction in under-five.

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

Some of the activities were not implemented because of the following reasons:

- HR data based establishment: this activities was not implemented because of limited expertise and the search for appropriate HRH software.
- Procurement of vehicles for HMIS and M&E quarterly data verifications: This was due to lack of disbursement of GAVI HSS fund in 2011.
- Conduct of operational research: This was not implemented because the Research Unit was established in 2011 and the focused of the Unit was to set the research agenda of the next 5 years with the support of partners.

Stock and physical assets database: Data base on stock management was not established merely because of lack of technical capacity

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

The amount of US\$ 15,000 was allocated for HR technical assistance over the grant period. However, support staff of the HR Unit received monthly incentive to make the Unit operational.

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2011 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date			2007	2008	2009	2010	2011		
1.1 BCG	134,993 (82%)	2005	181,379 (96%)	181,858 (96%)		179,653 (92%)	165,603 (93%)	138,414 (74.9%)	167,109 (78%)	Administrative coverage	All of the immunization targets were not achieved because of the following reasons: 1. Insufficient and erratic outreach activities 2. Frequent staff turnover and limited staff involved with vaccination at the clinic 3. Lots of Polio campaigns (7 rounds) affected routine immunization activities. 4. Limited logistics to conduct outreach and supervision
1.2 OPV3	101,278 (77%)	Same as above	148,270 (92%)	145,486 (92%)		144,714 (92%)	140,881 (99%)	108,782 (73%)	138,144 (77%)	Same as above	
1.3 DTP3/Penta3	123,641 (94%)	Same as above	148,270 (92%)	145,486 (92%)		144,469 (92%)	132,697 (93%)	109,675 (74%)	129,510 (78%)	Same as above	
1.4 Measles	123,641 (94%)	Same as above	145,047 (96%)	145,486 (96%)		148,185 (95%)	136,769 (96%)	104,974 (69.9%)	120,876 (73%)	Same as above	
1.5 Yellow Fever	116,649	Same as above	145,047	145,047		145,047	146,295 (93%)	134,025 (94%)	98,844 (68.3%) 126,920 (71%)	Same as above	
TT2+ coverage for pregnant women	118,055 (72%)	Same as above	118,055 (72%)	181,858 (80%)		176,129 (90%)	171,457 (96%)	115,350 (63%)	148,542 (74%)	Same as above	
1.6 Vit-A supplement Infants (>6 months)	75%	Same as above	85%	145,486 (85%)		145,486 (73%) (114,719)	133,087 (93%) 92,234 (63%) 133,087 (93%)	92,234 (63%)	98,535 (56.6%)	Same as above	
% of counties/health facilities implementing BPHS,	<10%	NHP&P 2007/2011 & BPHS Document	70%	70%		10%	34.9%	80.2%	100%	Same as above	
1.4 Under-five Mortality Rate	235	2005	170	170			114	N/A	N/A		

2.1 % of primary health facilities with functional	N/A		N/A					50%	N/A		
2.2 % of health facilities with delivery of improve									N/A		

9.4. Programme implementation in 2011

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

Introduction

The overall objective of the GAVI HSS proposal submitted by the Government of Liberia was to request GAVI support for Health Systems Strengthening (HSS) within the renewed GAVI Phase 2 commitment for 2007-2010 in line with the National Health and Social Welfare Plan 2007 - 2011 and the end of cMYP 2010. Though the National Health Plan and the cMYP have been revised the HSS is still been implemented due to delays in the disbursement of funds from GAVI. Since 2007 only three disbursements have been made (2007, 2008 and 2010).

The main goal of the proposal is to promote the health of children and women by implementing plans to significantly reduce infant, childhood and maternal mortality and morbidity aimed at reaching the MDGs. The objectives are 1) to implement BPHS with child survival as an entry point; 2) to link health services with the community by expanding community-based workforce; and 3) to strengthen evidence-based management of primary health care service provision by managing BPHS with emphasis on community-based health services.

To implement the National Health Plan (2007-2011), 22 activities were identified to be delivered within the grant cycle. The main indicators for measuring progress of implementation of the HSS grants were coverage of DPT3/Penta-3, and measles.

Major Accomplishments

· EPI: the immunization program achieved the following during the period under review.

1). Procured 60 Yamaha Motorbikes for 15 counties to strengthen district integrated outreach services in under serve communities. Every (100%) district has at least one motorbike.

2). Developed, printed and distributed standard surveillance case definition posters to all health facilities in all counties. This was an effort to intensify early detection and prompt reporting of diseases under active surveillance in the country.

3). Conducted one (1) national EPI review meeting to assess implementation of planned activities

4). Enhanced the Capacity of health workers on general immunization issues, including development and roll out of micro-plans for counties and health facilities

5). Recruited, trained and deployed professional staff to serve as EPI focal points and surveillance officers at county and district levels

6). There were seven successful mass polio campaigns conducted in 2010 targeting 750,000 children 0-59 months to buttress the administration of routine immunization and to disrupt the transmission of wild polio. For every round, over 95% coverage was achieved.

· HMIS: the GAVI HSS fund has contributed immensely to the development and improvement of the Liberia health management information system. The Ministry has increased the coverage and quality of data from a fragmented, uncoordinated and under reporting (40%) to a more coordinated, harmonized system with coverage of 77% in 2011. The Ministry has an integrated reporting instrument and harmonized data collection tools across public health facility. USAID and GAVI supported this initiative. This has led to improvement in the 2011 annual report and the used of evidence for the development of the 10-year National Health Plan and the improvement in performance based financing.

Please refer to attachment section (others) for additional details on major accomplishments in 2011.

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

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

GAVI HSS funded activities are mostly monitored at the central level. However, there are M&E officers posted at the county level to monitor health sector activities within their respective counties which include GAVI HSS activities. At the county level, M&E officers are trained to collect and submit monthly report and monitor their county performance.

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

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

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

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

- Whether the management of HSS funds has been effective
 - Constraints to internal fund disbursement, if any
 - Actions taken to address any issues and to improve management
 - Any changes to management processes in the coming year
- The management of GAVI HSS fund is flexible and there is no hindrance in accessing funds.
 - To access fund, requesting Unit do not need an external level of approval.
 - The GAVI HSS fund is managed by the office of financial management (OFM) like other projects funds received by the Ministry.
 - There are clear procedures in place to access fund.
 - Request for fund to implement an activity is generated by the Director of the Unit that has the mandate to deliver on such activity.
 - Request for fund is approved by two Deputy Ministers (1. Deputy for Planning and 2. Deputy for Health Services) who have oversight responsibilities. When request are approved by any of these Deputy Ministers, it is forwarded to the office of financial management for release. The OFM is headed by the Deputy Minister for Administration.

There is no management problem with GAVI HSS fund. The key challenge is limited human capacity to utilize the fund on time and the slow disbursement of funds from GAVI.

9.5. Planned HSS activities for 2012

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

Table 9.5: Planned activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2012 actual expenditure (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
		0	0			0

9.6. Planned HSS activities for 2013

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

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

Table 9.6: Planned HSS Activities for 2013

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

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

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

9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Not selected**

9.7. Revised indicators in case of reprogramming

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

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

Name of Objective or Indicator (insert as many rows as necessary)	Numerator	Denominator	Data Source	Baseline value and date	Baseline Source	Agreed target till end of support in original HSS application	2013 Target
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9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

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

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

Please attach:

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

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

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

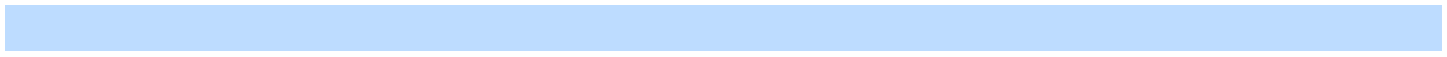
Liberia is not reporting on GAVI TYPE A CSO support for 2012

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

Liberia is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

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

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

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

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

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

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

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

b. Income received from GAVI during 2011

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

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

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		MOH & MOF Signatures.jpg File desc: File description... Date/time: 5/21/2012 7:21:09 AM Size: 595585
2	Signature of Minister of Finance (or delegated authority)	2.1		MOH & MOF Signatures.jpg File desc: File description... Date/time: 5/21/2012 7:21:09 AM Size: 595585
3	Signatures of members of ICC	2.2		APR-ICC Signatures.jpg File desc: File description... Date/time: 5/21/2012 7:21:09 AM Size: 642125
4	Signatures of members of HSCC	2.3		HSCC Signatures.jpg File desc: File description... Date/time: 5/21/2012 7:21:09 AM Size: 687342
5	Minutes of ICC meetings in 2011	2.2		ICC MEETING Minutes May & June 2011.doc File desc: File description... Date/time: 5/21/2012 7:32:44 AM Size: 69632
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		Letter of Hon Minister to ICC and HSCC members.pdf File desc: File description... Date/time: 5/21/2012 8:41:57 AM Size: 335382
7	Minutes of HSCC meetings in 2011	2.3		GAVI Proposal HSS Minutes.pdf File desc: File description... Date/time: 4/3/2012 8:57:25 AM Size: 198354
8	Minutes of HSCC meeting in 2012 endorsing APR 2011	9.9.3		Letter of Hon Minister to ICC and HSCC members.pdf File desc: File description... Date/time: 5/21/2012 8:43:16 AM Size: 335382
9	Financial Statement for HSS grant APR 2011	9.1.3		GAVI HSS 2011.pdf File desc: File description... Date/time: 5/21/2012 9:00:55 AM Size: 108677
10	new cMYP APR 2011	7.7		cMYP_Liberia July 22, Final.pdf File desc: File description...

				Date/time: 3/26/2012 2:06:07 PM Size: 1242429
11	new cMYP costing tool APR 2011	7.8	✓	Copy of LIBERIA_cMYP_Costing_Tool_Vs 2.5_En.xls File desc: File description... Date/time: 3/28/2012 7:29:10 AM Size: 3526144
13	Financial Statement for ISS grant APR 2011	6.2.1	✗	GAVI ISS 2011.pdf File desc: File description... Date/time: 5/21/2012 9:02:11 AM Size: 105646
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1	✓	GAVI ISS_April_2012.pdf File desc: File description... Date/time: 5/22/2012 3:10:41 PM Size: 3073763
15	EVSM/VMA/EVM report APR 2011	7.5	✓	Liberia_EVM_Report_D3-02072011.pdf File desc: File description... Date/time: 3/28/2012 7:34:49 AM Size: 3504365
16	EVSM/VMA/EVM improvement plan APR 2011	7.5	✓	National EVM-Improvement-Plan-Liberia-D1-April-26-2011.xls File desc: File description... Date/time: 3/28/2012 7:49:56 AM Size: 203776
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5	✓	Summary actions taken on EVM improvement plan.docx File desc: File description... Date/time: 5/21/2012 8:34:20 AM Size: 15626
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3	✗	GAVI AUDIT TECHNICAL PROPOSAL EVALUATION CRITERIA.pdf File desc: File description... Date/time: 5/22/2012 1:37:03 PM Size: 24235
20	Post Introduction Evaluation Report	7.2.2	✓	Liberia_EVM_Report_D3-02072011.pdf File desc: File description... Date/time: 5/22/2012 3:09:09 PM Size: 3504365
21	Minutes ICC meeting endorsing extension of vaccine support	7.8	✓	ICC MEETING June18, 2011.pdf File desc: File description... Date/time: 5/22/2012 3:11:24 PM Size: 54128
22	External Audit Report (Fiscal Year 2011) for HSS grant	9.1.3	✗	GAVI pre Audit Conference Minutes_2.pdf File desc: File description...

				Date/time: 5/22/2012 1:37:03 PM Size: 35627
23	HSS Health Sector review report	9.9.3	X	Liberia_2011 Health Sector Review Report 5Aug2011.pdf File desc: File description... Date/time: 5/22/2012 9:34:04 AM Size: 3986367