GAVI
THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Updated February 2004

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY:	SIERRA LEONE

Date of submission: 27th May, 2004

Reporting period: October, 2002-December, 2003.. *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report	☐
First annual progress report	☐
Second annual progress report	☐
Third annual progress report	☒
Fourth annual progress report	☐
Fifth annual progress report	☐

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

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

GAVI Funds as support to EPI in Sierra Leone are managed at central level. Upon receipt of funds from the GAVI secretariat, the Hon. Minister informs the ICC about remittance of funds. In a meeting the ICC would instruct the EPI Technical team (EPI Manager, UNICEF Focal Person, and WHO/EPI Consultant) to allocate funds to various EPI activities, which are not funded. This allocation is presented at the next ICC meeting for approval. Upon approval, activities request are made on a quarterly basis using the revised form devised by the Ministry of Finance for the utilization and management of funds. Funds released are liquidated before the release of funds for other activities. All liquidations are kept at Central level. The introduction of revised accountability forms for all Government funds delayed the release of GAVI funds to support EPI activities both at National and District levels.

1.1.2 Use of Immunization Services Support

In the <u>past year</u>, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year _180,000__

Remaining funds (carry over) from the previous year _40,889___

Table 1 : Use of funds during <u>reported</u> calendar year 2002/2003_ _

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0	0	0	0	
Injection supplies/clearing)	5,476.64	5,476.64	0	0	
Personnel	0	0	0	0	
Transportation	0	0	0	0	
Maintenance and overheads	14,267.29	14,267.29	0	0	
Training	0	0	0	0	
IEC / social mobilization	24,000.00	0	0	24,000.00	
Outreach	0	0	0	0	
Supervision	13,096.16	13,096.16	0	0	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles Purchase	60,000.00	0	0	60,000.00	
Cold chain equipment	5,563.70	0	0	5,563.70	
Fuel for cold rooms	27,879,47	0	0	27,879.47	
Fuel for distribution vehicle	9,640,80	0	0	9,640,80	
Building of EPI supply store	45,000.00	45,000.00	0	0	
Servicing of district Generators	11,405.54	0	0	11,405,54	
Other *(specify)*					
Total:	**216,329.6**	**77,840.09**	**0**	**138,489.51**	
Remaining funds for next year:	**4,559.4**				

If no information is available because of block grants, please indicate under 'other'.

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

- Quarterly distribution of Auto Destruct needles and Syringes to the districts and health facilities
- Procurement of one ten-ton vehicle for the timely distribution of EPI supplies to districts
- Construction of one dry store and office at central level for storage of EPI materials on going
- Quarterly supervision visits to districts and selected PHUs
- Planning and orientation meetings of District Health Management Team and vaccinators in all 13 districts
- Expansion of health facilities
- Construction of incinerators ongoing
- Mid year review meeting held
- Distribution of Cold chain materials, gas and vaccines to the districts
- Rehabilitation and equipped district Cold rooms in Kambia, Kono, Bombali and Tonkolili
- Installation of solar equipment at major health facilities in Kambia, Kono, Bombali and Koinadugu districts
- Construction of a transit cold room at the Lungi International Airport for the storage of vaccines arriving in country ongoing
- Training of operation and cold room officers on the installation and management of solar refrigerators.

Problems related to multi year plan

- Inadequate government support to the programme
- Logistics such as vehicles not adequate for monitoring and supervision to districts and PHUs

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

→ *Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?*
If yes, please attach the plan.

YES ☐ *NO* ☑

→ *If yes, please attach the plan and report on the degree of its implementation.*

Immunization data quality audit not yet done.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

→ *Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).*

Last EPI coverage survey was conducted in September 2001

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the new and under-used vaccine: Yellow fever MONTH January YEAR 2002

→ *Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.*

What quality of Yellow fever vaccine did the country receive A total of 717600 doses of Yellow fever vaccine were received from October 2002-December 2003

1.2.2 Major activities

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

Yellow Fever vaccine introduced in all thirteen districts in 2002/2003

- Coordination and collaboration meetings at central level through ICC and at district level through the district Tax Force
- Immunization policy reviewed and distributed, including new vaccines introduced, and new vaccines yet to be introduced.
- Modification of monitoring forms and Training of health staff.
- Construction of incinerators on going in major health facilities
- Refresher training of health staff on EPI
- Rehabilitation of district cold rooms
- Training of district operation officers and cold chain technicians on the Installation and maintenance of solar refrigerators
- Installation of solar refrigerators (2 per districts cold room) and health facilities level (Bombali, Kono, Kambia, Koinadugu, Bonthe, Kenema, Kailahun districts)
- Expansion of health facilities rehabilitation from 526 in November 2002 to 669 in December 2003
- Introduction and training of district EPI staff on yellow fever vaccines
- Response to Yellow fever outbreak by conducting a Yellow fever mass vaccination campaign in October in Tonkolili District. This covered all ages including children in the target age for Yellow fever <1year vaccines used were from other sources. Only one district was covered (Tonkolili district)

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

→ *Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.*

Reported in the October 2003 progress report

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Sierra Leone received 1,970,639 of Auto destruct needles and syringes and 19,250 safety boxes, 305,600 BCG Syringes from GAVI in March 2003.

- Problems Materials for the construction of incinerators are not in country

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
▪ Number of ICC members orientated on injection safety	15 members to be orientated	15 members orientated	-	30 ICC members to be orientated as injection safety
▪ Number of PHUs with injection equipment	669 PHUs to receive injection safety equipment	669 PHUs receiving injection equipment on a quarterly basis	Vehicles from district to distribute to PHUs	800 PHUs to be supplied with injection safety equipment
▪ Number of functioning incinerators	150 to be constructed in major health facilities by the end of 2003	20 incinerators constructed in four districts	Material for construction of de-nonfort incinerator not available in the country	125 to be constructed by end of 2004
▪ Number of health workers trained	1338 Health Workers to be trained	750 Health Workers trained	-	588 Health Workers to be trained
▪ Numbers of meetings held at district level	65 meetings to be held	13 meetings held at district level	Funds not available	52 meetings to be held.

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

The injection safety support was received in the form of consumable items (1,970,639 AD Syringes, 1925 safety boxes 405,600 BCG syringes were received in 2003)

2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Sierra Leone submitted a draft Financial Sustainability Plan (FSP) in December 2003. Based on comments from the Independent Review committee, Sections 4 & 5 of the plan are to be revised with the help of a consultant to finalize this document.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine Yellow fever *(specify)*

Proportion of vaccines supported by	Annual proportion of vaccines									
	2002	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**
Proportion funded by GAVI/VF (%)	100%	100%	100%							
Proportion funded by the Government and other sources (%)	0	0	0							
Total funding for ……. *(new vaccine)* *										

** Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine*

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2005…….. *(indicate forthcoming year)*

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year.***

3.1. Up-dated immunization targets

→ *Confirm/update basic data approved with country application:* figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	20,4267	209,006	213,855	218,817	217,438	222,483	227,644	232,926	238,330
Infants' deaths	34,726	35,531	36,356	37,199	36,965	37,822	38,700	39,598	40,516
Surviving infants	169,541	173,475	177,499	181,618	180,473	184,661	188,944	193,328	197,814
Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)*	67,408	120,263	155,347	162,884	136,510	147,470	158,297	-	-
Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)*	49024	79,178	110,467	129,068	110,089	121,876	134,150	-	-
NEW VACCINES ** Yellow Fever	0	0							
Infants vaccinated / to be vaccinated with **1st dose** of Yellow fever *(new vaccine)*			31,043	140,569	126,331	134,803	143,598	152,729	160,229
Infants vaccinated / to be vaccinated with **3rd dose** of …… *(new vaccine)*	-	0	0	0	0	0	0	0	0
Wastage rate of *** ….. *(new vaccine)* ***Yellow Fever***	-	0	46%	40%	35%	30%	25%	20%	15%
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	59,238	88427	131,966	169,391	128,289	140,164	152,523	163,048	173,981
Infants vaccinated / to be vaccinated with BCG	79,664	131259	159,393	190,780	173,951	182,436	191,221	200,316	209,731
Infants vaccinated / to be vaccinated with Measles	87,835	104158	131,704	160,094	126,331	134,803	143,598	152,729	160,229

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

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

- The birth figures changed from 2004 - 2008. This was because the population projection obtained from central statistic office was projected from 1985 to year 2000 with inclusion of migration factor. This was projected. Using year 2000 figure as a base and used for preparation of the 5 years strategic plan during our first application in country proposal. The guideline received during the preparation of FSP stated that the 1985 population census figure should be entered in the space provided on the spreadsheet and the annual growth rate of 2.32%. This was then projected to 2010 without taken into consideration migration factor, thus population reduced.
- The coverage target set in the approved proposal was 10% increase per year but this has been modified on the FSP; and as such coverage target changed
- The Infant Mortality Rate previously used was 163/1000. The MICS report in 2000 estimated Infant Mortality rate at 170/1000; and as such surviving Infants as well as infant deaths changed from 2004 -2008.

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year 2005** *(indicate forthcoming year)*

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

Table 4: Estimated number of doses of *Yellow fever* vaccine *(specify for one presentation only)* : *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with 1st dose of *(new vaccine) Yellow fever*		134,803
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100%
C	Number of doses per child		1
D	Number of doses	*A x B/100 x C*	134,803
E	Estimated wastage factor	*(see list in table 3)*	1.43
F	Number of doses (incl. wastage)	*A x C x E x B/100*	192,768
G	Vaccines buffer stock	*F x 0.25*	0
H	Anticipated vaccines in stock at start of year ….		48192
I	Total vaccine doses requested	*F + G - H*	144,576
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	96,138
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	16,048
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	1,245

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of:
  50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial;
  25% for a liquid vaccine in a 10 or 20-dose vial;
  10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… ….:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 3.*

3.3 Confirmed/revised request for injection safety support for the year …… *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with TT *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of women for TT vaccination (for TT : target of pregnant women)[1]**	#	140,169	152,523
B	**Number of doses per woman (for TT woman)**	#	2	2
C	**Number of TT doses**	A x B	280,328	305,046
D	**AD syringes (+10% wastage)**	C x 1.11	311,164	338,601
E	**AD syringes buffer stock [2]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	311,164	338,601
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.38	1.31
I	**Number of reconstitution [3] syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	3,454	3,758

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

GAVI has informed Sierra Leone that injection safety support will end by December 2004

[1] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[2] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[3] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/revised request for injection safety support for the year …… *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with Measles *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of women for Measles vaccination (for Measles: target)[4]**	#	134,803	143,598
B	**Number of doses per woman (for Measles)**	#	1	1
C	**Number of Measles doses**	A x B	134,803	143,598
D	**AD syringes (+10% wastage)**	C x 1.11	149,631	159,394
E	**AD syringes buffer stock [5]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	149,631	159,394
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.43	1.33
I	**Number of reconstitution [6] syringes (+10% wastage)**	*C x H x 1.11 / G*	21,394	21,199
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	1,898	2,005

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

GAVI has informed Sierra Leone that injection safety support will end by December 2004

[4] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[6] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/revised request for injection safety support for the year …… *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with DPT *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of women for DPT vaccination (for DPT : target)**[7]	#	147,470	158,297
B	**Number of doses per woman (for DPT)**	#	3	3
C	**Number of DPT doses**	A x B	442,410	474,891
D	**AD syringes (+10% wastage)**	C x 1.11	491,075	527,129
E	**AD syringes buffer stock** [8]	D x 0.25	0	0
F	**Total AD syringes**	D + E	491,075	527,129
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.43	1.33
I	**Number of reconstitution** [9] **syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	5,451	5,851

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

GAVI has informed Sierra Leone that injection safety support will end by December 2004

[7] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[8] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[9] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/revised request for injection safety support for the year …… *(indicate forthcoming year)*

Table 6: Estimated supplies for safety of vaccination for the next two years with BCG *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of women for BCG vaccination (for BCG : target women)[10]**	#	182,436	191,221
B	**Number of doses per woman (for BCG)**	#	1	1
C	**Number of BCG doses**	A x B	182,436	191,221
D	**AD syringes (+10% wastage)**	C x 1.11	202,504	212,255
E	**AD syringes buffer stock [11]**	D x 0.25	0	0
F	**Total AD syringes**	D + E	202,504	212,255
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.51	1.38
I	**Number of reconstitution [12] syringes (+10% wastage)**	*C x H x 1.11 / G*	15,289	14,646
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	2,418	2,519

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

GAVI has informed Sierra Leone that injection safety support will end by December 2004. The country appreciated the support from GAVI over the years, however, the government is soliciting support Nationally and internationally to complement the effort by GAVI

[10] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[11] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[12] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	√	
Reporting Period (consistent with previous calendar year)	√	
Table 1 filled-in	√	
DQA reported on	√	
Reported on use of 100,000 US$	√	
Injection Safety Reported on	√	
FSP Reported on (progress against country FSP indicators)	√	
Table 2 filled-in	√	
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)	√	
ICC minutes attached to the report	√	
Government signatures	√	
ICC endorsed	√	

6. Comments

ICC/RWG comments:

Signatures

For the Government of **SIERRA LEONE**

Signature: ……...……...

Title: HON MINISTER OF HEALTH & SANITATION

Date: ……..……..

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date Signature
WHO	DR. JOAQUM SAWEKA REPRESENTATIVE				
UNICEF	MR. ABOUBACRY TALL REPRESENTATIVE				
ROTARY INTERNATIONAL	MR. S.H.O.T. MACAULEY				
CHRISTIAN CHILDREN FUND	MR DAVIDSON JONAH COUNTRY DIRECTOR				
SIERRA LEONE RED CROSS SOCIETY	DR. M.A.S. JALLOH CHAIRMAN				

~ End ~