

The Country Programme Performance Summary

A. Country Information			
Country name: Sierra Leone			
Category per decision 2007/42:	Current programme period: 2015-2019	Cycle of assistance: 6	
B. Country Programme Outputs Achievement <i>(please complete for all your CP outputs)</i>			
Output 1: Increased national capacity to deliver integrated sexual and reproductive health services, including in humanitarian settings			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of national plans, guidelines, protocols and standards for the delivery of high-quality sexual and reproductive health services, including humanitarian response plan incorporating minimum initial service package 	3	6	7
<ul style="list-style-type: none"> Number of costed integrated national sexual and reproductive health action plans. 	0	4	5
Key Achievements			
UNFPA technically supported the process of developing the following:			

- The National Health Recovery Plan 2015
- The National Health Sector Strategic Plan review and formulation process.
- Technical guidelines on Maternal Death Surveillance and Response (MDSR) and the costed strategic plan.
- The National Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy 2017 – 2021.
- The National Strategy for the Reduction of Teenage Pregnancy and Child Marriage
- The Costed Implementation Plan for Family Planning
- Family planning training materials including
 - Long-term FP curriculum which includes Implants and Intra Uterine Device training manuals with inclusion of aspects of national policy on infection prevention and control (IPC)
 - The Short-term FP curriculum (trainer’s and service providers’ manual).
 - Emerging contraceptive training materials including Levoplant and Sayana Press
 - Postpartum family planning
- The midwifery curriculum aligned with ICM Educational Standards and inclusion of SRH, FP, GBV, and FGM/C.

Output 2: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services that are free of coercion, discrimination and violence.

Indicators	Baseline	Target	End-line data
• Percentage of service delivery points offering at least three modern methods of contraceptives	96.5%	100%	96.1% (2018 UNFPA supplies survey)
• Number of couple of years of protection provided with UNFPA support	63,00	183,000	417,793 (2018)

Key Achievements

- With support from UNFPA, the MoHS launched the first ever national family planning campaign in Sierra Leone in 2015.

- UNFPA supported government and NGO partners to intensify FP outreach services to respond to the growing demand. In addition to widely distribute FP messages using different media channels. With our support, FP training manuals, curriculum, training participants' handbook, job aides, IEC Materials were printed and distributed. Mass media campaigns were undertaken to promote FP, institutional delivery, identification, care and social integration of fistulae patients, HIV prevention, promotion of girls and women sexual and reproductive health rights and GBV prevention.
- Awareness/demand was generated amongst adolescents and communities through interventions with CBOs and NGO partners. Interventions focused on prevention teenage pregnancy, GBV and fistula.
- Support was also provided to IPs to promote sexual and reproductive health and girls' empowerment.
- UNFPA supported the review and development of various FP related training curricula including the Short Term and Long Term Family Planning as well as guidelines for post-partum FP and emerging FP methods such as Levoplant and Sayana press.
- Supported the annual GPRHCS surveys 2015, 2016, 2017 and 2018 which informed planning and monitoring of the FP/RHCs availability.
- In total, 1,642 service providers were trained in the provision of FP methods; 1,101 LARC and 541 in STFP methods.
- Couple Years of Protection (CYP) generated reached the level of 417,793; total new acceptors 1,368,128 including more than 188,128 young persons.
- Supported the introduction and use of the Logistic Management Information System CHANNEL software in all districts to monitor 1200 health facilities and reported at least 80% of needed data on the distribution chain every month.
- UNFPA continued to account for more than 95 percent of public sector supply of the country's contraceptive needs. We continue to provide technical support to MoHS/NPPU and Reproductive Health Commodity Security Committee to conduct quantification, forecasting and budgeting of contraceptives across the country.
- UNFPA supported *Health for All Coalition*, a civil society organisation, to monitor the distribution of Free Health Care Initiative and Family Planning commodities.
- UNFPA also provided technical assistance to develop a distribution plan which followed a needs-based rather than a supply-led approach. This included sufficient buffer stock planning to reduce risk of stock-outs. These efforts contributed to accountability and transparency in the management of FP/RHC security.
- In the reporting period 2015 – 2018, it is estimated that the following were also achieved:
 - Unintended Pregnancy averted- 569,018
 - Maternal deaths averted- 4,568
 - Unsafe Abortions averted- 201,852

Output 3 : Increased national capacity to deliver comprehensive high-quality maternal health services, including Ending Mother to Child Transmission of HIV (eMTCT) services.

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Proportion of service delivery points covered by midwives. 	TBD	22%	Not Available <i>UNFPA is working on a database for midwives that will be housed in the Nursing Council. This database will be completed by the end of 2019 and this information will be available, monitored and updated each year.</i>
<ul style="list-style-type: none"> Proportion of tertiary level facilities providing comprehensive emergency obstetric and neonatal care. 	119%	100%	144% (2017 EmONC Assessment survey)
<ul style="list-style-type: none"> Proportion of facilities with integrated services. 	57.6%	70%	Not Available

Key Achievements:

Human Resources for Health

With the realisation that women need access to quality midwifery in reducing maternal deaths, every women needs to have the best possible health care during pregnancy, childbirth and postpartum. According to the SLDHS (2013), lack of skilled attendants during labour and delivery is a major cause of maternal and infant deaths in Sierra Leone. It is estimated that Sierra Leone needs about 3,000 midwives.

- In this 6th CP, UNFPA supported the training of 466 midwives (15.5% of estimated national need), 45 surgical assistants and 99 nurse anaesthetists to provide EmONC to women and girls. Our investment in this area includes full scholarships, midwifery school uniforms, teaching equipment, infection prevention and control materials, and subsistence allowances. A third School was recently established in Bo by joint efforts of Caritas and UNFPA.
- Seventy state enrolled community health nurses and midwives from four districts were given clinical mentoring by trained tutors for four weeks. Thirty midwives were trained to provide guidance to students during clinical placements.
- One Hundred and Sixty trainee midwives from midwifery training schools benefited from clinical preceptorship
- In order to retain the midwives in public health facilities who are trained under this programme, UNFPA supported MoHS to develop a binding agreement for HRH basic training programs. The binding agreement is made so that the midwives will remain in the public service for three years before moving to

any other sector. (This is planned to ensure equitable distribution of HRH post-training). The binding agreement was rolled out to the training programs of midwifery, surgical and nurse anaesthetist training.

- UNFPA is currently supporting the revision of the scheme of service and an Act governing the surgical CHOs services to ensure their proper regulation, retention and career development.

Fistula Management

UNFPA supported two NGO partners (Aberdeen Women's Centre and HAIKAL) to implement the three prong strategy for fistula programming: prevention, surgical treatment and rehabilitation). A total of 1,195 women and girls were screened and 640 successful surgical repairs were done with UNFPA support and 279 benefitted from rehabilitation and social reintegration.

Maternal Death Surveillance and Response System

To strengthen the Maternal Death Surveillance and Response (MDSR) system,

- UNFPA provided support for improved capacity of 28 Midwives as Maternal Death Investigators who have investigated 82% of reported maternal deaths in various districts.
- Trained 14 M & E officers to enter accurate data on MDSR and 359 Community Health Workers to enhance prompt death notification from the communities.
- UNFPA also supported the conduct of monthly MDSR review meetings in all districts and selected hospitals to review the maternal deaths and undertake actions to avert similar deaths in future. UNFPA has supported printing and distribution of 2828 MDSR data collection tools, notification and investigation forms for the entire country.
- UNFPA supported the procurement and distribution of ICT equipment
- In collaboration with WHO, UNFPA supported the development of an EpiData software for maternal death data entry.
- With UNFPA support, 2,529 units of blood were collected from 6 districts and 9,000 bags of reagents donated to the National Blood Services Program.
- The UNFPA IP, CUAMM, working in four district hospitals carried-out 18,695 deliveries and performed 5,754 Caesarean Sections.

Construction and renovation of Emergency Obstetric and New-born Care Facilities.

- Conducted an assessment of 51 Emergency Obstetric and New-born Care (EmoNC) health facilities to inform resource mobilization for rehabilitation of facilities weakened by the EVD outbreak.
- With support from DFID, JICA and Government of Japan, the CO rehabilitated and equipped two district hospital and twelve Community Health Centre (CHC) to provide quality Emergency Obstetric and Newborn Care.
- In addition, two new 100-bed hospital were constructed at Rokupa and Kingharman road to provide CEmONC services with support from DFID.

Output 4: Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality.

Indicators	Baseline	Target	End-line data
• Number of national education guiding documents on comprehensive sexuality education.	0	2	5
• Number of service delivery points providing youth-friendly sexual and reproductive health services	84	134	163
• Per cent of youth (aged 15 to 24) that reported condom use last time they had intercourse.	5.9%	15%	Not Available, (DHS deferred to 2019)

Key Achievements:

- UNFPA facilitated the inclusion of comprehensive sexuality education (CSE) in the National Education Sector plan, supported the development of age-specific life skills training manuals for 9-13 years and 14 years and above, supported the development of the National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018-2022 (which includes CSE).
- Supported capacity building of 1,295 Health Care Providers on adolescent and young people friendly health services
- Supported the Ministry of Health and Sanitation to refurbish 79 Adolescent and Youth Friendly Health Centres across the country.

- UNFPA supported the development of the strategic framework and roadmap for the National Youth Scheme, the training and deployment of the first 200 youth corpsers in the country.
- UNFPA conducted a study that revealed more than 18,000 girls became pregnant during Ebola. In response, UNFPA supported the Government of Sierra Leone to reach 10,377 girls with sexual and reproductive health information, 3,356 girls with antenatal care, 6,914 girls to deliver safely and supported more than 11,000 girls to return to the formal education system.

Output 5: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage.

Indicators	Baseline	Target	End-line data
• Number of ministries with budget allocation for adolescent sexual and reproductive health.	2	4	3
• Number of young girls at risk of child marriage reached with improved health, social and economic asset-building programmes	0	100	27,250
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Key Achievements

During this cycle UNFPA achieved following results with our partners:

- With UNFPA support, 27,250 young girls at risk of child marriage were reached with improved health, social and economic asset-building programmes.
- Also 300 community stakeholders were reached with information on the adolescent girls’ programme and its importance on ending child marriage in six districts.
- Through high level advocacy, UNFPA supported the Office of the First Lady to host 390 vulnerable and marginalized girls in annual Girls’ Camps. The girls were mentored and provided with life skills information which empowered them to identity and develop their self-esteem in order to make informed decisions on their health, education and finances.

Output 6: Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence

Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of policy frameworks developed, revised and implemented to promote gender equality and reproductive health 	8	12	12
<ul style="list-style-type: none"> Number of 2014 concluding comments and recommendations from the Convention to Eliminate All Forms of Discrimination against Women implemented through UNFPA support. 	0	5	3
<p>Key Achievements:</p> <ul style="list-style-type: none"> UNFPA supported the drafting of gender related documents including: <ul style="list-style-type: none"> A draft National Gender Strategic plan. A zero draft of the 7th CEDAW report A draft Bill on the Prohibition of Child Marriage A draft National Strategy for the reduction of FGM was developed now awaiting national endorsement and launch. UNFPA supported intervention in gender equality and women's empowerment component especially towards the prevention of gender-based violence. These include: <ul style="list-style-type: none"> Trained of male advocates and peer educators on GBV and SRHR referral pathways Established 15 Husband Schools in 3 districts and reached over 300 men. Established 25 Fathers' Clubs of 500 men and 2,160 out-of-school boys were engaged on GBV prevention, SRH information. 			
<p>Output 7: Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting, and provide delivery of multi-sectoral services for prevention, care and impact mitigation, including in humanitarian settings.</p>			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Proportion of reported gender based violence cases that receive health and other social services. 	20%	50%	Not Available

<ul style="list-style-type: none"> Number of communities that declare the abandonment of female genital mutilation/cutting and other harmful practices. 	0	10	62
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<p><u>Key Achievements:</u></p> <p>The following have been achieved over the cycle with our partners:</p> <ul style="list-style-type: none"> 4,677 GBV victims/survivors accessed information, health and legal services for social justice. 240 GBV victims/survivors and vulnerable women and adolescent girls trained in livelihood skills for self-reliance. 1,000 GBV victims/survivors supported for enhanced referral for social and health services by the Family Support Unit of the Sierra Leone Police With support from UNFPA, the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA) through Community Wellness Advocacy Groups, promoted awareness and referrals for SRHR services and 51,025 women and adolescent girls were referred for ANC, PNC, STIs, GBV, Institutional Delivery, Malaria and Fistula services Sixty-two Memoranda Of Understanding were signed across 120 communities to commit to the abandonment of female genital mutilation/cutting and other harmful practices with UNFPA support. In addition, 197 Paramount Chiefs signed MoUs to support the implementation of the National Strategy for the Reduction of Teenage Pregnancy and Child Marriage 			
<p><u>Output 8:</u> Strengthened national capacity of the statistical system to collect produce, analyse and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring.</p>			
Indicators	Baseline	Target	End-line data
<ul style="list-style-type: none"> Number of national and sectoral plans that incorporate evidence-based disaggregated gender-sensitive data from 2014 census and the national demographic and health survey 2013 	0	10	10

• Population policy enacted and action plan implemented.			
• Population policy enacted and action plan implemented	0	Policy finalized and enacted	Policy finalized and enacted
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<p><u>Key Achievements:</u></p> <p>UNFPA supported:</p> <ul style="list-style-type: none"> • The secondary analysis of the 2013 Demographic and Health Survey with focus on maternal health indicators in the country- Trends in Maternal Health Indicators in Sierra Leone 2008-2013. • UNFPA successfully supported the conduct of the 2015 Population and Housing Census including establishment of a fully-equipped and functional data processing centre and GIS laboratory. <ul style="list-style-type: none"> ○ Data for development: UNFPA supported the printing and distribution of 469 copies of high quality disaggregated census data. UNFPA worked with SSL to produce and disseminate 17 Thematic Reports and a 16- Chapter analytical report of the 2015 census. In collaboration with Statistics Sierra Leone, a Post Enumeration Survey was conducted to verify content and geographical coverage of the census and report produced • The following documents were developed using the disaggregated data provided by the census and the 2013 DHS <ul style="list-style-type: none"> ○ EVD Presidential Recovery Plan ○ Revised National Population Policy ○ Adolescent Health Strategy- 2016-2021 ○ National Strategy for the Reduction of Female Genital Mutilation. ○ National Health Recovery Plan 2015 ○ The National Health Sector Strategic Plan. ○ Maternal Death Surveillance and Response (MDSR) plan ○ The National RMNCAH Strategy 2017 – 2021. ○ National Strategy for the Reduction of Teenage Pregnancy and Child Marriage ○ Costed Implementation Plan for Family Planning • National Population Policy: Population policy has been finalized and enacted; plans are now being put in place for the launching by the Ministry of Planning and Development and dissemination nationwide. 			

- **ICPD Advocacy:** The Ministry of Planning and Economic Development (MoPED) and Sierra Leone Parliamentary Action Group on Population and Development (SLPAGPAD) are the main government bodies for the ICPD advocacy in Sierra Leone. In 2017, UNFPA supported a member of the SLPAGPAD to participate in 50th Session of the Commission on Population and Development (CPD) of the UN. These two bodies were able to bring together key MDAs to develop Sierra Leone’s Position Paper, which underscored the importance of partnerships in the implementation of the ICPD Programme of Action (PoA). During this period, Sierra Leone was nominated as chair of high level panel on the Commission of Population and Development and successfully chaired the Africa review meeting
- Supported the development of the ICPD at 25 report which highlights the progress made by Sierra Leone since Cairo declaration 1994.

C. National Progress on Strategic Plan Outcomes	Start value	Year	End value	Year	Comments
Outcome 1 : Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV that are gender-responsive and meet human rights standards for quality of care and equity in access.					
Outcome indicators					
• Contraceptive prevalence rate (modern method)	16%	DHS 2013	(TBD)	DHS 2019	22.5% (2017 MICS)
• Percentage of live births attended by a skilled birth attendant.	62%	DHS 2013	(TBD)	DHS 2019	81.7 (2017 MICS)
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Summary of National Progress					
Increased use of modern contraceptive methods and in skilled birth attendance have been observed at national level. While the data for DHS 2019 is still being awaited for comparison, estimates from the 2017 MICS reveals that CPR was 22.5% while skilled birth attendance was 81.7%.					
UNFPA’s Contributions					
<ul style="list-style-type: none"> • Developed the curriculum (trainer’s and service providers’ manual) on short term and long term methods and supported capacity building of service providers for family planning • Support the MoHS to launch the first ever national family planning campaign in Sierra Leone in 2015 which led to an observed dramatic improvement in the utilization of FP services. 					

- Supported government and NGO partners to intensify FP outreach services to respond to the growing demand in addition to the widely distributed FP messages using different media channels. Provided support to print FP training manuals, curriculum, training participants' handbook, IEC Materials. Mass media campaigns were undertaken to promote FP, institutional delivery, identification, care and social integration of fistulae patients, HIV prevention, promotion of girls and women sexual and reproductive health rights and GBV prevention.
- UNFPA continues to account for more than 95 percent of public sector supply of the country's contraceptive needs. Technical support was also provided to MoHS/NPPU and Reproductive Health Commodity Security Committee to conduct quantification, forecasting and budgeting of contraceptives across the country.
- Supported the three midwifery training schools resulting in the graduation and deployment of 466 midwives (15.5% of national need) to provide skilled attendance at birth.

Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health.

Outcome indicators	Start value	Year	End value	Year	Comments
<ul style="list-style-type: none"> • Percentage of adolescent girls aged 15 to 19 who have been pregnant (age specific fertility rate 15 to 19) 	28%	DHS 2013	TBD	DHS 2019	23% (2017 MICS)

Summary of National Progress

- Government of Sierra Leone developed a National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018-2022 to guide the implementation of evidence based interventions in the country. While the data from DHS 2019 is still being awaited for comparison, estimates from the 2017 MICS reveals that the age specific fertility rate among 15-19 year olds is 23.3%.

UNFPA's Contributions

- Supported capacity building of 1,295 Health Care Providers on adolescent and young people friendly health services and the refurbishment of 79 Adolescent and Youth Friendly Health Centres across the country.
- UNFPA conducted a study that revealed more than 18,000 girls became pregnant during Ebola. In response, UNFPA supported the Government of Sierra Leone to reach 10,377 girls with sexual and reproductive health information, 3,356 girls with antenatal care, 6,914 girls to deliver safely and supported more than 11,000 girls to return to the formal education system.
- With UNFPA support, 27,250 young girls at risk of child marriage were reached with improved health, social and economic asset-building programmes.
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Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth.					
Outcome indicators	Start value	Year	End value	Year	Comments
<ul style="list-style-type: none"> Number of policies, frameworks and national action plans that integrate reproductive rights 	3		12	2018	
<ul style="list-style-type: none"> Number of action taken on all of the concluding comments of the Convention to Eliminate All Forms of Discrimination against Women recommendations from sixth reporting cycle. 	0		3	2018	
<p>Summary of National Progress: More gender related policy documents have now been legislated or reviewed and gender based violence is now a national issue.</p> <p>UNFPA's Contributions:</p> <ul style="list-style-type: none"> UNFPA supported the drafting of gender related documents including: <ul style="list-style-type: none"> A draft National Gender Strategic plan. A zero draft of the 7th CEDAW report A draft Bill on the Prohibition of Child Marriage A draft National Strategy for the reduction of FGM was developed and is awaiting endorsement. 					
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality.					
Outcome Indicators	Start value	Year	End value	Year	Comments
Disaggregated data available for policy formulation, planning and management	<i>Census (2014); demographic and health survey 2013</i>		<i>Demographic and health survey to be conducted in 2019</i>	2019	
<p>Summary of National Progress: The national Population and Housing Census was conducted in 2015 which provides disaggregated data for various areas for policy formulation, planning and management.</p>					

- The following documents were developed using the disaggregated data provided by the census and the 2013 DHS
 - EVD Presidential Recovery Plan
 - Revised National Population Policy
 - Adolescent Health Strategy- 2016-2021
 - National Strategy for the Reduction of Female Genital Mutilation.
 - National Health Recovery Plan 2015
 - The National Health Sector Strategic Plan.
 - Maternal Death Surveillance and Response (MDSR) plan
 - The National RMNCAH Strategy 2017 – 2021.
 - National Strategy for the Reduction of Teenage Pregnancy and Child Marriage
 - Costed Implementation Plan for Family Planning

UNFPA’s Contributions:

- We supported the secondary analysis of 2013 demographic and health survey with focus on maternal health indicators in the country.
- Established GIS Lab fully equipped and functional; and trained 12 staff in digitization.
- We supported the national statistics office to conduct the 2015 census and produce and disseminate 17 Thematic Reports and a 16- Chapter analytical report of the census.
- UNFPA is contributing to the conduct of 2019 Demographic and Health Survey

E. Country Programme resources

SP Outcome (for 2013 onwards only) Choose only those relevant to your CP	Regular Resource (Planned and Final Expenditure)		Others (Planned and Final Expenditure)		Total (Planned and Final Expenditure)	
	Amount in USD		Amount in USD		Amount in USD	
Output 1: Increased national capacity to deliver integrated sexual and reproductive health services, national plans, guidelines, protocols and standards for the delivery of high-quality sexual and reproductive health services, including humanitarian response plan incorporating minimum initial service package	492,549.36	536,215.02	282,594.00	282,825.33	775,143.36	819,040.35

Output 2: Increased national capacity to strengthen enabling environments, increase demand for and supply of modern contraceptives and improve the quality of family planning services that are free of coercion, discrimination and violence.	1,276,865.31	1,150,662.55	10,694,086.99	8,316,583.02	11,970,952.30	9,467,245.57
Output 3 : Increased national capacity to deliver comprehensive high-quality maternal health services, including Ending Mother to Child Transmission of HIV (eMTCT) services.	4,208,105.24	3,630,544.64	50,986,291.26	40,978,048.89	55,194,396.50	44,608,593.53
Output 4: Increased national capacity to design and implement community and school-based comprehensive sexuality education programmes that promote human rights and gender equality.	394,340.69	362,344.61	2,126,686.13	1,787,439.26	2,521,026.82	2,149,783.87
Output 5: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized adolescent girls, including those at risk of child marriage.	734,532.14	734,306.03	6,194,111.99	4,248,697.26	6,928,644.13	4,983,003.29
Output 6: Strengthened legislative frameworks and national protection systems for promoting reproductive rights, gender equality and addressing gender-based violence	224,123.80	227,045.04	202,752.89	199,340.24	426,876.69	426,385.28
Output 7: Increased capacity of organizations and communities to prevent gender-based violence and harmful practices, including female genital mutilation/cutting, and provide delivery of multi-sectoral services for prevention, care	277,054.28	237,935.23	629,037.94	608,999.31	906,092.22	846,934.54

and impact mitigation, including in humanitarian settings.						
Output 8: Strengthened national capacity of the statistical system to collect produce, analyse and disseminate high-quality disaggregated population data for evidence-informed planning and monitoring	995,261.95	962,956.05	5,636,371.02	3,986,666.79	6,631,632.97	4,949,622.84
PCA	1,199,890.00	1,116,754.00	-	-	1,199,890.00	1,116,754.00
Total	9,802,722.77	8,958,763.17	76,329,091.22	60,015,772.57	86,131,813.99	68,974,535.74