



Annual Progress Report 2007

Submitted by

The Government of

United Republic of Tanzania

Date of submission _____

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(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:
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Enquiries to: Dr Raj Kumar, raj कुमार@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

Used to be reflected on the MoHSW budget, however due to several revisions of budget it was omitted. The plan is to reflect them in the next financial year 2008/09 budget (MTEF general sheet).

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.

The Expanded Programme on Immunisation prepares Comprehensive Multi-Year Plan from which annual plans and budget are extracted for operationalisation. The comprehensive Multiyear plan, annual plan and budget are presented to Interagency Co-ordinating Committee for discussion and endorsement.

After endorsement, the plan is submitted to WHO country office for action. In the implementation of earmarked activities, a request is lodged from the Ministry of Health and Social Welfare with a signed local cost subsidy form to WHO for release of funds and procurement of items requested. After implementation of activities the retirements are audited by the internal audit Department of MOH&SW thereafter a summary of audited report is submitted to WHO.

There is a delay in procurement process at times.

1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 : **USD 1,184,380**

Remaining funds (carry over) from 2006 : **USD 2,653,500**

Balance to be carried over to 2008 : **USD 2,445,159**

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	1,300,073	0	0	1,300,073	0
Injection supplies	0	0	0	0	0
Personnel	709	709	0	0	0
Transportation	2,123	2,123	0	0	0
Maintenance and overheads	57,575	30,845	26,730	0	0
Training	588,258	1,114	37,869	549,275	0
IEC / social mobilization	0	0	0	0	0
Outreach – Motor cycles	317,438	0	0	317,438	0
Supervision	700	700	0	0	0
Monitoring and evaluation	44,835	9,694	35,141	0	0
Epidemiological surveillance	40,431	37,585	2,846	0	0
Vehicles	340,565	192,558	1,073	146,934	0
Cold chain equipment	0	0	0	0	0
Other – Health Facility Study	87	0	0	0	87
Total:	2,692,794	275,328	103,659	2,313,720	87
Remaining funds for next year:					

**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 and utilization of funds were discussed.

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

The following activities were conducted in order to support immunisation services:

Mainland:

- *The EPI Annual Evaluation meeting*
- *Data Quality Self Assessment*
- *Immunisation safety training at districts and health facility levels*
- *Strengthening data management by procurement of laptops for National and Regional levels immunisation resource personnel's which are used for SMT, CCIT, DMT and reading TTM data loggers.*
- *Other activities included procurement of motorcycles for all district immunisation resource persons in Mainland to compliment supervision and data collection.*

Zanzibar:

- *RCH review meeting*
- *Refresher training for EPI service providers*
- *Sensitization meetings at district and community levels*
- *Support for fuel for distribution of vaccines and supervision and kerosene for running vaccine refrigerators,*
- *Procurement of vehicles and for strengthening central level managerial capacity.*
- *Assessment of De mont Fort incinerators.*

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for **2009**

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA?

- *To improve record keeping at all level.*
- *Need to improve HMIS database.*
- *EPI annual evaluation should strengthen HMIS.*
- *Policy on reporting deadline at health units and district level should be reviewed.*
- *The guidelines and forms regarding AEFI should be reviewed.*
- *Introduce wall chart for monitoring completeness and timeliness of Health Unit.*
- *Introduce written feedback to the Health Unit that contains some analysis.*
- *Monitor injection safety commodities including AD syringes.*
- *CHMTs/DHMTs should provide guidance to health units regarding use of data and performance charts.*
- *Introduce booklet tally sheets*
- *Ensure that ledger books for HU are up to date.*
- *Develop appropriate feedback format that should include some analysis of data.*
- *Supervision should include a written record in the supervisory book.*

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

YES

NO

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

The last DQA was conducted in 2002. Most of the recommended activities had been incorporated in the Council Comprehensive Health Plans. Most of the recommendations have been implemented at Health facility and District levels. Guidelines and forms regarding AEFI were reviewed, wall chart for monitoring completeness and timeliness was introduced in some Health Unit. Sensitisation is still going on through training and on job training during supervisory visits. Feedback to the Health Unit that contains some analysis had been introduced and it is done quarterly (national ⇨ Regional ⇨ District ⇨ Health Unit). Injection safety commodities including AD syringes are in the EPI monthly report form. Districts have been sensitised to use booklet tally sheets and some of the districts printed booklet tally sheets. Districts are sensitised to ensure that, ledger books for HU are up to date. During supervisory visit ledger books are monitored. Data management training under the existing Health Management has been conducted for Regional Health Management Teams. Monitoring of timeliness and completeness of reporting has been introduced in collaboration with the IDSR. During annual EPI evaluation more emphasis was done on proper data management and reporting. HMIS do participate in the EPI annual evaluation and relevant information from annual evaluation is incorporated in HMIS. Guidelines for Data Quality Self assessment (DQS) and training manuals were prepared. Data Quality Self assessment training was conducted at all levels. Other opportunities such as on job training during supervision and meetings were used to sensitize and improve immunization data quality. Quarterly evaluation meetings are conducted in Zanzibar where data management issues are also discussed. The data management activities have been incorporated into EPI 5 years strategic plan. DQS training and other data management activities were also included.

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

- **Vaccine Management Assessment**
- **Transport Management Assessment**
- **External Surveillance Review.**

1.1.4. ICC meetings

How many times did the ICC meet in 2007? **Please attach all minutes.**

Are any Civil Society Organizations members of the ICC and if yes, which ones?

ICC meetings were conducted 6 times in 2007. CSO are also members of the ICC , such as BAKWATA, CSST, PAT e.t.c

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

1.2.1. Receipt of new and under-used vaccines during 2007

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DTP-HepB	10	820,500	01/01/ 2002	27/04/ 2007

Please report on any problems encountered.

Shortage of DTP-HepB , Measles and BCG vaccine vaccines in the country was caused by late release of allocated vaccines funds.

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.

Advocacy, Vaccine Management Assessment, External Surveillance Review, Transport Assessment and preparation for application form for New and Underused DTP-HepB-Hib vaccine, Pneumococcal vaccine.

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

These funds were received on: N/A. Application of new vaccines submitted on 2May 2008

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

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Vaccine Management Assessment (VMA) was conducted in **2007**

Please summarize the major recommendations from the VMA

- *The National level should secure enough funds to meet national vaccine requirements and to avoid frequent stock outs experienced at all levels.*
- *In view of weaknesses revealed by this assessment the national EPI office should mobilize resources to conduct vaccine management training workshops initially targeting national and sub-national vaccine storekeepers and then their supervisors. WHO may provide technical assistance if required. For all other relevant health workers the Ministry could include vaccine management issues in agendas of other meetings/fora and or give on the job training during supervisory visits*
- *The Central Vaccine Store cold and freezer rooms should be fitted with continuous temperature recording systems and temperature alarm units.*
- *Ensure freeze dried vaccines have appropriate correct quantities of diluents. Request lower levels to conduct a physical inventory of all freeze dried vaccines and their diluents and ask them to end any excess diluents to upper level possible redistribution the areas where there shortage. Otherwise all vaccine without diluents should be discarded.*
- *Develop new/or update existing vaccine management guidelines and distribute them to all levels for use by health workers.*
- *Strengthen supportive supervision to address vaccine management issues at all levels.*

Was an action plan prepared following the VMA: **Yes**

If so, please summarize main activities under the VMA plan and the activities to address the recommendations.

Advocacy for vaccine security, development and dissemination of Vaccine Management guidelines and training of supervisors and Implementers on Vaccine Management. Other activities include; printing and distribution of VVM stickers and other job aid materials.

The next EVSM/VMA* will be conducted in: **2010**

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

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received
0.5 ml	1,440,000	01/03/2007
Safety boxes	8,000	07/02/2007

Please report on any problems encountered.

None

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

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

*For Tanzania Mainland all injection materials and safety boxes are supported by the Government except for 30% of DTP-HepB vaccines syringes and needles /safety boxes supported by GAVI.
In Zanzibar all injection material and safety boxes are supported by GAVI through UNICEF.*

Please report how sharps waste is being disposed of.

United Republic of Tanzania has embarked on constructing De-mont fort incinerators in districts and other hospitals for the purpose disposing all medical waste. In health facilities where there are no incinerators daily sharp disposals is done using burn and burry method.

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

- **Unavailability of quality building materials in the country.**
- **Poor supervision during construction.**
- **Lack of knowledge of health staff/ incinerator Attendants.**

1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (if received in the form of a cash contribution)

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

N/A

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

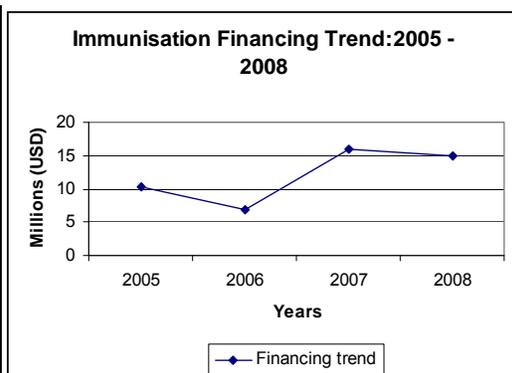
Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

5..

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	5,159,303.14	8,891,203.76	6,289,340.86	21,223,631.81
Injection supplies	1,325,021.84	1,325,021.84	1,170,387.57	1,243,043.24
Cold Chain equipment	2,302,520.98	2,302,520.98	791,577.93	
Operational costs	1,782,085.04	2,663,813.00	3,057,152	3,465,429
Other (please specify)				
Surveillance	300,000.00	800,000.00		
Financing by Source				
Government (incl. WB loans)	7,585,877.36	12,089,765.34		
GAVI Fund	2,692,794.24	2,692,794.24		
UNICEF	290,259.40	400,000.00		0
WHO	300,000.00	800,000.00	800,000.00	0
Other (please specify)				
Total Expenditure	10,868,931.00		Not Known	Not Known
Total Financing				
Total Funding Gaps		5,113,628.58		

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps —growing expenditures in certain budget lines, loss of sources of funding, a combination...



The immunization financing has increased especially from the Government over the years. However, in the year 2006, funds allocated to EPI were reduced. This may have contributed the drop in 2007 vaccination coverage.

Table 2.2: Country Co-Financing (in US\$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government	1 US \$	1 US \$	0.50 cents	0.30 cents
Other sources (please specify)	0.29 cents	0.29 cents	0.22 cents	3.30 US \$
Total Co-Financing (US\$ per dose)	1.29	1.29	0.72 Cents	3.60 US \$

Please describe and explain the past and future trends in co-financing levels for the 1st GAVI awarded vaccine.

2003-07; the trend has been increased from 5% (2003) to 75% (2007)

For 2 nd GAVI awarded vaccine. Please specify which vaccine (example: DTP-HepB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				
Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

Please describe and explain the past and future trends in co-financing levels for the 2nd GAVI awarded vaccine.

Table 2.3: Country Co-Financing (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	✓	BCG, OPV, DPT-HepB, Measles vaccine and TT	Government of Tanzania and GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule (month/year)	Date of Actual Payments Made in 2007 (day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	Yes
National health budget	Yes
Medium-term expenditure framework	Yes
SWAp	Yes
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
<i>1. Poverty</i>
<i>2. Competing priorities particularly with Malaria and HIV/AIDS.</i>
<i>3. Lack of awareness on the importance of immunisation among decision makers/immunisation stakeholders</i>
4.
5.

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

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. Targets for future years **MUST** be provided.*

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 same figures have been used in both GAVI Progress Report and WHO/UNICEF Joint reporting form.

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	1,661,085	1,788,043	1,825,185	1,863,473	1,902,730	1,941,034	1,976,436	2,000,123	2,028,411	2,053,671
Infants' deaths	113,620	140,183	140,174	140,133	140,041	139,560	138,943	131,408	133,267	134,926
Surviving infants	1,547,465	1,647,860	1,685,011	1,723,340	1,762,689	1,801,474	1,837,493	1,868,715	1,895,144	1,918,745
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*										
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)	1,423,583	1,343,278	1,600,760	1,637,173	1,674,555	1,729,415	1,782,368	1,831,341	1,857,241	1,880,370
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of...DTP-HepB (new vaccine)	1,351,627	1,306,307	1,600,760	1,637,173	1,674,555	1,711,400	1,745,618	1,775,279	1,800,387	1,822,808
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	1,302,171	1,255,404	1,733,926	1,770,300	1,807,593	1,843,983	1,877,615	1,900,117	1,926,990	1,950,988
Infants vaccinated / to be vaccinated with BCG	1,489,297	1,619,586	1,733,926	1,770,300	1,826,621	1,882,803	1,936,908	1,960,121	1,987,842	2,012,598
Infants vaccinated / to be vaccinated with Measles (1 st dose)	1,378,607	1,410,393	1,600,760	1,637,173	1,674,555	1,711,400	1,745,618	1,775,279	1,800,387	1,822,808

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2009

In case you are changing the presentation of the vaccine, or increasing your request; please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> ▪ 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 a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> 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 7: 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

3.3 Confirmed/ revised request for injection safety support for the year 2009

Table 8: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	2009	2010
A	Target if children for Vaccination (for TT: target of pregnant women) (1)	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number ofdoses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock (2)	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 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.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

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

Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation?

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (*In case there is a change in the 2009 request, please justify in the narrative above*)

Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

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

6. Comments

ICC/HSCC comments:



~ End ~