



Annual Progress Report 2007

Submitted by

The Government of

DJIBOUTI

Date of submission _____

Deadline for submission 15 May 2008

(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:

GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

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

Signatures Page for ISS, INS and NVS

For the Government of [Djibouti](#)

Ministry of Health:

Title: [Le Secrétaire Général de la Santé](#)

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
	MS		
	OMS		
	UNICEF		
	USAID/JSI		
	PNUD		
	PAM		
	FNUAP		
	FFDJ		
	UNHCR		
	ROTARY UNFD		

Signatures Page for HSS

For the Government of

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

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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?

Djibouti has not receive ISS funds in 2006 and 2007

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.

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 0.00 \$US
 Remaining funds (carry over) from 2006 0.00 \$US
 Balance to be carried over to 2008 0.00 \$US

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					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
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.

There was no ICC meeting on discussion on allocation and utilization of GAVI/ISS funds. But in 2007.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _____

**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?

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.

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).

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?

4 ICC meetings were be organized during 2007 :

- 1/ 29/1/2007 :

Agenda : OPV NIDs of December 2006 : results and recommendations

Routine EPI situation in 2006

Recommendations to reinforce routine EPI in 2007

- 12/9/2007

Agenda : Multi antigens following in Djibouti City : results and recommendations

New vaccines Introduction

Monitoring and assessment of AFP indicators in 2007

Routine EPI situation

- 11/10/2007

Agenda : Discussion of objectives and strategy of GAVIHSS application

OPV NIDs 2007 : discussion of the plan of action

- December 2007

Agenda : OPV NIDs of December 2007 : results and recommendations

Routine EPI situation in 2007

Recommendations to reinforce routine EPI in 2008

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 were received in 2006.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DTP to DTP-Hep.B-Hib	10.6 cm ³ /vial Total : 0.2332 m ³	2 doses/vialvials Total doses received : 44000	1 August 2007	11/06/07

Please report on any problems encountered.

We have programmed the introduction of new vaccines in March 2007 in urban areas only. But because of the vaccine has be introduced in August, we have programmed to start in all health facilities of the country.

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.

The DTP-Hep.B-Hib was introduced in all health centers of the country since 1st August 2007. The preparation of the introduction was interested the training of health workers, the social mobilization, and vaccine storage

-

1/ Training of Health workers:

- A guide on pentavalent “Module de formation du personnel de santé sur l’introduction des vaccins contre l’Hépatite B et les maladies invasives dues au Hib”. (See copy in annex)
- The training was organized in July 2007 (See report in annex)
- Brochures on Hib Invasive diseases and Hepatitis B was elaborated and distributed to public and private health workers in order to inform and to make health workers in public and private sectors aware of the Hib and Hepatitis B immunization (See copy in annex)

2/ Social Mobilization

- A file for journalist information was elaborated (See annex)
- Conferences in TV and Radio were conducted to sensitizing population
- A large distribution of new national immunization schedule was conducted in health centers (See copy in annex)

3/ Supply and storage vaccine: 44000 doses were supplied. The storage is correctly conducted in cold room at Center level and refrigerators in health centers.

4/ GAVI Introduction Support: The MoH has received the 100000 \$US for new vaccines introduction in October 2007.

5/ Surveillance of bacterial meningitis is integrate in PVD active surveillance but laboratory is a big failure: only one bacteriological laboratory in Djibouti and quality needs increasing.

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

These funds were received on: _____

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

services /activités	Fonds alloués	Dépenses	CHQ N°	Montant restant
	17 576 200	3 011 735		14 564 465
Encre photocopieuse	GAVI	38 000		
Participants reunion prep Gavi	GAVI/HSS	400 000		
Consultant	GAVI/HSS	540 000		
Furniture de bureau	GAVI/HSS	400 000		
	GAVI/HSS	583 735		
Carburant	GAVI/HSS	100 000		
Supervision	GAVI	480 000		
Equipement de la chaine de froide	GAVI	370 000		
Personnel	GAVI	100 000		
Part of the funds was used for staff training on new vaccines (100000 FDJ), strengthening the cold chain (370000) and supervision after the start with the new vaccines (480,000 FDJ).				
For the rest of the expenses, the Department has used some of these funds to prepare the HSS proposal; so far it has not yet received the USD 50,000 for the preparation of the proposition.				

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in [February 2006](#)

Please summarize the major recommendations from the EVSM/VMA

- [Storage Capacity in health facilities must be reinforced](#)
- [Cold room must be built before new vaccines introduction](#)
- [Vaccine management needs reorganization and capacity reinforcement](#)
- [Supervision and assessment of vaccines management must be reinforced](#)

Was an action plan prepared following the EVSM/VMA: Yes/No

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

- Storage capacity in health facilities was reinforced : renovation of solar equipment in all rural health facilities
 - 2 Cold rooms were built (freeze room : 9 m³ and refrigerator room : 15 m³)
 - Vaccine management : training on vaccine management and health facilities use order form and monitoring sheet

The next EVSM/VMA* will be conducted in: 2009

**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
Auto-disable syringe	45 000	11/06/07
	60 400	17/04/08
Disposable syringes	25 000	11/06/07
	30 000	17/04/08
Safety box	1050	17/04/08

Please report on any problems encountered.

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.

Djibouti has started its safety injection programme since 2003 – 2005 with GAVI INS and continues with UNICEF.

Please report how sharps waste is being disposed of.

Health centres of Djibouti City: boxes safety are collected by hygiene workers and are incinerated in Peltier General Hospital incinerator
District centres : boxes safety are burning and needles are burying

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

A principal problem of the safe injection and sharp wastage is the incinerator : there only one incinerator in the country, so when it is breakdown, sharp wastage must be disposed by burning in metal drum

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:

In 2007, Djibouti has received syringes and needles and boxes safety with DTP- Hep.B-Hib vaccines

Auto-disable syringe	45 000	11/06/07
Disposable syringes	25 000	11/06/07
Safety box	0	

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.

Djibouti is in NVS Phase 1, but the MoH has planned to improve co-financing and MoH contribution in EPI. (Remplir ce tableau en faisant apparaitre l'effort du ministere dans le financement des vaccins et de la vaccination meme si Djibouti est dans GAVI 1. Les memes donnees doivent figurer dans le JRF dans contribution du pays)

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines				
Injection supplies				
Cold Chain equipment				
Operational costs				
Other (please specify)				
Financing by Source				
Government (incl. WB loans)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
Total Expenditure				
Total Financing				
Total Funding Gaps				

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...

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.

(Remplir ce tableau a partir d precedent)

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				
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 1st GAVI awarded vaccine.

For 2 nd 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				
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	Yes	DTP-Hep.B-Hib, DTP, MCV1, VAT	GAVI, UNICEF
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	
National health sector plan	
National health budget	
Medium-term expenditure framework	
SWAp	
cMYP Cost & Financing Analysis	
Annual immunization plan	
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
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.

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	20540	24492	25226	25983	26762	27565	28392	29244	30121	31025
Infants' deaths (Infantile mortality rate was 94‰ in PAPFAM 2002 and it is 67‰ EDIM 2007. This explain data difference between PAR 2006 an 2007)	2075	1641	1690	1741	1793	1847	1903	1960	2018	2087
Surviving infants	18473	22851	23536	24242	24969	25718	26589	27284	28103	28946
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*		18140/ 15726								
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*		17314/ 15144								
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)			18140/ 19770	18140/ 21090	18140/ 22454	18140/ 23660	18140/ 24727	18140/ 25374	18140/ 26135	18140/ 27498
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (new vaccine)			17314/ 19064	17314/ 20363	17314/ 21723	17314/ 23146	17314/ 24461	17314/ 25101	17314/ 25856	17314/ 26920
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)		11%	10%	10%	10%	10%	10%	10%	10%	10%
INJECTION SAFETY****			12194/ 16396	12194/ 16890	12194/ 18733	12194/ 19295	12194/ 20726	12194/ 21933	12194/ 21988	12194/ 23168
Pregnant women vaccinated / to be vaccinated with TT		12194/ 13715	12194/ 16396	12194/ 16890	12194/ 18733	12194/ 19295	12194/ 20726	12194/ 21933	12194/ 21988	12194/ 23168
Infants vaccinated / to be vaccinated with BCG		18958/ 19287	18958/ 20685	18958/ 22085	18958/ 23550	18958/ 24257	18958/ 25553	18958/ 26612	18958/ 27711	18958/ 29473
Infants vaccinated / to be vaccinated with Measles (1 st dose)		14488/ 13397	14488/ 15770	14488/ 18908	14488/ 20724	14488/ 23146	14488/ 24461	14488/ 25101	14488/ 25856	14488/ 26920

* 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.

- The presentation of vaccines is always the same: Pentavalent lyophilized to 2 doses to 10 doses measles and polio trivalent to 10 doses.
- UNICEF has assured BCG, Measles, OPV and DTP vaccines supply
- The expected balance of PENTAVALENT at 1 January 2009 will be 9000 doses. Regarding other antigens, they have used 2007 stocks. Only 9000 vials of OPV and 1000 vials of BCG were commissioned in 2008.
- In general; existing stocks of all antigens cover needs until March 2009 except for Pentavalent (1 month)
- Wastage vaccines is estimated as follow : BCG : 50%, Pentavalent : 15%, Measles : 30%, OPV 27%, TT : 20%
- Waste management :all health facilities use the safe boxes
- In Djibouti city, Health Department ensures the collection of safety boxes and incineration is at the incinerator General Hospital Peltier
- In Districts and rural health posts, MoH has constructed burners for septic wastes, syringes and products resulting from vaccination

Please provide the Excel sheet for calculating vaccine request duly completed

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 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, 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 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 for BCG Vaccination	#	25,983	26,762
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number ofdoses	A x B	25,983	26,762
D	AD syringes (+10% wastage)	C x 1.11	28,841	29,706
E	AD syringes buffer stock (2)	D x 0.25	7,210	7,426
F	Total AD syringes	D + E	36,051	37,132
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	2,884	2,971
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	432	445

- 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.

		Formula	2009	2010
A	Target for DTP HepB-Hib Vaccination	#	24,242	24,696
B	Number of doses per child (for TT: target of pregnant women)	#	3	3
C	Number ofdoses	A x B	72,726	74,088
D	AD syringes (+10% wastage)	C x 1.11	80,726	82,238
E	AD syringes buffer stock (2)	D x 0.25	20,181	20,559
F	Total AD syringes	D + E	100,907	102,797
G	Number of doses per vial	#	2	2
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	64,581	65,790
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,837	1,871

- 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.

		Formula	2009	2010
A	Target for Mesles Vaccination	#	24,242	24,969
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number ofdoses	A x B	24,242	24,969
D	AD syringes (+10% wastage)	C x 1.11	26,909	27,716
E	AD syringes buffer stock (2)	D x 0.25	6,727	6,929
F	Total AD syringes	D + E	33,636	34,644
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	4,305	4,434
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	421	434

- 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.

		Formula	2009	2010
A	Target for OPV Vaccination	#	5,983	26,762
B	Number of doses per child (for TT: target of pregnant women)	#	4	4
C	Number ofdoses	A x B	23,932	107,048
D	AD syringes (+10% wastage)	C x 1.11	26,565	118,823
E	AD syringes buffer stock (2)	D x 0.25	6,641	29,706
F	Total AD syringes	D + E	33,206	148,529
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	4,250	19,012
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	416	1,860

- 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.

		Formula	2009	2010
A	Target for DTP booster Vaccination	#	24,242	24,969
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number ofdoses	A x B	24,242	24,969
D	AD syringes (+10% wastage)	C x 1.11	26,909	27,716
E	AD syringes buffer stock (2)	D x 0.25	6,727	6,929
F	Total AD syringes	D + E	33,636	34,644
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	4,305	4,434
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	421	434

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
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- 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.

		Formula	2009	2010
A	Target r TT: target of pregnant women) (1)	#	25,983	26,702
B	Number of doses per child (for TT: target of pregnant women)	#	2	2
C	Number ofdoses	A x B	51,966	53,404
D	AD syringes (+10% wastage)	C x 1.11	57,682	59,278
E	AD syringes buffer stock (2)	D x 0.25	14,421	14,820
F	Total AD syringes	D + E	72,103	74,098
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	9,229	9,485
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	903	928

- 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.

4. Health Systems Strengthening (HSS)

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2009. Countries are therefore asked to report on activities in 2007.

Health Systems Support started in: _____

Current Health Systems Support will end in:

Funds received in 2007:	Yes/No	
	If yes, date received: (dd/mm/yyyy)	
	If Yes, total amount:	US\$ _____
Funds disbursed to date:		US\$ _____
Balance of installment left:		US\$ _____
Requested amount to be disbursed for 2009		US\$ _____

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No
If not, why not? How will it be ensured that funds will be on-budget? Please provide details.*

--

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

[illegible]

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 ~