Annual progress report 2007

Submitted by

The Government of

Mauritania

to

Date of submission June 2008_____

Deadline for submission 15 May 2008
(to be accompanied by the Excel calculation sheet, in accordance with the instructions)

Please return a signed copy of this document to:
GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland

Enquiries should be sent to: Dr Raj Kumar, rajkumar@gavialliance.org or to the representatives of a GAVI partner agency. All documents and appendices should be submitted in English or French, and preferably in an electronic form. GAVI partners, its employees and the general public may be informed of the contents of these documents.

This report is an account of the activities completed in 2007 and defines requests for January – December 2009.

Signatures page for ISS, INS and NVS

On behalf of the Government of Mauritania ……..……

Ministry of Health:

Title: Minister of Health

Signature: ……

Date:

Ministry of Finance:

Title: Minister of the Economy and Finance

Signature: ……

Date: ……

We, the undersigned members of the Inter Agency Coordinating Committee (IACC), endorse this report and the appended Excel calculation sheet. Signing the endorsement page of this document does not imply any financial (or legal) commitment whatsoever on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting on countries' performance. It is based on the requirement to carry out regular government audits, as stipulated in the Banking form.

The members of the IACC confirm that the funds received from the GAVI Funding entity have indeed been audited and accounted for in accordance with standard government or partner requirements.

Full name/Title	Agency/Organisation	Signature	Date
Mr Mohamed Ould Mohamed Elhafedh Ould KHLIL	Minister of Health		
Mr Mohamed Abderrhamane Ould Hamma Vezzaz	Minister of the Economy and Finance		
Dr Mohamed Ould Ely Telmoudy	Secretary General Ministry of Health		
Dr Abderrahmane Ould Jiddou	Director for Basic Healthcare Services/Ministry of Health		
Dr Lamine Cissé Sarr	WHO Representative		
Mr Christian Skoog	UNICEF Representative		

Signatures page for HSS support

Mauritania has not submitted an application for HSS support yet.

On behalf of 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 (HSCC) …….. (insert the names) endorse this report on the Health System Strengthening Programme. Signing the endorsement page of this document does not imply any financial (or legal) commitment whatsoever on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting on countries' performance. It is based on the requirement to carry out regular government audits, as stipulated in the Banking form.

The HSCC members confirm that the funds received from the GAVI Funding entity have indeed been audited and accounted for in accordance with standard government or partner requirements.

Full name/Title	Agency/Organisation	Signature	Date

Progress Report Form: Table of contents

The text boxes in this report have been given for guidance only. Feel free to add more text beyond the space provided.

1. Report on progress accomplished in 2007

1.1 Immunisation Services Support (ISS)

Are the funds received for ISS entered in the budget (do they appear in the Ministry of Health and Ministry of Finance budget): No
If yes, explain in detail how they appear in the Ministry of Health budget in the box below.
If it is not the case, explain if it is planned to enter them in the budget in the very near future?

Mauritania did not benefit from immunisation services support in 2007.

1.1.1 Management of ISS funds

Please describe the management mechanism of ISS funds, including the role played by the Inter Agency Coordinating Committee (IACC).
Please report on any problems that have been encountered involving the use of these funds, such as a delay in the availability of the funds to complete the programme.

1.1.2 Use of Immunisation Services Support

In 2007, the following major areas of activity were funded with the GAVI Alliance ***Immunisation Services Support*** *contribution.*
Mauritania did not benefit from immunisation services support in 2007.
Funds received during year 2007: _____
Remaining funds (brought forward) from 2006: _____
Remaining funds to be brought forward in 2008: _____

Table 2: Use of funds in 2007*

Sector of Immunisation Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection material					
Personnel					
Transport					
Maintenance and overhead expenses					
Training					
IEC / social mobilisation					
Actions for groups which are difficult to reach					
Supervision					
Monitoring and evaluation					
Epidemiological monitoring					
Vehicles					
Cold chain equipment					
Other …. *(to be specified)*					
Total:					
Balance of funds remaining for following year:					

If no information is available because of block grants, please indicate the amounts in the boxes for "Other" support sectors.

Please append the minutes of the IACC meeting (s) during which the allocation and use of the funds were discussed.

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

1.1.3 Immunisation Data Quality Audit (DQA)

The next* DQA is scheduled for 2008.

**If no DQA has been approved, when will a DQA be conducted?*
**If the DQA has been approved, the following DQA will be conducted five years later.*
**If no DQA has been conducted, when will the first DQA be carried out?*

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 specify the degree of implementation and append the plan.

Please append the minutes of the IACC meeting during which the plan of action for the DQA was discussed and endorsed by the IACC.

Please provide an account of the studies conducted in 2007 regarding EPI issues (for example, vaccine coverage surveys).

1.1.4. IACC Meetings

How many times did the IACC meet in 2007? ***Please append all the minutes of the meetings.***
Are any Civil Society Organisations members of the IACC and if yes, which ones?

One meeting of the strategic IACC was held in 2007, on the 15 November.

1.2. GAVI Alliance new or under-used vaccine support (NVS)

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

When was the new or under-used vaccine introduced? Please specify all changes in doses per vial and changes in the presentation of the vaccines (for example from DTP vaccine + monovalent vaccine against hepatitis B to the DTP-hepatitis B vaccine) and the dates the consignments of vaccines were received in 2007.

Vaccine	Size of vials	Doses	Date of introduction	Date consignment received (2007)
Monovalent vaccine against hepatitis B		*10 doses*	*March 2005*	*12 December 2007*

Where applicable, please mention any problems encountered.

1.2.2. Major activities

Please outline the major activities that have been or will be completed in relation to the introduction, phasing-in, strengthening of services, etc. and give details on the problems encountered.

The vaccine against hepatitis B was introduced in 2005. The current rates of vaccine coverage recorded for the DTP and hepatitis B are more or less the same and we intend to introduce the monodose pentavalent vaccine in 2009.

1.2.3. Use of GAVI Alliance financial support for the introduction of the new vaccine

These funds were received in: Not applicable

Please report on the portion used of the introduction financial support, the activities undertaken and the problems encountered such as a delay in the availability of the funds to be used under the programme.

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management assessment

The last Vaccine Management Assessment (VMA) / Effective Vaccine Store Management assessment (EVSM) was conducted on _____.

Please summarise the major recommendations of the VMA / EVSM.

The Vaccine Management Assessment was conducted in November 2007. The major recommendations were centred on the following points:

At the Ministry of Health (central level)

Recommendations/ actions to be conducted	Implementation level	Frequency/period	Person in charge
1: Prepare a regular report on the progress of vaccine and consumable, and cold chain management at central warehouse level	Central level	Every month and for coordinating committee meetings	EPI Coordinator and partners
2: Upgrade the cold storage rooms according to regulations (continuous temperature recording mechanisms and alarm).	Central level	2008	EPI Coordinator and partners (GAVI funds?)
3: Improve cleanliness and tidiness in vaccine and consumable warehouses and repair lighting and fire extinguishers	Central level	2008	EPI Coordinator
4: Purchase a refrigerated vehicle to enable the central level to supply vaccines to the Wilayas	Central level	2008	Ministry of Health and partners (GAVI funds?)
5: Revise/Update management tools and ensure they are disseminated	Central level	2008	EPI Coordinator and partners
6: Prepare key messages on vaccine and cold chain management in the form of bills/posters and ensure they are disseminated to the various warehouses	Central level	2008	EPI Coordinator and partners
7: Carry out an inventory of out-of-date stocks at all levels and ensure that they are destroyed in accordance with procedures	Central level, Wilaya and Moughataa	2007	EPI Coordinator
8: Ensure that at least every 3 years Wilaya and Moughataa agents receive an updating course/seminar on EPI management	At Wilaya and Moughataa levels	2008	EPI Coordinator and partners
9: Ensure that the Wilaya warehouses are supervised during vaccine supply missions	Wilaya	Each quarter (after the purchase of a refrigerated vehicle)	EPI Coordinator

At the Ministry of Health (Wilaya level)

Recommendations/ actions to be conducted	Implementation level	Frequency/period	Person in charge

1: Prepare a regular report on the progress of vaccine and consumable, and cold chain management	At Wilaya level	Every month	Regional Director for Social Affairs/EPI Coordinator
2: Strengthen good practices to ensure that the vaccines are correctly stored in the cold chain equipment	Wilaya and Moughataa	2008	Regional Director for Social Affairs
3: Strengthen the capability of agents to set refrigerator thermostats	Wilaya and Moughataa	2008	Regional Director for Social Affairs
4: Strengthen the effective and correct use of management tools and in particular the recording of diluent and injection material movements	Wilaya and Moughataa	2008	Regional Director for Social Affairs
5: Consolidate agents' knowledge by displaying posters with key messages on vaccine and cold chain management in the warehouses	Wilaya and Moughataa	2008	Regional Director for Social Affairs
6: Conduct a formative supervision of Moughataa warehouse agents	Wilaya and Moughataa	Integrated supervision	Regional Director for Social Affairs
7: Ensure that the knowledge received at Wilaya level is transferred through 'cascade' training to Moughataa agents	Wilaya and Moughataa		Regional Director for Social Affairs

AT WHO and UNICEF

Give support to the EPI in the planning and implementation of actions stemming from this assessment in order to strengthen vaccine management at all levels with a view to the introduction of new vaccines.

Was a plan of action drawn up following the VMA / EVSM: Yes/No

If yes, please summarise the main activities within the scope of the EVSM plan and the activities which aim to implement the recommendations.

The previous table also provides the main actions to be implemented.

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

**All countries will be required to conduct a VMA / EVSM during the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support

Received in cash / kind

Please provide details of the quantities of GAVI Alliance injection safety support received in 2007 (add lines if required).

Injection Safety Material	Quantity	Date received

Where applicable, please give details of any problems encountered.

Mauritania did not benefit from injection safety support in 2007.

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

If support has ended, please indicate how injection safety material is funded.

It should be noted that since 1996 Mauritania has included the procurement of traditional vaccines, vaccine consumables and injection safety material (safety boxes and self-blocking syringes) in the Government's budget. For the past three years (2004, 2005 and 2006) GAVI Alliance injection safety support was used to build and maintain incinerators in the health districts.

Please provide details on how sharp waste is disposed of.

The vaccine waste disposal plan first of all provides for a wide-scale use of self-blocking syringes, of safety boxes and the incineration of waste.
In zones where an incinerator is available, vaccine waste is collected, stored and disposed of by incineration. If no incinerator is available, other means of disposal are still used (burying and burning).
During mass immunisation campaigns which produce large quantities of waste, the plan provides that such waste should only be collected, stored, transported towards the principal towns of the districts with incinerators and finally incinerated.

Please give details on the problems encountered during the implementation of the transition plan for safe injections and safe management of sharp waste.

No major difficulties were encountered due to the fact that injection safety material was and is still paid by the Government.

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

The following major areas of activity were financed (specify the amount) with the GAVI Alliance injection safety support during the past year:

Injection safety support came to an end in 2006.

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

Table 2.1: Total immunisation expenditure and financing

The purpose of Table 2.1 is to assist GAVI understand the developments in overall immunisation expenditure and financing flows. A comprehensive multi-year plan (cMYP), updated for the reporting year, may be sent in the place of table 2.1. (See cMYP)

	2007	2007	2008	2009
	Actual	**Planned**	**Planned**	**Planned**
Expenditure per item				
Vaccines				
Injection material				
Cold chain equipment				
Operational expenditure				
Other (please specify)				
Financing per source				
Government (including loans from the World Bank)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
Total expenditure				
Total financing				
Total financing deficits				

Please describe developments in immunisation expenditure and financing during the reporting year, such as differences in planned and actual expenditure, financing and deficits. Explain in detail the reasons for such trends and describe the financial sustainability prospects for the immunisation programme during the following three years; please indicate if the financing deficits are manageable, if they represent a problem or if they are source of worry. In the last two cases, explain which strategies are applied to correct the deficits and what are the causes of the deficits – increase in expenditure in certain budget items, loss of financing sources, a combination of both factors…

Table 2.2: Co-financing by the country (in US $)

The purpose of table 2.2 is to assist in understanding the level of vaccine co-financing awarded by GAVI on a national scale. If your country received more than one new vaccine, please complete a separate table for each new vaccine co-financed.

For the first vaccine awarded by GAVI, please indicate which vaccine was involved (e.g. DTP-hepatitis B)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing (in US $ per dose)	N/A	N/A	N/A	0.20
Government	N/A	N/A	N/A	0.20
Other sources (please specify)	N/A	N/A	N/A	0
		N/A	N/A	
Total co-financing (in US $ per dose)	N/A	N/A	N/A	0.20

Please describe and explain past and future trends of joint financing levels for the first vaccine awarded by GAVI.

The only vaccine which has been introduced with GAVI support is the vaccine against hepatitis B. It has been paid for in full by GAVI since 2005 without any contribution from the Government and will cover a period of 5 years.
However, the country intends to introduce the vaccine against the Haemophilus Influenzae Type B under the pentavalent form in 2009 with a commitment from the Government for co-financing.

For the second vaccine awarded by GAVI, please indicate which vaccine was involved (e.g. DTP-hepatitis B)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing (in US $ per dose)				
Government				
Other sources (please specify)				
Total co-financing (in US $ per dose)				

Please describe and explain past and future trends of joint financing levels for the second vaccine awarded by GAVI.

N/A

Table 2.3: Co-financing of your country (in US $)

The purpose of table 2.3 is to understand how the processes relating to co-financing requirements are incorporated in the planning and budgeting of your country on a national scale.

Q. 1: Which mechanisms are currently being used by the Ministry of Health of your country to procure EPI vaccines?			
	Place a cross if applicable	List relevant vaccines	Source of funds
Government procurement – International call for tenders (ICT)			
Government procurement – Other (initiative for vaccine independence through UNICEF)	X	BCG-DTP-OPV-TT-VAR	Government
UNICEF			
Revolving funds from the PAHO			
Donations			
Other (please specify)			
Q. 2: Were there differences in the proposed payment schedules and actual payment schedules during the reporting year?			
Co-financed payment schedule	Proposed payment schedule	Actual payment dates during 2007	
	(month/year)	(date/month)	
	The EPI account with UNICEF is regularly replenished. The amounts are automatically deducted when the order is received.	Two payments were made (in September and December 2007) and consequently replenished the EPI account with UNICEF.	
1st vaccine awarded (please specify)	BCG-DTP-OPV-TT-VAR		
2nd vaccine awarded (please specify)			
3rd vaccine awarded (please specify)			

Q. 3: Were the co-financing needs incorporated into the following national budget planning and preparation systems?	
	Answer by yes or by N/A if not applicable
Budget item for vaccine procurement	YES
National Health Sector Plan	N/A
National Health Budget	N/A
Medium-term expenditure framework	N/A
Sector-wide approach (SWAp)	
cMYP Cost analysis and financing	YES

Annual Immunisation Plan	YES
Other	

Q. 4: Which factors delayed and/or hindered the mobilisation of resources for vaccine co-financing?	
1.	Preparation of the cMYP
2.	Government appropriation
3.	
4.	
5.	

3. Request for new or under-used vaccines for 2009

*Section 3 concerns the request for new or under-used vaccines and injection safety for **2009**.*

3.1. Updated immunisation targets

Confirm/update basic data approved in your country's proposal: the figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms on immunisation activities. Any changes and/or discrepancies **MUST** be justified in the space provided for this purpose. Targets for future years **MUST** be provided.

Please provide justification on changes to baselines, targets, wastage rates, vaccine presentations etc. from the previously approved plan and on reported figures which differ from those given in the WHO/UNICEF Joint Reporting Form on immunisation activities in the space provided below.

The data reported in the WHO/UNICEF 2007 Joint Reporting form relating to vaccine coverage, wastage rate and vaccine presentation objectives is identical to the data given in the cMYP 2008-2012.

Table 5: Update of immunisation achievements and annual targets. Please provide the figures given In the WHO/UNICEF 2007 Joint Reporting Form and projections for 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2013	2015
DENOMINATORS										
Births	137,356	140,653	144,028	147,485	151,025	154,649	158,361	162,162	166,054	170,039
Infant deaths	10164.361	10408.305	10658.106	10913.899	11175.834	11444.056	11718.711	11999.96	12287.96	12582.87
Surviving infants	127,192	130,244	133,370	136,571	139,849	143,205	146,642	150,162	153,766	157,456
Infants vaccinated up to 2007 (Joint Reporting Form) / to be vaccinated in 2008 and after with the **1st dose** of DTP (DTP1)*	108,113	119,825	125,961	130,633	132,488	134,255	145,115	148,597	152,164	155,816
Infants vaccinated up to 2007 (Joint Reporting Form) / to be vaccinated in 2008 and after with the **3rd dose** of DTP (DTP3)*	73,517	89,869	107,067	114,957	119,240	120,830	137,859	141,168	144,556	148,025
NEW VACCINES**										
Infants vaccinated up to 2007 (Joint Reporting Form) / to be vaccinated in 2008 and after with the **1st dose** of DTP-Hep-Hib1	108,113	119,825	125,961	130,633	132,488	134,255	145,115	148,597	152,164	155,816

Infants vaccinated in 2007 (Joint Reporting Form) / to be vaccinated in 2008 and after with the **3rd dose** of DTP-Hep-Hib3)	86,490	97,683	120,033	122,914	128,661	131,749	139,310	142,654	146,077	149,583
Wastage rate up to 2007 and rate expected in 2008 and after*** for the …… *(new vaccine)*	N/A	N/A	N/A	5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY**										
Pregnant women vaccinated / to be vaccinated with tetanus anatoxin	52,195	47,822	100,820	110,614	120,820	131,452	142,525	154,054	157,751	161,537
Infants vaccinated / to be vaccinated with the BCG	118,126	129,401	132,506	135,686	143,474	146,917	152,027	155,675	159,411	163,237
Infants vaccinated / to be vaccinated against measles (1st dose)	78,859	87,264	120,033	129,743	132,856	136,045	139,310	144,155	147,615	151,158

* Indicate the precise number of infants vaccinated during past years and updated targets (with DTP alone or combined)
** Use three lines (as indicated under the heading entitled **NEW VACCINES**) for each new vaccine introduced
***Indicate the actual wastage rates recorded during past years
**** Insert any lines where necessary

3.2 Confirmed/revised request for new vaccines (to be sent to the UNICEF Supply Division) for 2009

In the case of a change in the presentation of vaccines or an increase in the quantities requested, please indicate below if the UNICEF Supply Division has assured you of the availability of the new quantities/presentations of the supplies.

Vaccine order estimates are updated each year and sent to the UNICEF Supply Division.

Please provide the Vaccine Request Calculation Excel sheet duly completed.

Remarks

- **Phasing:** Please adjust the target number of infants who will receive the new vaccines, if a phased introduction is envisaged. If the target number for the three doses of the vaccine against hepatitis B and the anti-Hib vaccine differs from that of the three doses of DTP, please provide the reasons for such a difference.
- **Vaccine wastage:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilised vaccine in 10 or 20-dose vials, a 25% wastage rate for a liquid vaccine in 10 or 20-dose vials and a 10% wastage rate for all vaccines (either liquid or lyophilised) in 1 or 2-dose vials.
- **Buffer stock:** Buffer stock is recalculated each year as being equivalent to 25% of current vaccine needs.
- **Anticipated vaccines in stock at the beginning of the year 2008:** This number is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all the vaccines supplied during the current year (including buffer stock) are expected to be used before the beginning of the following year. Countries with very low or no vaccines in stock are kindly requested to justify the use of the vaccines.
- **Self-blocking syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, with the exception of vaccine wastage.
- **Reconstitution syringes:** These only apply to lyophilised vaccines. Write zero for the 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

Not applicable: injection safety support for Mauritania came to an end in 2006.

Table 8: Estimated supplies for immunisation safety for the next two years with ..... *(Use one table for each vaccine: BCG, DTP, measles and tetanus anatoxin and number them 8a, 8b, 8c etc.) Please use the same targets as those used in table 5.*

		Formula	For 2008	For 2009
A	Number of target infants for the ….. immunisation (for the tetanus anatoxin: number of target pregnant women) (1)	#		
B	Number of doses per infant (for the tetanus anatoxin: number of target pregnant women) (1)	#		
C	Number of …. doses	A x B		
D	Self-blocking syringes (+10% wastage)	C x 1.11		
E	Buffer stock of self-blocking syringes (2)	C x 0.25		
F	Total self-blocking syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	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%)	(F + I) x 1.11/100		

1 Contribute to a maximum of 2 doses for pregnant women (estimate obtained by the total number of births)
2 The vaccine and self-blocking syringe buffer stock is set at 25%. This stock is added to the first stock of doses required to introduce immunisation in a given geographic zone. Write zero for the other years.
3 The standard wastage factor will be used to calculate the number of reconstitution syringes. It will be 2 for the BCG and 1.6 for measles and Yellow Fever.
4 Only for lyophilised vaccines. Write zero for the other vaccines.

If the quantity of the current request differs from the figure given in the GAVI letter of approval, please give the reasons below.

4. Health System Strengthening Programme (HSS)

Not applicable: Mauritania has not submitted an application for HSS yet.

This section only needs to be completed by those countries which have received approval for their HSS support application. This will serve as an initial report to enable the 2009 funds to be released. Countries are therefore asked to account for all activities undertaken in 2007.

Health System Strengthening Programme began on: _____ (date)

Current Health System Strengthening Programme will end on: _____ (date)

Funds received in 2007:	Yes/No	
	If yes, date of receipt: (dd/mm/yyyy)	
	If yes, total amount:	US $ _____
Funds disbursed to date:		US $ _____
Balance of instalment outstanding:		US $ _____

Requested amount to be disbursed for 2009 US $ _____

Are the funds entered in the budget (do they appear in the Ministry of Health and Ministry of Finance budget): Yes/No
If this is not the case, please give the reasons why. How will you ensure that the funds are entered in the budget?

Please provide a brief summary of the HSS support programme including the major activities achieved, and mentioning whether the funds were disbursed according to the implementation plan, the major accomplishments (especially the impacts on health service programmes, and in particular on the immunisation programme), the problems encountered and the solutions found or planned, and any other salient piece of information that the country would like GAVI to know about. More detailed information may be given such as whether activities were implemented according to the implementation plan provided in Table 10.

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

In the event that you would like to modify the implementation plan and disbursement schedule stipulated in the proposal, please explain why and justify the change in the disbursement request. Expenditure may be broken down to provide further details in Table 9.

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

Table 9. HSS Expenditure in 2007 for HSS activities and your request for 2009 *(In the case of a change to your request for 2009, please indicate the reasons for such a change in the brief summary above).*			
Support sector	**2007 (Expenditure)**	**2007 (Balance)**	**2009 (Request)**
Activity costs			
Target 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Target 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Target 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**
Target 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Target 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Target 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators						
Indicator	**Data Source**	**Baseline Value[1]**	**Source[2]**	**Date of Baseline**	**Target**	**Deadline for Target**
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥ 80% of DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

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

[1] If baseline data is not available indicate whether baseline data collection is planned and when it will take place.
[2] The source is important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (previous calendar year)	X	
Government signatures	X	
IACC endorsement	X	
Report carried out on ISS	X	
Report carried out on DQA	X	
Report carried out on the use of the vaccine introduction financial support	N/A	
Report carried out on Injection Safety	N/A	
Report carried out on immunisation financing and financial sustainability (progress accomplished compared with the country's indicators)	X (cMYP)	
Request for new vaccines including co-financing completed and Excel calculation sheet appended	X (cMYP)	
Revised request for injection safety support completed (where applicable)	N/A	
Report carried out on HSS	N/A	
IACC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report appended to report	N/A	

6. Comments

IACC/HSCC comments:

~ End ~