

Annual Progress Report 2007

Submitted by

The Government of

REPUBLIC OF NIGER

to the



Date of submission: _____

Annual progress report (this report reports on activities in 2007 and specifies requests for 2009)

**Unless otherwise specified, documents may be shared with GAVI partners and collaborators as well as the general public.*

Signatures Page for ISS, INS and NVS

For the Government of the Republic of Niger

Ministry of Health:

Title: **Minister of Public Health ...**

Signature:

Date:

Ministry of Finance:

Title: **Minister of the Economy and Finance**

Signature:

Date:

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

Financial accountability forms an integral part of GAVI 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	Institution/Organisation	Signature	Date
KADIDIATOU M'BAYE, Representative	WHO		
AKHIL IYER, Representative	UNICEF		
ALI BONDIERE, President	CROIX Rouge		
GASTON KABA, President	ROTARY Club International		
KOICHI SASADATE, Representative	JICA		
PIERRE ADOU, Representative	HKI		
FAMARRI BARRO, Representative	PLAN Niger		
HORTENSE PALM, National Director	WORLD Vision		

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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**

If yes, please explain in detail how it is reflected as Ministry of Health 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?

The funds received for the ISS are planned through the PPAC and the annual EPI action plans. They are taken into account in the summary of the Ministry of Health plans in the matter of financing.

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 GAVI funds are managed by the Ministry of Public Health through a bank account. A restricted Committee of the same Ministry proposes the expenditure to be carried out with the ICC, which after approval, orders the withdrawal. Thus a cheque comprising 2 signatures is issued:

- That of the President of the ICC or by delegation the Financial Comptroller of the Ministry of Health

- and the signature of the Head of the Immunizations Division.

The meetings of the ICC permit the monitoring of the physical and financial execution of the planned activities.

1.1.2 Use of Immunization Services Support

In 2006, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 **4,561,080.00 USD**

Remaining funds (carry over) from 2006 **1,230,576.81 USD**

Balance to be carried over to 2008 **3,941,638.02 USD**

Table 1: Use of funds during 2006*

Area of Immunization Services Support	Total amount in USD	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region /State/Province	District	
Vaccines					
Injection supplies					
Personnel / Bonuses	239,857.82	19,730.57	70,134.72	149,992.54	
Transport / Provisioning	15,762.95	15,762.95			
Maintenance and overheads	8,123.11	8,123.1			
Training	104,741.97	27,641.08	77,100.9		
IEC / social mobilization					
Management tools	45,771.37	45,771.37			
Supervision	11,014.26	11,014.26			
Monitoring and evaluation					
Epidemiological surveillance					
Management of programme	3,947.86	3,947.86			
Cold chain equipment	26,046.81	13,277.90	12,768.91		
Vaccinations	427,851.12			427,851.12	
Vehicle maintenance	21,751.38	21,751.38			
Purchases rolling stock	1,322,310.88	151,555.44		1,170,755.44	
Bank commissions	146.74	146.74			
Total:	2,227,284.81	1,474,605.92	160,004.53	1,748,599.1	0
Remaining funds for next year:	3,941,638.02 USD				

* 1 USD = 482.50 Fcfa (Average rate for Dollars in 2007)

** 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.

Within the framework of the implementation of the annual action plan 2007, the principal achievements are as follows:

- *Support for the decentralized advanced and mobile strategy*
- *One (1) exit of supervision from the central level towards the areas, districts and CSI*
- *Revision and reproduction of the supports of systematic EPI data acquisition*
- *Maintenance of logistics*
- *Equipping the central level and the districts with vehicles for the immunization activities and the Health Centres with motor cycles for the advanced strategies (14 vehicles and 160 motor cycles)*
- *Supplying the areas with vaccines and consumable*
- *Training in DQA of central, regional and departmental executives*

As the problems encountered, we note: out of stock antigen (BCG, DTC and VAA) at the national level towards the end of 2006 and which was prolonged into first half of 2007. This situation is primarily related to the delay in releasing the funds within the framework of the Initiative for Vaccinal Independence (IIV), but also an under estimate of the EPI target.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for **in 2008, the first DQA was carried out in 2003**

**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 ?

1. *To standardize EPI denominators used by taking account of the WHO definition*
2. *To post the diagrams and other monitoring tables of systematic EPI indicators*
3. *To set up a written procedure for the safeguard of the informatics data*
4. *To standardize the formats of the reports at the district and national level*
5. *To establish a up to date micro plan including an action planning process in order to improve the basic vaccinal cover*
6. *To set up a system of monitoring and reporting the cases of MAPI*
7. *To improve the system of filing the immunization data*
8. *To set up an active search mechanism for those lost to view*
9. *To improve the safety of injections*

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.

Over 95% of the activities programmed in the implementation plan of the recommendations have been carried out.

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).

*Evaluation of vaccine management (see point 1.2.4)
Estimate of the rate of morbidity due to Haemophilus Influenzae type B infections in Niger*

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?

In the course of 2007, the ICC held 5 meetings. The Civil Society Organizations are not members, a representative of the private sector and the NGOs regularly take part in the meetings of the ICC.

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

NOT APPLICABLE

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 2007.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2006)
---------	------------	-------	----------------------	-------------------------------

Please report on any problems encountered.

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.

- *Development of an introduction plan for the PENTAVALENT vaccine (DTC-HepB-Hib) and anti yellow fever vaccine over the period 2008 – 2010.*
- *Strengthening of the storage capacities for EPI vaccines*
- *Communications in favour of the introduction of the new vaccines*
- *Revision of the data supports and the guides*
- *Staff training*

1.2.3. Use of GAVI funding entity support (US\$100,000) for the introduction of the new vaccine

NOT APPLICABLE

These funds were received on : _____

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

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted from the **28 October to the 9 November 2007**

Please summarize the major recommendations from the EVSM/VMA

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

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

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

NOT APPLICABLE

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
----------------------------------	-----------------	----------------------

Please report on any problems encountered.

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

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

The GAVI support ended in 2006. For subsequent years, the Ministry increased the amount intended for the purchase of the vaccines in order to take into account the requirements in safe injection equipment.

Please report how sharps waste is being disposed of.

Sharps waste is collected in the safety boxes which are then incinerated or burned and buried in pits. In certain districts and CSI which have incinerators, the boxes are destroyed by incineration at very high temperature.

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

None

1.3.3. Statement on use of GAVI Alliance injection safety support in 2006 (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:

NOT APPLICABLE

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

Important note: Under Phase 2 of the GAVI Alliance, all countries are expected to co-finance the introduction of new vaccines from the start of Phase 2 (except for the introduction of measles second dose into routine immunization). The Annual Progress Report has been modified to help monitor the experiences of countries with the new GAVI Alliance policies of vaccine co-financing. We are asking countries to complete three new tables of information and answer some questions about your experience.

The purpose of Table 2 is to understand trends in overall immunization expenditure and financing context. It provides key updated cMYP information on an annual basis.

Table 3 is designed to help the GAVI Alliance understand country level co-financing of GAVI awarded vaccines - both in terms of doses and in terms of monetary amounts. If your country has been awarded more than one new vaccine in Phase 2 through GAVI Alliance, please complete a separate table for each new vaccine being co-financed.

The purpose of Table 4 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting. Much of the information for all three tables can be extracted from the comprehensive multi-year plan, as well as the country proposal to GAVI, and the confirmation letter from the Alliance. Please report for the years till the end of your cMYP. Total co-financing can be calculated with the XL sheet provided for calculating the vaccine request.

Table 2: Total Immunization Expenditures and Financing Trends					
Total Immunization Expenditures and Financing	2006	2007	2008	2009	2010
<i>Immunization Expenditures</i>					
Vaccines	\$ 859,619	\$ 6,613,987	\$ 10,361,581	\$ 10,962,208	\$ 11,330,081
Injection supplies		\$ 702,729	\$ 664,998	\$ 711,347	\$ 748,447
Personnel	\$ 2,719,530	\$ 1,936,860	\$ 1,982,131	\$ 2,021,774	\$ 2,062,209
Other operational expenditures		\$ 6,366,871	\$ 4,622,954	\$ 4,655,844	\$ 4,304,918
Cold Chain equipment		\$ 318,924	\$ 276,211	\$ 291,832	\$ 253,028
Vehicles		\$ 1,224,362	\$ 815,540	\$ 426,585	\$ 443,176
Other		\$ 282,276	\$ 265,244	\$ 254,166	\$ 291,417
Transport		\$ 263,058	\$ 315,089	\$ 347,888	\$ 187,938
Total Immunization Expenditures	\$ 3,579,149	\$ 15,916,384	\$ 19,243,748	\$ 19,671,644	\$ 19,621,214
<i>Total Government Health Expenditures</i>					
<i>Immunization Financing</i>					
Government	---	\$ 4,097,545	\$ 3,882,565	\$ 4,127,530	\$ 4,253,432
GAVI	\$ 45,086	\$ 6,097,333	\$ 10,076,264	\$ 10,523,603	\$ 10,848,908
UNICEF	\$ 132,933	\$ 293,134	\$ 293,134	\$ 293,134	\$ 293,134
WHO	\$ 402,302	\$ 191,935	\$ 191,935	\$ 191,935	\$ 191,935
World Bank	---				
JICA	---		\$ 385,321	\$ 385,321	\$ 385,321

PLAN NIGER	\$ 17,949	\$ 23,486	\$ 23,486	\$ 23,486	\$ 23,486
WORLD VISION	\$ 5,135	\$ 7,706	\$ 7,706	\$ 7,706	\$ 7,706
HKI	\$ 22,935				
Total Financing	\$ 626,340	\$ 12,212,070	\$ 14,860,411	\$ 15,552,715	\$ 16,003,922

Table 3a : Country vaccine co-financing (for 2008 and 2009 in conformity with the letter from GAVI/07/423/ir/sk of the 18 December 2007)

For first GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB) DTC Hep – Hib					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>			58,400	111,400	
<i>Total co-financing by country</i>			\$ 217,500	\$ 415,500	
<i>Of which by</i>					
Government			\$ 217,500	\$ 415,500	
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total Co-Financing</i>			\$ 217,500	\$ 415,500	

Table 3b: Country vaccine co-financing

For second GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB) ANTI YELLOW FEVER VACCINE					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>			819,400	706,100	
<i>Total co-financing by country</i>			\$ 784,500	\$ 698,500	
<i>Of which by</i>					
Government			\$ 784,500	\$ 698,500	
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total Co-Financing</i>			\$ 784,500	\$ 698,500	

Table 3c: Country Vaccine Co-Financing

For third GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB) NOT APPLICABLE					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses</i>					

<i>co-financed by country</i>					
<i>Total co-financing by country</i>					
<i>Of which by</i>					
Government					
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total Co-Financing</i>					

Table 4: Questions on Vaccine Co-Financing Implementation

Q. 1: How have the proposed payment schedules and actual schedules differed in the reporting year?
NOT APPLICABLE

Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in Reporting Year	Delay in Co-Financing Payments
	(month/year)	(day/month)	(days)
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: What procurement mechanisms are currently used in your country?

	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	X	BCG, DTC, VPO, VAT, VAR, VAA	NATIONAL BUDGET
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems ?

	Tick for Yes	List Relevant Vaccines
Budget line item for vaccine purchasing	X	BCG, DTC, VPO, VAT, VAR, VAA
National health sector plan	X	BCG, DTC, VPO, VAT, VAR, VAA
National health budget	X	BCG, DTC, VPO, VAT, VAR, VAA
Medium-term expenditure framework	X	BCG, DTC, VPO, VAT, VAR, VAA
SWAp		
cMYP Cost & Financing Analysis	X	BCG, DTC, VPO, VAT, VAR, VAA
Annual immunization plan	X	BCG, DTC, VPO, VAT, VAR, VAA
Other		

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing ?
NOT APPLICABLE since the co-financing starts from 2008

1.

2.

3.

Q. 5: Do you foresee future challenges with vaccine co-financing in the future? What are these ?

YES

1. Non respect of the clauses of the request for co-financing the yellow fever vaccine. Indeed, the State was to finance up to a total value of 20% instead of 80% as retained in the letter of approval from GAVI

2.

3.

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 Ministry of Public Health in dialogue with its partners has decided to revise upwards the denominators used within the strict framework of the systematic EPI for the reasons enumerated below:

- Children less than one year old vaccinated at the time of the JNV are constantly higher than the EPI target, while the quality of the JNV is good*
- The discrepancy between the results of 2 coverage surveys carried out with the administrative cover rates. Indeed, a variation of 23% was observed between these surveys and the administrative coverage.*
- The cohesion between the results of these surveys and the coverage rates which one would observe if one took JNV populations as target populations.*
- The performances of certain districts which could reach and even exceed JNV targets.*

On the basis of these reports, the estimated target population starting from the last general census of the population carried out in 2001 seems to be underestimated and it is the population vaccinated at the time of the JNV which is closer to reality:

Consequently, it is proposed, in a pragmatic way, that the EPI target populations (0-11 month) be henceforth based on the number of children vaccinated at the time of the polio JNV

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF 2006 and projections from 2007 onwards.

Number of	Achievements and targets								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
DENOMINATORS									
Births	633,225	619,228	816,150	843,082	870,904	899,644			
Infants' deaths	75,829	67,504	66,109	68,290	70,543	72,871			
Surviving infants	557,396	551,724	750,041	774,793	800,361	826,773			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	539,956	626,382	653,199	720,558	SO	SO			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	498,516	563,431	586,814	720,558	SO	SO			
NEW VACCINES **									
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose DTC Hep-Hib (new vaccine)	SO	SO	SO	193,698	760,343	785,434			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTC Hep-Hib (new vaccine)	SO	SO	SO	193,698	760,343	785,434			
Wastage rate till 2007 and plan for 2008 beyond*** for the DTC Hep-Hib (new vaccine)	SO	SO	SO	10%	5%	5%			
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	344,341	506,371	563,516	716,620	783,814	854,662			
Infants vaccinated / to be vaccinated with BCG	589,893	669,329	679,513	800,928	827,359	854,662			
Infants vaccinated / to be vaccinated with Measles	462,283	571,275	503,879	697,314	760,343	785,434			

* 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 2008

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.

NOT APPLICABLE

Please provide the XL sheet for calculating vaccine request duly completed and summarize in table 6 below. For calculations, please use same targets as in table 5.

Table 6a. Estimated number of doses of DTC Hep - Hib vaccine. (Please provide additional tables for additional vaccines and number them 6a, 6b, 6c etc) (for 2008 and 2009 in conformity with the letter from GAVI/07/423/ir/sk of the 18 December 2007)

Vaccine :	2008	2009	2010
Total doses required	1,449,200	2,767,200	
Doses to be funded by GAVI	1,390,800	2,655,800	
Doses to be funded by country	58,400	111,400	
Country co-pay in US\$/dose*	\$0.15	\$0.15	
Total co-pay	\$217,500,	\$415,500,	

*As per GAVI co-financing policy, country grouping and order of vaccine introduction

NB : The co-payment total takes into account the costs of syringes and safety boxes

Table 6b. Estimated number of doses of ANTI YELLOW FEVER vaccine. (Please provide additional tables for additional vaccines and number them 6a, 6b, 6c etc) (for 2008 and 2009 in conformity with the letter from GAVI/07/423/ir/sk of the 18 December 2007)

Vaccine :	2008	2009	2010
Total doses required	1,089,700	970,200	
Doses to be funded by GAVI	270,300	264,100	
Doses to be funded by country	819,400	706,100	
Country co-pay in US\$/dose*	\$0.72	\$0.72	
Total co-pay	\$784,500	\$698,500	

*As per GAVI co-financing policy, country grouping and order of vaccine introduction

NB : The co-payment total takes into account the costs of syringes and safety boxes

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 2008: 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

NOT APPLICABLE

Table 8: Estimated supplies for safety of vaccination for the next two years with VAT (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	For 2008	For 2009
A	Target if children for vaccination (For VAT : number of pregnant women targeted) (1)	#		
B	Number of doses per child (for VAT : number of pregnant women targeted) (1)	#		
C	Number of doses of	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock (2)	C x 0.25		
F	Total AD 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 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.

NOT APPLICABLE

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 2008. Countries are therefore asked to report on any activity 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 instalment left: US\$ _____
Requested amount to be disbursed for 2008 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.

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 2008.

Table 9. HSS Expenditure in 2007 (Please fill in expenditure on HSS activities and request for 2008. In case there is a change in the 2008 request, please justify in the narrative above)

Area for support	2007 (Expenditure)	2007 (Balance)	2008 (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 (Please report on activities conducted 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. Please update baseline indicators. Add other indicators according to the HSS proposal.

Indicator	Data Source	Baseline Value ¹	Source ²	Date of Baseline
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 have 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 100,000 US\$		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and XL 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 ~