

Annual progress report 2007

Submitted by

The Government of

The Republic of Senegal

to



Date of submission: 28 May 2008

Annual progress report (This report is an account of the activities completed in 2007 and defines requests for 2008.)

**Unless stipulated to the contrary, GAVI partners, employees and the public may be informed of these documents.*

Signatures page for the ISS, the INS and the NVS

On behalf of the Government of

Ministry of Health:

Ministry of Finance:

Title:

Title:

Signature:

Signature:

Date:

Date:

We, the undersigned members of the Inter Agency Coordinating Committee for Immunisation (IACC), endorse this report. 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
Dr Safiatou THIAM, Minister of Health and Prevention	Ministry of Health and Prevention		
.....			
.....			
.....			
Dr Antonio Pedro Filipe Junior, Representative	WHO		
.....			
.....			
Mr Ian G. HOPWOOD, Representative	UNICEF		
.....			
.....			
Dr Boniface Mutombo Wa MUTOMBO, Representative	PATH (Programme for Appropriate Technology in Health)		
.....			
.....			

Signatures page for HSS support NOT APPLICABLE

On behalf of the Government of SENEGAL

Ministry of Health:

Ministry of Finance:

Title:

Title:

Signature:

Signature:

Date:.....

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

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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)

Do the funds received for ISS conform to the budget (do they appear in the Ministry of Health and Ministry of Finance budget): Yes/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, is it planned to make them conform to the budget in the very near future?

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 for Immunisation (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.

GAVI funds are received in a special account opened by the Ministry of Health and Prevention with a prominent bank (Société Générale de Banques in Senegal).

The joint signatures of the Director of Medical Prevention (DMP) and the Director of the General Administration and Equipment of the Ministry (DGAE) are required to mobilise the funds, after the expenditure has been approved by the EPI National Inter-Agency Coordinating Committee (IACC), which is presided by the Minister of Health and Prevention.

Central level distribution of the funds is carried out on the basis of the performances recorded by the districts and regions. Other factors are also taken into account: demographic weight, the number of health stations covered, the specific restrictions of the district etc.

Priority is given to the financing of activities centred on advanced and mobile immunisation strategies, formative supervision or any other activity which has been submitted for prior approval from the IACC.

The funds are transferred by the central level to the accounts of medical regions or districts. At the end of the defined period (three months on average), the districts and regions financed send technical and financial reports on the use of the support to the central level.

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.

Funds received during year 2007: **253,921,835**

Remaining funds (brought forward) from 2006: 519,798,488

Remaining funds to be brought forward in 2008: **457,447,238**

Bank statement END 2007

Table 2: Use of funds in 2007

Sector of Immunisation Services Support	Total amount in US \$	AMOUNT OF FUNDS IN CFA FRANCS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	4,929	2,075,070			
Injection material	9,167	3,859,114			
Personnel	21,732	9,149,580	622,400		
Transport	10,292	4,332,940			
Maintenance and overhead expenses	53,075	22,344,525			
Training	43,908	18,485,252			
IEC / social mobilisation	50,768	21,373,400			
Actions towards groups which are difficult to reach	165,005	4,334,644		65,132,382	
Supervision	94,777	600,310	15,374,600	23,926,168	
Monitoring and evaluation	42,336	17,823,626			
Epidemiological surveillance	4,489	1,889,950			
Vehicles		-			
Cold chain equipment		-			
Office equipment	31,073	13,081,940			
Banking costs and miscellaneous	26,600	11,198,808			
Total:	559,631	130,549,159	15,997,000	89,058,550	
Balance of funds remaining for following year:	1,086,573				

**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. ARE THEY AVAILABLE Yes

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

*The major activities undertaken are the allocation of financial resources to revive routine activities in the districts, the formative supervision at central level towards the regions and districts, together with the maintenance of the cold chain and motorised logistics.
No problem was encountered concerning the multi-year plan.*

1.1.3 Immunisation Data Quality Audit (DQA)

The next* DQA is scheduled for 2009.

**If no DQA has been approved, when will the 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?

- ensure data is archived,
- set up data management tools,
- set up a computerized data management system at the districts and regional level,
- ensure the training of personnel in data management

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.

Is it still valid for 2007?

The DQA has been validated since 2003. The implementation process of recommendations continues with the setting up of supports such as the TACOJO to improve data management, the notification form of MAPI (undesirable post-vaccinal complications), the setting up of vaccines and consumables management tools (Stock Registers, Order Forms/Delivery). A new model for the synthesis and analysis of data at district and regional levels has also been designed.

In 2007, district and regional personnel received training on data management centred on the filling in of tools, consistency controls and supervision.

Moreover, the EPI guide was drawn up which took into account data management.

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).

*A survey on the assessment of the impact of the introduction of the Hib vaccine in Senegal was carried out in November 2007.
A survey on the management of vaccines in private dispensaries was carried out in 2007.*

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?***

The IACC met 9 times in the year 2007.
The Members are managers of the central divisions of the Ministry and development Partners.
No Civil Society Organisation takes part in IACC meetings.

1.2. GAVI Alliance new and 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 + HepB mono to the vaccine DTP-HepB) and the dates the consignments of vaccines were received in 2007.

Vaccine	Size of vials	Doses	Date of introduction	Date consignment received (2007)
DTP Hep B – Hib Liquid	12.86 cm³	1	April 2007	December 2006
				1/01/2007
				2/03/2007
				15/05/2007
				18/09/2007

Where applicable, please mention any problems encountered.

The change in the formula of the 2-dose pentavalent to a single-dose liquid form occurred in 2007. Storage volumes of the new fully-liquid pentavalent formula still continue to pose problems of collection by the regions and storage capacity by the districts.

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.

*Following the change in the pentavalent formula, training sessions were organised for regional and district teams, and for managers of immunisation units.
A technical note was drawn up and sent to all personnel;*

- *Renovation of the cold chain equipment used by immunisation units,*
- *Implementation of the liquid pentavalent vaccine by the central level for remote regions,*
- *Procurement of electronic temperature recorders for the central level,*
- *Planned installation of electronic recorders in regional warehouses,*
- *Organisation of six-monthly coordinating meetings with the regional vaccine managers.*

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

These funds were received in: Not applicable as the pentavalent was introduced in 2005.

Please report on the portion used of the US \$ 100,000 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 in January 2004.

Please summarise the major recommendations of the VMA / EVSM.

1. Implementation of an alarm system and revision of the CF functional compressor,
2. Increase in the capacities of positive and negative chambers,
3. Improvement of the safety of electric installations,
4. Use of air-conditioned accumulators for the transport of freeze-sensitive vaccines.

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

Please summarise the main activities within the scope of the EVSM plan and the activities which aim to implement the recommendations.

- Ensure that preventive maintenance is carried out on equipment,
- Ensure that the personnel involved in the receipt of vaccines is trained,
- Draw up an emergency plan for CDF breakdowns.

The next VMA / EVSM* will be conducted in: 2008

**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) NOT APPLICABLE

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 2006 (add lines if required).

Injection Safety Material	Quantity	Date received
N/A	N/A	N/A

Where applicable, please give details of any problems encountered.

N/A

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.

The Ministry of Health has a budget line for the procurement of vaccines and consumables.

Please provide details on how sharp waste is disposed of.

Current policy is to incinerate safety boxes to ensure that the sharp waste stemming from immunisation is disposed of. In 2004, 62 De Montfort-type incinerators were built throughout the country to incinerate the sharp waste stemming from immunisation. Within the scope of the organisation of mass immunisation campaigns, hospitals and certain industries were called upon to help in the incineration of the safety boxes. The 22 incinerators in the Louga, Saint Louis, Thiès and Kaolack regions were built/renovated during the immunisation campaign against yellow fever in December 2007. Moreover, the operators in these regions were trained and received equipment for the incineration of sharp waste.
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Please give details on the problems encountered during the implementation of the transition plan for safe injections and safe management of sharp waste.

It should be noted that certain districts encountered incinerator maintenance problems and there was a lack of motivation on the part of operators in charge of the incineration.

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:

NOT APPLICABLE

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

N.B.: Within the scope of Phase 2 of the GAVI Alliance, all countries are expected to co-finance the introduction of new vaccines at the beginning of Phase 2 (with the exception of the introduction of the second dose of the vaccine against measles in routine immunisation). The Annual Progress Report has been modified in an endeavour to observe what has happened in the country after the implementation of the new GAVI Alliance policies relating to vaccine co-financing. We therefore request countries to complete three new information tables and to reply to questions on what has happened in your country.

The purpose of Table 2 is to understand developments in overall immunisation expenditure and the financial context.

The purpose of Table 3 is to help GAVI Alliance understand vaccine co-financing awarded by GAVI at the countries' level, both from the point of view of doses and financial amounts. If GAVI Alliance awarded more than one new vaccine within the scope of Phase 2 to your country, please complete a separate table for each new vaccine co-financed.

The purpose of questions relating to Table 4 is to understand the methods of incorporation of co-financing needs at the countries' level in the national budget planning and preparation mechanisms. A large amount of the information required can be taken from the comprehensive multi-year plan, from your country's proposal to GAVI and from the Alliance confirmation letter. Please report on all years until the end of your cMYP. Co-financing levels may be calculated using the Excel sheet provided for the vaccine request calculation.

Table 2: Total immunisation expenditure and development of immunisation financing					
Total immunisation expenditure and development of immunisation financing	2007	2008	2009	2010	2011
<i>Immunisation expenditure</i>	US \$	US \$	US \$	US \$	US \$
Vaccines	6,659,039	8,126,529	8,753,756		
Injection material	95,000	7,480,468	8,070,281	30,000	30,000
Personnel	1,174,520	1,174,820	1,282,364	1,308,011	1,424,264
Other operational costs	836,157	6,956,929	7,229,690	6,245,149	50,000
Cold chain equipment	25,000	280,969	869,692	25,000	25,000
Vehicles and Motorbikes	657,666	150,000	100,000	100,000	530,400
Other campaigns	1,073,760	1,101,554	1,231,121	948,722	220,728
Total immunisation expenditure	10,521,142	25,270,369	27,536,904	8,656,882	2,280,392
Total government expenditure for health services	183,575,188	286,427,781	307,731,513	324,074,063	
<i>Immunisation financing</i>					
Government	2,073,171+ (campaign operational costs + invested)				

GAVI	5,145,500	5,145,500	4,613,143	3,988,110	4,081,466
UNICEF	615,000	640,000	205,000	125,000	125,000
WHO	916,844.35	522,000	522,000	N/A	N/A
World Bank					
PATH					
Other (please specify)					
Total Financing					

Table 3a: Vaccine co-financing by your country					
For the first vaccine awarded by GAVI, please indicate which vaccine was involved: DTP–HepB–Hib					
Actual and planned co-financing by your country	2007	2008	2009	2010	2011
<i>Total quantity of doses co-financed by your country</i>	N/A	79,000	101,596	105,586	108,067
Total co-financing by your country in US \$	N/A	278,240	316,490	300,937	307,997
<i>Including the share from the</i>					
Government		278,240	316,490	300,937	307,997
Common fund basket Financing/SWAp		0			
Other (please specify)		0			
Other (please specify)		0			
Other (please specify)		0			
<i>Total co-financing in US \$</i>	N/A	278,240	316,490	300,937	307,997

Table 4: Questions relating to the implementation of vaccine co-financing			
Q. 1: Were there differences in the proposed payment schedules and actual payment schedules during the reporting year?			
Co-financing will come into effect in 2008			
Co-financed payment schedule	Proposed payment schedule	Actual payment dates during the reporting year	Delay in the transfer of co-financed payments
	(month/year)	(date/month)	(days)
1 st vaccine awarded (specify)	October 2008	N/A	N/A
2 nd vaccine awarded (specify)			
3 rd vaccine awarded (specify)			

Q. 2: Which vaccine procurement mechanisms are currently used in your country?	
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	Place a cross if applicable	List relevant vaccines	Source of funds
Government procurement – International call for tenders (ICT)			
Government procurement – Other			
UNICEF	X	BCG, OPV, VAR, Yellow Fever, DTP-HepB-Hib	Government
Revolving funds from the PAHO			
Donations			
Other (please specify)			

Q. 3: Were the co-financing needs incorporated into the following national budget planning and preparation systems?

	Place a cross if applicable	List relevant vaccines
Budget heading for vaccine procurement	X	DTP-Hep-Hib
National Health Sector Plan	X	DTP-Hep-Hib
National Health Budget	X	DTP-Hep-Hib
Medium-term expenditure framework	X	DTP-Hep-Hib
SWAp		
cMYP Cost analysis and financing	X	DTP-Hep-Hib
Annual Immunisation Programme	X	DTP-Hep-Hib
Other		

Q. 4: Which factors delayed and/or hindered the mobilisation of resources for vaccine co-financing?

1. NOT APPLICABLE	NOT APPLICABLE
2. NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	NOT APPLICABLE
NOT APPLICABLE	NOT APPLICABLE

Q. 5: Do you expect to encounter difficulties to co-finance vaccines in the future? What type of difficulties?

1. High cost of the new vaccines which have already been introduced and high cost of the other vaccines to be introduced	
2. Delay in the disbursements of financial resources	
3.	
4.	
5.	

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

Section 3 concerns the request for new and 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.

In 2008, population data has been readjusted with the support of the National Sanitary Information Department in collaboration with the National Demographic and Statistics Agency.

Table 7: Update of annual immunisation achievements and targets. Please provide the figures given in the 2006 WHO/UNICEF Joint Reporting Form together with the projections for 2007 and beyond.

Number of	Achievements and targets									
	2007	2008	2009	2010	2011	2012				
DENOMINATORS										
Births	411,470	453,007	464,333	475,942	487,841	500,038				
Infant deaths	25,099	27,633	28,324	29,032	29,758	30,502				
Surviving infants	386,370	425,374	436,009	446,910	458,083	469,536				
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2007 and after with the 1 st dose of DTP (DTP1)*	N/A	N/A	N/A	N/A	N/A	N/A				
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2007 and after with the 3 rd dose of DTP (DTP3)*	N/A	N/A	N/A	N/A	N/A	N/A				
NEW VACCINES**										
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2008 and after with the 1 st dose of DTP-HepB-Hib	416,235	416,866	427,289	437,972	448,922	460,145				
Infants vaccinated in 2007 (JRF) / to be vaccinated in 2008 and after with the 3 rd dose of DTP-Hep B-Hib	386,100	382,836	392,408	402,218	412,274	422,582				
Wastage rate in 2007 and rate expected in 2008 and after*** for the DTP-HepB-Hib	2%	2%	2%	2%	2%	2%				

INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	N/A	N/A	N/A	N/A	N/A	N/A			
Infants vaccinated / to be vaccinated with the BCG	N/A	N/A	N/A	N/A	N/A	N/A			
Infants vaccinated / to be vaccinated against measles	N/A	N/A	N/A	N/A	N/A	N/A			
Infants vaccinated / to be vaccinated against the Yellow Fever	N/A	N/A	N/A	N/A	N/A	N/A			

* 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.

Please provide the Vaccine Request Calculation Excel sheet duly completed and summarize it in Table 6 below. As far as the calculation is concerned, please use the same targets as those used in Table 5.

Table 6. Estimated quantity of vaccine doses (Please fill in a separate table for each additional vaccine and number them 6a, 6b, 6c etc.)

Vaccine:	2009	2010	2011
Total number of doses requested	1,582,450	1,504,685	1,539,985
Doses to be supplied by GAVI	1,480,855	1,399,099	1,431,918
Doses to be procured by the country	101,596	105,586	108,067
Co-payment in US \$/dose	0.20	0.20	0.20
Total co-payment in US \$	316,940	300,937	307,997

* In accordance with GAVI co-financing policy, country groupings and the order of introduction of the vaccines

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 HepB3 and Hib3 differs from that of the DTP3, 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.
▪	Auto-disable 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

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

		Formula	2009	2010
A	Number of target infants for the immunisation (for the TT: number of target pregnant women) (1)	#	N/A	N/A
B	Number of doses per infant (for the TT: number of target pregnant women) (1)	#	N/A	N/A
C	Number of doses	A x B	N/A	N/A
D	Auto-disable syringes (+10% wastage)	C x 1.11	N/A	N/A
E	Buffer stock of auto-disable syringes (2)	C x 0.25	N/A	N/A
F	Total auto-disable syringes	D + E	N/A	N/A
G	Number of doses per vial	#	N/A	N/A
H	Vaccine wastage factor (3)	2 or 1.6	N/A	N/A
I	Number of reconstitution syringes (+10% wastage) (4)	C x H x 1.11/G	N/A	N/A
J	Number of safety boxes (+10%)	(F + I) x 1.11/100	N/A	N/A

1 Contribute to a maximum of 2 doses for pregnant women (estimate obtained by the total number of births)

2 The vaccine and auto-disable 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.

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 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 2008.

Table 9. HSS Expenditure in 2007 (Please fill in the boxes for expenditure linked to HSS activities and your request for 2008. In the case of a change to your request for 2008, please indicate the reasons for such a change in the brief summary above).

Support sector	2007 (Expenditure)	2007 (Balance)	2008 (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 (Please report on activities undertaken 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. Please update the baseline indicators						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Deadline for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving \geq 80% 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

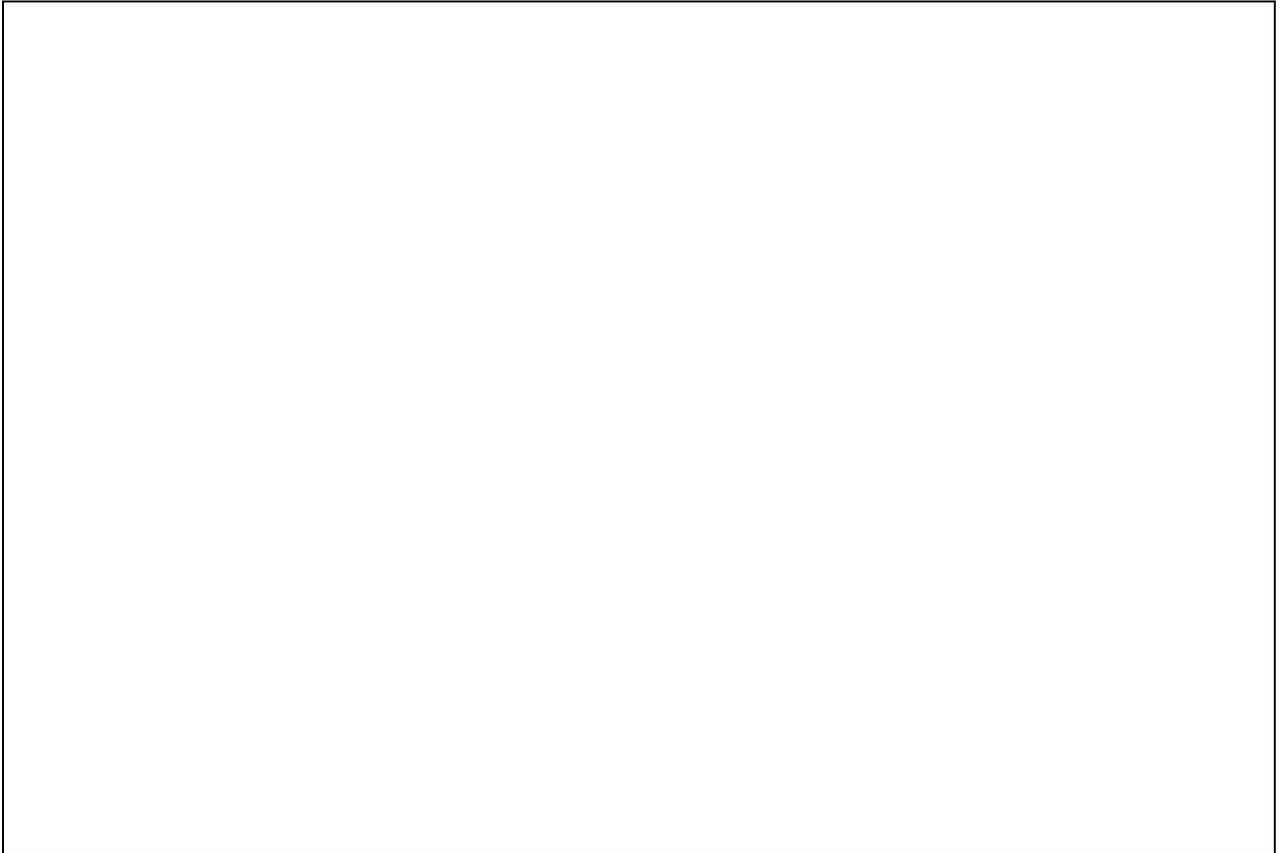
5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (previous calendar year)		
Government signatures		
IACC endorsement		
Table 1 completed		
Report carried out on DQA		
Report carried out on the use of the US \$ 100,000		
Report carried out on Injection Safety		
Report carried out on FSP (financial sustainability plan) (progress accomplished compared with the country's FSP indicators)		
Table 2 completed		
Request for new vaccines completed		
Revised request for injection safety support completed (where applicable)		
Report carried out on HSS support		
IACC 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

IACC/HSCC comments:



~ End ~