



Annual Progress Report 2007

Submitted by

The Government of

Sierra Leone

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(to be accompanied with Excel sheet as prescribed)

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

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

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

Signatures Page for ISS, INS and NVS

For the Government of **Sierra Leone**
Ministry of Health:

Ministry of Finance:

Title: Dr.

Title:

Signature:

Signature:

Date:

Date:

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

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

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

Name/Title	Agency/Organisation	Signature	Date
Dr. Akpata Kalu	WHO		
Mr. Geert Cappelaere	UNICEF		
Mr. Daniel Kaidaneh	Christian Childrens' Fund		
Mr. M. A. S Jalloh	Sierra Leone Red Cross		

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

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

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

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

Yes. Every year, the Ministry of Health and Sanitation conducts an annual review and planning workshop for its three-year rolling plan. Activities identified for the next three years are costed and a budget prepared. The annual plan budget is disaggregated into sources of funding and the existing gaps.

The Directorates' of Planning and Financial Resources compile all the activity plans of various units and divisions to produce a three-year rolling plan of the Ministry of Health and Sanitation.

The Ministry of Health and Sanitation's request to the Ministry of Finance for GOSL fund allocation takes into consideration other partners including GAVI funding support, as would have been highlighted in its rolling plan budget.

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.

Upon receipt of funds from GAVI secretariat, the Hon. Minister of Health and Sanitation who is the chairperson of the ICC mandates the Technical Committee (comprising members from MoH, UNICEF, WHO and HKI) to allocate the GAVI fund to EPI activities not funded .The draft allocation is presented at an ICC meeting for approval. Upon approval, funds are requested based on the activity time line.

Because of the 2007 Presidential and Parliamentary elections and the following transition, meeting of ICC was delayed and this in a way affected fund disbursement.

1.1.2 Use of Immunization Services Support

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

Funds received during 2007 _____ USD 635,500
 Remaining funds (carry over) from 2006 _____ USD 111,692.55
 Balance to be carried over to 2008 _____ USD 747,192.55

Table 1: Use of funds during 2007*- July – December 2007.

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	2,086.09			2,086.09	
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Fuel for cold chain					
Servicing of district cold room					
Total:	2,086.09			2,086.09	
Remaining funds for next year:	745,106.46				

**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.

Major Activities

- Training of trainers (National supervisors and DHMT members) on RED strategy
- Supervision visits to all districts and selected PHUs -(GAVI, GOSL)
- Conduction of outreach activities in all 13 districts-(GOSL)
- Support to outreach services in all 13 districts- (GAVI)
- Planning and review meetings of District Healthy Management Teams (DHMTs) in all 13 districts -(UNICEF)
- Expansion of health facilities on-going -(GOSL, NGOs & other development partners)
- District and national micro planning for MNTE Campaign (WHO ,UNICEF, GOSL)
- Implementation MNTE Campaign (WHO, UNICEF, GOSL, HKI,)
- Installation of solar equipment (procured by ECHO) to districts (GOSL, UNICEF)
- Training of solar cold chain technicians (UNICEF)
- Maintenance of cold chain equipment at all levels -(GAVI)
- Procurement of fuel for running of cold chain at all levels (GOSL, GAVI)
- Introduction of pentavalent vaccine into routine immunization (GOSL, WHO,)
- Training of Health workers for new vaccine introduction (GAVI)
- Distribution of vaccines and other supplies to districts (GOSL, GAVI)

Problems related to multi year plan.

- Inadequate transport
- Limited support to social mobilization
- Limited human resource

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _____2009

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

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

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

What were the major recommendations of the DQA?

DQA recommendations have been previously communicated to GAVI secretariat.

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.

Implementation of the recommendations has been previously reported.

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).

No study was conducted regarding EPI issues.

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **Please attach all minutes.**
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

4 times.

There were no civil society members in 2007. However, efforts are being made to expand the ICC to include a variety of stake holders including parliamentary committee on health.

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

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

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

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2006)
DPT+HepB+Hib (Pentavalent)	1	282,200	15 th January 2007	18 th December 2006

Please report on any problems encountered.

There were no problems encountered during the introduction of the vaccine.

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.

Major Activities:

- *Distribution and installation of solar equipments to cover all districts.*
- *Construction of incinerators/ digging of pits for waste disposal*
- *Review of EPI data recording and reporting tools*
- *Review of IEC materials to include key messages on pentavalent*
- *Development of field guide for pentavalent vaccine introduction*
- *Training of health workers on pentavalent vaccine*
- *Conduction of press briefing on pentavalent*
- *National launching on pentavalent introduction into routine immunization*
- *Withdrawal of DPT from the field*
- *Conduction of regular supportive supervision*
- *Monitoring of vaccine coverage*

Problems:

- *Inadequate transportation*
- *Limited human resource*
- *Increased demand on storage space for vaccines at district and national level.*

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

These funds were received on: _____ No funds received for the introduction of new vaccines.

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

No funds received.

1.2.4. Vaccine Management Assessment

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

Please summarize the major recommendations from the VMA

- Plan and implement:
 - a solid training session on vaccine and cold chain management for all levels.
 - a periodic (regular) supportive supervision on vaccine and cold chain management.
- Elaborate and disseminate reminder posters with key messages/instructions on vaccine management.
- Expand (provide more space in) central cold store to better accommodate the refrigerators and freezers.
- Provide updated recording documents (ledger books) for vaccines, diluents and injection materials.

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

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

There was no specific action plan developed following the Vaccine Management Assessment. However, there are activities in the EPI annual plan that will address implementation of the recommendations of the VMA.

The next EVSM/VMA* will be conducted in: _____2009

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

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind:

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

Injection Safety Material	Quantity	Date received
Safety boxes		
AD needles and syringes		
Mixing needles and syringes		

Please report on any problems encountered.

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

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

GAVI ISS to Sierra Leone ended in December 2004.
In 2006, Government through UNICEF procured injection safety supplies that will last up to 2008.
Government is very much committed to continue providing support for injection safety supplies.

Please report how sharps waste is being disposed of.

Injection wastes including sharps are disposed of through:

- Collection in safety boxes
- Burning of injection waste in incinerators in health facilities that have incinerators.
- Burning and burying in health facilities that do not have incinerators as yet.

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

- Materials for construction of Demorfort incinerator are not available locally.
- Inadequate vehicles for the distribution of injection materials from national to district, and district to health facilities levels.

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

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

No ISS received.

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

Table 2.1: Overall Expenditures and Financing for Immunization

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

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<i>Expenditures by Category</i>				
Vaccines		2,805,011	2,350,535	8,008,982
Injection supplies		282,918	312,071	327,259
Cold Chain equipment		300,818	474,506	278,482
Operational costs		3,379,645	2,096,548	4,883,033
Other (please specify)		3,037,807	2,643,621	2,864,643
<i>Financing by Source</i>				
Government (incl. WB loans)		3,650,939	3,706,075	4,260,057
GAVI Fund		2,556,248	1,951,202	7,415,901
UNICEF		1,566,570	700,519	1,476,956
WHO		736,151	320,331	994,431
Other (please specify)				
Total Expenditure		9,806,199	7,877,281	16,362,399
Total Financing		8,509,908	6,678,127	14,147,345
Total Funding Gaps		1,296,291	1,199,154	2,215,054

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

An increase in immunization expenditure was observed in 2005 and 2006. In 2007, there was a drop in immunization expenditure. For 2007, government actual expenditure did not match-up to planned expenditure. This probably could have been due to the Presidential and Parliamentary elections held within the year.

Not with standing the fall in 2007, there are clear indications of commitment by Government to Child health activities including immunization, as is reflected by the development of the Reproductive and Child Health policies, followed by a national Reproductive and Child Health Strategic Plan. Government commitment was further demonstrated by the fact that the strategic plan was launched by no less a person, than the President of the Republic himself. There is a government budget allocation to EPI.

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

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

For 1st GAVI awarded vaccine. Please specify which vaccine (Yellow Fever)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government	0	0	56,000	50,500
Other sources (GAVI)			210,000	198,000
Total Co-Financing (US\$ per dose)			266,000	248,500

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

Government should have started co-financing in 2007 at a rate of 10% per year. The Yellow Fever co-financing started in 2008. 20% of the vaccine cost is provided in 2008 which is a cumulation of the 2007 and 2008 cost. Government will continue providing the 10% by year until she bears the total cost.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (DTP-HepB+Hib (Pentavalent))	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)	0	2,812,748	2,505,500	2,296,500
Government	0	0	0	0
Other sources (GAVI)	2,280,000	2,812,748	2,505,500	2,296,500
Total Co-Financing (US\$ per dose)	2,280,000	2,812,748	2,505,500	2,296,500

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

The trends in the co-financing as out lined in the application for the introduction of the pentavalent vaccine were to start in 2012. The Government is to co-finance the cost of the vaccine by 10% cumulatively by year until she completely takes over from GAVI by 2015.

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

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

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF (through UNICEF)	X	Measles, BCG, Tetanus Toxoid, OPV	UNICEF
PAHO Revolving Fund			
Donations			
Other (GAVI) (through UNICEF)		Yellow Fever, Pentavalent	GOSL (for Yellow Fever) and GAVI

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule (year)	Date of Actual Payments Made in 2007 (day/month)
1st Awarded Vaccine (Yellow Fever)	Co-financing starts in 2008	
2nd Awarded Vaccine (Pentavalent)	Co-financing starts in 2012	Not applicable
3rd Awarded Vaccine (specify)		

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

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing? (Not applicable)
1.
2.
3.
4.

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

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

3.1. Up-dated immunization targets

*Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided. Targets for future years **MUST** be provided.*

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

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

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	208,676	213,728	218,941	260,317	229,872	235,603	241,506	247,611	253,934	260,232
Infants' deaths	23,998	24,579	25,178	25,796	26,435	27,094	27,773	28,475	29,202	29,927
Surviving infants	184,678	189,149	193,763	198,521	203,437	208,509	213,733	219,136	224,732	230,305
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DPT *	174,454	Not Applicable (Penta introduced)	-	-	-	-	-	-	-	-
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DPT	163,780	NA Not Applicable Penta introduced)	-	-	-	-	-	-	-	-
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* DTP+HepB+Hib (Pentavalent) (new vaccine)	NA Not Applicable Penta introduced)	185,586	187,950	192,565	197,334	202,254	207,321	212,562	217,990	223,396
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP+HepB+Hib (Pentavalent) (new vaccine)	NA Not Applicable Penta introduced)	148,765	165,396	173,309	179,574	186,073	192,809	199,808	207,091	214,460
Wastage rate till 2007 and plan for 2008 beyond*** DTP+HepB+Hib (Pentavalent) (new vaccine)	NA	10%	5%	5%	5%	5%	5%	5%	5%	5%

Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of Yellow Fever (<i>new vaccine</i>)	148,322	137,605	170,511	178,669	187,162	195,998	203,046	210,371	217,990	225,699
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of Yellow Fever (<i>new vaccine</i>)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Wastage rate till 2007 and plan for 2008 beyond*** Yellow Fever (<i>new vaccine</i>)	30%	20%	15%	10%	10%	10%	10%	10%	10%	10%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	198,312	180,383	214,343	224,542	235,159	246,205	255,031	264,201	273,741	280,530
Infants vaccinated / to be vaccinated with BCG	178,679	191,638	199,236	206,372	213,781	221,467	227,016	235,231	246,316	255,027
Infants vaccinated / to be vaccinated with Measles (1 st dose)	155,408	155,933	170,511	178,669	187,162	195,998	203,046	210,371	217,990	225,699

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

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

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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

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

--

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> ▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2009: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

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

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

Not applicable. Injection safety support ended in 2004.

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

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

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

4. Health Systems Strengthening (HSS)

APPROVAL FOR HSS ONLY RECEIVED IN 2008.

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

Health Systems Support started in: _____ (HSS ONLY APPROVED IN 2008)

Current Health Systems Support will end in: _____

Funds received in 2007: Yes/No
If yes, date received: (dd/mm/yyyy)
If Yes, total amount: US\$ _____

Funds disbursed to date: US\$ _____

Balance of installment left: US\$ _____

Requested amount to be disbursed for 2009 US\$ _____

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

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

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

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

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

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

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

Table 10. HSS Activities in 2007

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

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

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

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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	8 th May, 2008	
Reporting Period (consistent with previous calendar year)		
Government signatures	X	
ICC endorsed	X	
ISS reported on	X	
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached	X	
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

We the ICC Members have gone through the report and are satisfied with its content. We therefore endorse it.

~ End ~