

Annual Progress Report 2007

Submitted by

The Government of

The Democratic Republic of the Congo

to the



Date of submission: **30 April 2008**

Last date for submission 15 May 2008
(jointly with the Excel spreadsheet, in accordance with the instructions)

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

Please address any questions to Dr Raj Kumar, raj कुमार@gavialliance.org or to the representatives of a partner institution of GAVI. All documents and appendices must be submitted in English or in French, preferably in electronic form. They may be brought to the knowledge of the partners of GAVI, of its employees and of the public.

This report contains a record of the activities carried out in 2007 and sets forth the requests for January – December 2009)

Signature page for ISS, INS and NVS

On behalf of the Government of [the Democratic Republic of the Congo](#)

Ministry of Health:

Title: **Minister of Health**

Signature:

Date:

Ministry of Finance:

Title: **Minister of Finance**

Signature:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee (ICC) endorse this report, including the Excel spreadsheet attached. The signature on the endorsement page 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 Jean Baptiste ROUNGOU, Representative	WHO		
Mr. Anthony Bloomberg Representative	UNICEF		
Mr. Ambroise Tshimbalanga President National Committee Polio Plus	ROTARY		
Mr. Stephen M. Haykin Director	USAID		

Signature page for HSS

NOT APPLICABLE

On behalf of the Government of

Ministry of Health:

Ministry of Finance:

Title:

Title:

Signature:

Signature:

Date:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme. The signature on the endorsement page of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

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

Name/Title	Agency/Organisation	Signature	Date

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

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

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?

In the short term, it is expected that these funds will be annually declared during the preparation of the State budget under financing of the EPI by the external partners of the Ministry of Health.

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 rationalization of the use of the resources for a more effective assistance and the strengthening of the capacities for the purposes of improving the Expanded Program on Immunization has always constituted one of the preoccupations of inter agencies collaboration. Thus an external audit of GAVI funds was carried out by the ICC in 2007. The principal recommendations of this audit are listed below in three groups:

Concerning the Management procedure:

- 1. To keep regular accounts;**
- 2. To set up a work plan for the internal auditors**

Concerning accounting and financial management

- 1. To set up a chronological listing of the supporting documents with pre numbering;**
- 2. To fix time limits for the justification of the funds at the intermediate and peripheral levels**
- 3. To set up the special accounting plan, the analytical accounting plan and the budgetary accounting plan**
- 4. To use the pre-numbered bank and cash vouchers**
- 5. To carry out the banking reconciliation**
- 6. To set up a system of budgetary control including a forecast of annual expenditure, readjusted each quarter and a statement of monthly budgetary monitoring.**
- 7. To set up a system of decentralized management of GAVI funds at the intermediate level and the operational level coordinated by the ICC.**
- 8. Availability of financial management software at the central level and the intermediate level**

Concerning the management of assets:

- 1. To apply the procedure for the awarding of contracts as provided for in the mechanism for the management of GAVI funds;**
- 2. To set up registers and individual record sheets of the fixed assets and a system of continuous review.**

Of these 12 recommendations, 10 have been completely carried out.

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 **6,218,380.00 USD**

Remaining funds (carry over) from 2006 **114,634.34 USD**

Balance to be carried over to 2008 **532,110.48 USD**

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & others
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	969,400.00	267,558.75	701,841.25	0.00	
Transportation	658,281.86	98992.28	131,656.20	427,733.38	
Maintenance and overheads	1,743,059.75	281,596.02	375,461.36	1,086,002.37	
Training	236,369.08	35,455.36	47,273.83	153,649.10	
IEC / social mobilization	254,553.63	38,183.04	50,906.73	165,463.86	
Outreach	490,720.42	0.00	0.00	490,720.42	
Supervision	636,304.08	95,445.61	127,260.82	413,597.67	
Monitoring and evaluation	250,282.33	37,542.34	50,056.47	162,683.51	
Epidemiological surveillance	59,092.27	10,000.00	15,105.31	33,986.96	
Vehicles		0.00	0.00	0.00	
Cold chain equipment		0.00	0.00	0.00	
Planning and management	511,830.44	76774.57	102,366.09	332,689.88	
Total:	5,809,903.86	941,457.98	1,601,928.05	3,266,517.83	
Remaining funds for next year:	532,110.48	532,110.48	0.00	0.00	

**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.

Principal activities undertaken:

- Flexible funds placed at the disposal of 508 health zones to ensure the basic micro planning, the formative supervision, the advanced strategy, the monitoring for action, the purchase of oil and spare parts for refrigerators;
- Distribution and transport of input from the central level at the level of EPI antennas;
- Provision of funds for the distribution of input at the level of the antennas for the health zones (vaccines, SAB, receptacles, etc.)
- Acquisition of equipment (risograph, computers, LCD projectors, etc.)
- Motivation of the personnel at the central and intermediate level based on the evaluation of performances
- External and internal audit
- Reproduction of the tools for data acquisition
- Monitoring and evaluation
- Strengthening of coordination (accompaniment of the provincial ICC)
- Participation in international meetings
- Institutional support
- Logistics operations

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 ?

NOT APPLICABLE

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.

NOT APPLICABLE

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 2006 (for example, coverage surveys).

Demographic and Health Survey (EDS-RDC 2007)

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 ?*

There have been two large co-ordinating meetings of the EPI, one in Goma (March 2007) and the other in Lubumbashi (July 2007) which brought together all the principal partners of the EPI and the executives of the Ministry of Health at the central and provincial levels (provincial Ministers, Provincial Doctors Inspectors, Provincial Co-ordinating Doctors for the EPI, provincial Epidemiological Doctors, etc.)

Moreover, there were 2 ordinary meetings of the strategic ICC whose reports are enclosed in the appendix. There have also been meetings of the ICC in the provinces. For illustration, we have annexed a report of one of the meetings of the ICC held in Mbuji Mayi (Kasai Oriental).

The civil society organizations which are members of the ICC at the central level are as follows: ROTARY, CRS, SANRU and RED CROSS

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 2007.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2006)
DTC-HepB tetravalent	37 cm3	10	28 February 2007	Dec 2006 Jan 2007 Mar 2007 April 2007 Aug 2007 Sept 2007

Please report on any problems encountered.

Problems encountered during the introduction of this new vaccine (tetravalent).

- 1. The delayed briefing in certain health zones did not allow the introduction of the new vaccine at the same time throughout the whole country;**
- 2. The sequential delivery by the supplier of new vaccine DTC HepB in small quantities did not allow the simultaneous introduction in all the health zones;**
- 3. The lack of a strategy of sustainability and the continuation of communication activities did not make it possible for the community to record the presence of the new vaccine;**
- 4. Directives had been given by the central EPI to withdraw the trivalent vaccine in the health zones before the delivery of the tetravalent one, which unfortunately involved out-of-stock situations, because the delivery of DTC-HepB did not immediately replace the available stock in the health zones.**
- 5. A residual stock of more than 2,760,000 of trivalent DTC was out-of-date following an inefficient strategy of its replacement by tetravalent on the ground.**

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.

Principal activities carried out in 2007:

- 1. the advocacy and strengthening of the bond with the community**
 - To reproduce educational supports on hepatitis b: wall posters, leaflets, spots, additional boards for the EPI image box, thank you cards, etc.**
 - To distribute the supports in the health zones**
 - To organize awareness days for the healthcare personnel (clinicians, laboratory assistants, etc.), media professionals, teachers, NGOs and other associations in the 11 provinces.**
 - To create awareness of vaccination against hepatitis B by the RC and at the time of Cosa in parents**
 - To produce and diffuse televised radio transmissions on the introduction of the new vaccine.**

2. Strengthening the capacities of the Personnel
 - To revise the modules, technical sheets and management tools;
 - To train 30 executives of the intermediate and operational level: 341 MCZ, 341 IS, 341 AC, 15,450 IT, 515 male nurses vaccinators of the ZS
3. Improvement in the management of vaccines and vaccination equipment
 - To revise and distribute management tools;
 - To popularize the policies of the vials started and of the PCV
 - To train the personnel in the management of vaccines
4. Strengthening injection safety
 - To develop and implement the distribution plan and systems (application of Bundling);
 - To equip the structures which vaccinate with safety boxes
 - To train the personnel in the management and disposal of waste
5. Strengthening the supervision, monitoring and evaluation;
 - To revise and distribute tools for supervision
 - To organize a monthly meeting monitoring the activities of systematic vaccination (cv, rate of abandonment, rate of loss of vaccine)
 - To organize the quarterly reviews of EPI at the level of all the 44 districts
 - To provide retro information at all the levels (sheet of retro information);
 - To organize the evaluation of the introduction of the new vaccine;
 - To organize the filing of the reports of supervision and monitoring of EPI at all levels
6. Improvement in the use of the service
 - to organize the advanced strategies better (planning and means of transport)
 - to develop and place at the disposal of the IT the guide on interpersonal communication
7. Strengthening the epidemiologic and mapi monitoring
 - to train the executives concerned in the structure of the epidemiologic monitoring and mapi at all the levels;
 - to strengthen the technical capabilities of the provincial laboratories in equipment for the epidemiologic monitoring of the EPI and MAPI target diseases;
 - to install the mechanisms for the monitoring and evaluations of the supervision in all the provinces and the province city of Kinshasa
 - to provide the documentation and the tools for the monitoring activities of the EPI diseases
 - revive the holding of the weekly? monthly and quarterly reviews according to the levels;
 - to make the sentinel monitoring sites operational.
8. Financial sustainability
 - To make advocacy to the partners in order to request an increase in their financing of the vaccination activities
 - To develop the capabilities of the managers to accelerate the process of obtaining financing (control of the procedures on public contracts and on expenditure);
 - To install the mechanisms for the decentralization of financial decisions for the benefit of the intermediate EPI structures.

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

NOT APPLICABLE.

The RDC has not received financial support from the GAVI Alliance for the introduction of the DTC-HepB.

These funds were received on : _____

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

NOT APPLICABLE

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted **in NOVEMBER 2007**

Please summarize the major recommendations from the EVSM/VMA

The evaluation of the effective management of the depots was carried out at the central level and in all the other provinces of the country, except for the province of Katanga and Bas Congo. From these evaluations, the following recommendations were made:

- 1. To equip the cold rooms with automatic recording systems;**
- 2. To build a medium tension electric cabin to level out the fluctuations in the electrical current at the central level**
- 3. To equip all the cold rooms with shelves for the storage of the vaccines;**
- 4. To make spare parts available to avoid the stoppages in the operation of the equipment;**
- 5. To make the computerized stock management registers safe against viruses by using antivirus programs and by systematically backing up the files;**
- 6. To make the freezing indicators for the delivery of the vaccines available;**

Was an action plan prepared following the EVSM/VMA : **YES**

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

The following activities aiming at the implementation of the recommendations have been planned:

- 1. Formative supervision of the provincial logisticians and antennas in the use of the tools for the acquisition and analysis of data;**
- 2. acquisition of the freezing indicators;**
- 3. acquisition of the automatic temperature recorders;**
- 4. acquisition of spare parts for the cold rooms**

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

**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 2006 (add rows as applicable).

Injection Safety Material	Quantity	Date received
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Please report on any problems encountered.

NOT APPLICABLE

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.

At the moment, UNICEF provides all the AD syringes and the safety boxes for the traditional vaccines.

Please report how sharps waste is being disposed of.

At the moment, the program practises the policy of burning and burial in a hole at the level of the health area. Following an inventory, it was noted that there was not a reliable incinerator in any of the Health Zones in the country.

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

It has taken a lot of time for the Inter-sectoral Committee for biomedical waste management to be established. In addition, the country still does not pay the 50% of the financing of AD syringes contrary to what was planned.

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

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.

Table 2.1 Total Immunization Expenditures and Financing

The purpose of Table 2.1 is to understand trends in overall immunization expenditure and financing context. A complete updated cMYP for the year the subject of the report, may be submitted in place of Table 2.1.

	2007	2007	2008	2009
	Actual	Expected	Expected	Expected
<i>Expenditure by item</i>				
Vaccines		19,620,045	11,740,654	38,855,981
Injection supplies		2,029,723	3,086,784	3,541,085
Cold Chain equipment		3,212,765	6,691,486	8,387,163
Operational expenditures		9,866,869	33,475,173	37,229,041
Other (please specify)				
<i>Financing by source</i>				
Government (including loans from the World Bank)		1,908,933	7,304,709	3,630,589
GAVI Fund	6,218,380	66,792,204	14,595,393	41,619,416
UNICEF		9,039,667	31,488,857	,1,383,187
WHO		1,700,000	20,705,738	
USAID		3,288,065	3,288,065	3,288,065
Others (CTB)		2,532,039	1,953,918	1,363,168
Total Expenditures		34,729,402	54,994,097	88,013,270
Total Financing		119,990,310	134,330,777	139,297,695
Total financing deficits				

Please describe the evolution of the expenditure and the financing of immunization during the year the subject of the report, as well as the differences between the expenditure, the financing and the expected and actual deficits. Explain in detail the reasons for these trends and describe the prospects for financial viability for the immunization program during the next three years; indicate if the financing deficits are manageable, if they represent a problem or if they are worrying. In both the latter cases, explain which strategies are applied to correct the deficits and which are the causes of the deficits – increase in the expenditure in certain budget headings, loss of sources of financing, a combination of the two factors.

The deficit is not apparent. The accounting for the expenditure at the operational level is difficult. A better coordination of the interventions of the partners would make it possible to put forward the actual expenditure made each level (especially at the operational level)

Table 2.2: Country level co-financing (in \$US)

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

For first GAVI awarded vaccine. Please specify which vaccine: VAA	2007	2007	2008	2009
	Actual	Expected	Expected	Expected
Co-financing (in \$US per dose)	0	0	0	0
Government	0	0	0	0
Other sources (please specify) GAVI	0	0	0	0
				0
Total co-financing (\$US per dose)	0	0	0	0

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

The country has not yet co-financed the new vaccines. However, advocacy is continuing to the Government to make the co-financing come about.

For second GAVI awarded vaccine. Please specify which vaccine: DTC-Hep B	2007	2007	2008	2009
	Actual	Expected	Expected	Expected
Co-financing (in \$US per dose)	0	0	0	\$0.15
Government	0	0	0	\$1,471,125
Other sources (please specify) GAVI	0	0	0	\$36,575,057
				0
Total co-financing (\$US per dose)	0	0	0	0

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

The DTC-HepB-Hib pentavalent should be introduced in 2008. Taking into account the availability of the DTC-HepB tetravalent, the date for the receipt of this vaccine has been put back. The advocacy is continuing to the Government to make the co-financing come about.

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

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

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		BCG, VPO, DTC, VAR, VAA, DTC-HEP B	For the traditional vaccines, Japan, Unicef own funds; for the new vaccines: GAVI
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Proposed Payment Schedule	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. 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		YES
National health sector plan		YES
National health budget		YES
Medium-term expenditure framework		YES
SWAp		YES
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 ?

1. **The country is in post conflict and is organized so that the budgetary law is respected by all the institutions. These are encouraged to practise the rules of good governance.**

2.

3.

4.

5.

3. Request for new and under-used vaccines for year 2008

Section 3 is related to the request for new and under-used vaccines and injection safety for 2008.

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 200 and projections from 2008 onwards.

Number of	Achievements and targets						
	2006	2007	2008	2009	2010	2011	2012
DENOMINATORS							
Births	2,744,364	2,690,902	2,771,629	2,854,778	2,940,421	3,028,634	3,119,493
Infants' deaths	349,906	343,090	353,383	363,984	374,904	386,151	397,735
Surviving infants	2,394,458	2,347,812	2,418,246	2,490,794	2,565,517	2,642,483	2,721,757
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2007 and beyond with 1st dose of DTP (DTP1)*	2,088,020	2,230,336	2,297,334	2,391,162	2,462,897	2,563,208	2,640,105
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2007 and beyond with 3rd dose of DTP (DTP3)*	1,848,392	2,042,176	2,176,422	2,291,530	2,385,931	2,457,509	2,558,452
NEW VACCINES**							
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2007 and beyond with 1st dose of DTP (DTP1)* (new vaccine)	NA						
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 with 3rd dose HepB3 and beyond with 3rd dose of Hib3 from 2009 (new vaccine)	NA	2,042,176	2,176,422	2,291,530	2,385,931	2,457,509	2,558,452
Wastage rate till 2007 and plan for 2008 and beyond*** (new vaccine)	NA	17	5	5	5	5	5
INJECTION SAFETY****							
Pregnant women vaccinated / to be vaccinated with TT	3,034,334	2,690,902	2,771,629	2,854,778	2,940,421	3,028,634	3,119,493
Infants vaccinated / to be vaccinated with BCG	3,267,744	2,536,170	2,633,047	2,740,587	2,822,804	2,937,775	3,057,103
Infants vaccinated / to be vaccinated with Measles (1 st dose)	2,647,456	1,878,249	2,055,509	2,166,990	2,308,966	2,378,235	2,504,017

* 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 vaccines (to be sent to UNICEF Procurement Division) for 2009

In the event of a change in the vaccinal form or an increase in your request, please state hereafter if the UNICEF Procurement Division has assured you of the availability of the new quantity/form of supplies.

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.

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, <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 2008

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.

4. Health Systems Strengthening (HSS)

NOT APPLICABLE: GAVI-RSS funds 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 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 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 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	yes	
Reporting Period (consistent with previous calendar year)	yes	
Government signatures	yes	In progress
ICC endorsed	yes	In progress
ISS reported on	yes	
DQA reported on	no	Not applicable
Information given on use of introduction allowance for the vaccine Reported on use of 100,000 US\$	no	Funds not received
Injection Safety Reported on	No	Not applicable
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	No	No country co-financing
New Vaccine Request including co-financing completed and XL sheet attached	yes	
Revised request for injection safety completed (where applicable)	No	Not applicable
HSS reported on	No	Not applicable
ICC minutes attached to the report	yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	No	Not applicable

6. Comments

ICC/HSCC comments:

The ICC has noted an improvement in the performances within the framework of the activities of the systematic EPI in 2007. The continuation of the approach "To reach each health zone" (ACZ), the implementation of vaccine accelerations and the specific strategies aimed at reaching children difficult to access, the various staff training, the strengthening of the systematic EPI at the time of the AVS, the improvement in the distribution of vaccines and others inputs, the equipping of some ZS with adapted logistical means and the support of partners present on ground are the principal factors in this success.

However, four provinces (Eastern Province, Equator, Kinshasa and Katanga) still present poor performances in terms of vaccinal coverage, due in particular to the poor coverage of the cold chain, poor accessibility to the immunization services, the systematic non-application of the complete package of the ACZ approach in all the health zones, the mobility of the personnel in search of an adequate remuneration, the bad stock management and the insecurity in certain territories.

The existence of the ICC has also been noted at all the levels (central, provincial and district), the presence of the traditional partners ready to work with the Government and the integration of other interventions with high impact of public health in the program's activities. However, a relaxation of the ICC operation has been noted at all the levels, a poor level of the distribution of information between the partners on the one hand, and the partners and the managers of the EPI on the other hand.

Therefore, the advent of provincial Ministers of Health within the framework of the administrative and financial decentralization of the country is greeted by the ICC as an opportunity to strengthen partnership and coordination at the provincial level.

Recommendations have been made to the Government to extend this partnership to other bi- and multilateral organizations of co-operation as well as to the NGOs.

For 2008, the ICC recommends an increase in the sharing of technical, financial and logistics information between the partners but also between partners and the EPI, to develop a cartography of all the partners present and potential, to identify the kind and levels of their interventions and re-launch the operation of the ICC at all the levels.

In connection with the management of financial resources, the ICC has noted the existence of the procedures for the withdrawal of funds, the existence of management tools and the procedural handbook. However, it deplored the absence of a board of management, the absence of financial management software and the fact that the procedural handbook has not been updated.

~ End ~