



Partnering with The Vaccine Fund

June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by ICC

COUNTRY:

SOMALIA

Date of submission:March 2005

Reporting period: January 1- December 31, 2004

(Tick only one) :

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

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

****Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

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 Somalia Inter-Agency Coordinating Committee (ICC) represented by the Health Sector Committee of the Somalia Aid Coordination Body (SACB) coordinates Partners implementing immunization activities. Performance and progress reports are presented and discussed in the EPI Working Group and recommendations for improvement presented to and endorsed by the Health Sector Committee.

Although both components of the Somalia proposal (support for immunization services and support for injection safety) were approved by the GAVI board in June 2002 and February 2003 respectively, funds were disbursed only in August 2004 in accordance with the stipulations of the ICC request. The sum of \$US571,760 representing 70% of the total of \$US 609,000 allocated over two years, were disbursed to UNICEF. Following the approval by the ICC for the use of the UNICEF component for the purchase of supplies (both for immunization services –namely vaccines - and injection safety - namely AD Syringes and safety boxes), vaccines were procured in 2004 for the equivalent of \$US255,607.12 and injection safety materials for \$US 115,266.29. As a result the programme did not experience any shortfalls in the stock of vaccines and vaccination materials at both the central and zonal levels.

However, the release of the WHO component of the funds (30%) through the Eastern Mediterranean Regional Office (EMRO) only in October 2004 has led to the postponement of activities planned in 2004 to the first quarter of 2005.

1.1.2 Use of Immunization Services Support

In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 2004

Remaining funds (carry over) from the previous year 0

Table 1 : Use of funds during reported calendar year 2004

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	255,607.12				
Injection supplies	115,266.29				
Personnel	n.a.				
Transportation	n.a.				
Maintenance and overheads	n.a.				
Training	n.a.				
IEC / social mobilization	n.a.				
Outreach	n.a.				
Supervision	n.a.				
Monitoring and evaluation	n.a.				
Epidemiological surveillance	n.a.				
Vehicles	n.a.				
Cold chain equipment	n.a.				
Other (specify)	n.a.				
Total:	n.a.				
Remaining funds for next year:	678,087.92**				

**If no information is available because of block grants, please indicate under 'other'.*

*** Out of the total of \$678,087.92 remaining for 2005, \$250,707.92 represents the balance of UNICEF 70% allocated in 2004 amounting. This amount has already been reprogrammed for vaccine and injection safety supplies. \$427,380.00 represents the 30% allocated to WHO; this will also be reprogrammed in 2005.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.(see communications 2003)

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

N/A

1.1.3 Immunization Data Quality Audit (DQA) (If it has been implemented in your country)

→ Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES

NO

→ If yes, please attach the plan and report on the degree of its implementation.

The request by the ICC to postpone the DQA exercise for Somalia to 2005 was approved by the Secretariat. However, the ICC has also written to the Secretariat to highlight the specificity of the Somalia health system in relation to DQA standards.

The situation which led to the request for this postponement has remained unchanged and in certain areas even worsened:

- *Delay in the release of funds in 2004 (August for UNICEF and September for WHO)*
- *The new Health Information System software will only become operational in 2005*
- *The security situation remains volatile within the new context of the formation of a Government in exile*
- *Fewer districts will be accessible for DQA*

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

No studies in 2004

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

→ Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

N/A

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.

Funds will complement the resources that are currently being invested by relevant partners (UNICEF, WHO and INGOs) for the EPI programme. Funds will be used to strengthen EPI services in accordance with the multi year plan of action 2002-2004. The duration of the present 2002 – 2004 multi year action plan will be prolonged to 2006 given the delays in launching the plan.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

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

N/A

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Injection safety support was provided by procurement of injection safety materials for \$US 115,266.29. However, training on injection safety practices and supervision of implementation at country level, will be implemented with the WHO component of the funds in 2005.

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

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<i>n.a</i>	<i>n.a</i>	<i>n.a</i>	<i>n.a</i>	<i>n.a</i>

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

N/A

2. Financial sustainability

- Inception Report :** Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Report :** Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report :** Append financial sustainability action plan and describe any progress to date.
 Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports:** Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.
 Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.
 Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviftf.org> under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level

The political and socio-economic effects of the recent formation of a Transitional Federal Government are still too premature to be assessed. As described in the 2003 report, the absence of a central government and institutions for over a decade resulted in the total break down of social services. The country has been totally dependent on external funding from UN Agencies (UNICEF, WHO), bilateral funding Agencies and International NGOs.

The International community is presently engaged in a process of post conflict assessment in order to come up with a reconstruction plan for funding. Financial sustainability for Somalia EPI can only be possible following the implementation of the reconstruction plan by the Transitional Federal Government and existing Administrations in Somalia.

It is however understood that partners already involved in supporting the EPI program will continue to provide immunization services to the populations in need, according to availability of resources.

3. Request for new and under-used vaccines for year 2004

Section 3 is related to the request for new and under used vaccines and injection safety for the *forthcoming year*.

3.1. Up-dated immunization targets

Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported 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 (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births		311,229	320,565	330,182	340,088	350,290	360,799	371,623
Infants' deaths		40,460	38,468	37,971	37,410	36,780	36,080	35,,305
Surviving infants		270,769	282,098	292,211	302,678	313,510	324,719	336,319
Infants vaccinated with DTP3 *		82,279	70,588	79,859	79,937	120,000	200,000	300,000
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form								
NEW VACCINES								
Infants vaccinated with ____ * (use one row per new vaccine)								
Wastage rate of ** (new vaccine)								
INJECTION SAFETY								

Pregnant women vaccinated with TT	105,423	137,811	146,025	144,055	170,000	206,000	226,000
Infants vaccinated with BCG	109,885	130,666	150,132	137,970	170,000	240,000	270,000
Infants vaccinated with Measles	93,731	85,851	89,064	85,592	120,000	140,000	160,000

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

→ 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.

Data included in the table for 2001, 2002 and 2003 were taken from the WHO/UNICEF joint reports. However, it should be noted that due to the limitations of the health information system in Somalia, the accuracy of the data (especially for 2001 and 2002) is limited. During 2003 the quality of data collection and analysis improved both at zonal and national levels. It is foreseen that data collected in the future will reflect the efforts made to improve accuracy, timeliness and completion of reporting both at facility level and at higher levels.

Denominators have not been changed from the original proposal. However, the accuracy of the data on births, infants' deaths and surviving infants is limited and cannot be improved in the absence of recognized government and official census data.

*Targets for 2004 and following years were modified so to make them more realistic. Specifically, based on the 2002 and 2003 results, the target for DPT3 and measles** have been reduced from the original proposal. In the case of TT however, it should be noted that results in 2002 and 2003 were higher than the targets included in the original proposal. The revised targets take into consideration the limitations faced by the EPI program in the context of Somalia where insecurity, fighting and displacement have continued and increased throughout 2004.*

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year ---- (indicate forthcoming year)

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

THE FOLLOWING ESTIMATES WERE CALCULATED IN LINE WITH VACCINES STOCK AS OF December 2004

Table 3: Estimated number of doses of BCG vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005	Remarks
A	Number of children to receive new vaccine		* 170,000	<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: The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials. ▪ Buffer stock: 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. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25. ▪ Anticipated vaccines in stock at start of year... ..: It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock. ▪ 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
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%	
C	Number of doses per child		1	
D	Number of doses	$A \times B / 100 \times C$	170,000	
E	Estimated wastage factor	(see list in table 3)	2.00	
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	340,000	
G	Vaccines buffer stock	$F \times 0.25$	85,000	
H	Anticipated vaccines in stock at start of year		-60,810	
I	Total vaccine doses requested	$F + G - H$	485,810	
J	Number of doses per vial		20	
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	350,550	
L	Reconstitution syringes (+ 10% wastage)	$1 / J \times 1.11$	26,963	
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	4,191	

*Please report the same figure as in table 1.

Estimated number of doses of DTP vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Number of children to receive new vaccine		* 120,000
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B / 100 \times C$	360,000
E	Estimated wastage factor	(see list in table 3)	1.67
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	601,200
G	Vaccines buffer stock	$F \times 0.25$	150,300
H	Anticipated vaccines in stock at start of year		182,107
I	Total vaccine doses requested	$F + G - H$	569,393
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	364,295
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	63,203
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	4,746

Remarks

- **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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** 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. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year...:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Estimated number of doses of TT vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Number of children to receive new vaccine		* 170,000
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		2
D	Number of doses	$A \times B/100 \times C$	340,000
E	Estimated wastage factor	(see list in table 3)	1.43
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	486,200
G	Vaccines buffer stock	$F \times 0.25$	118,690
H	Anticipated vaccines in stock at start of year		-79,000
I	Total vaccine doses requested	$F + G - H$	683,890
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	596,836
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	75,912
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	7,468

Remarks

- **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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** 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. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Estimated number of doses of Measles vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Number of children to receive new vaccine		* 120,000
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		1
D	Number of doses	$A \times B / 100 \times C$	120,000
E	Estimated wastage factor	(see list in table 3)	1.67
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	200,400
G	Vaccines buffer stock	$F \times 0.25$	50,100
H	Anticipated vaccines in stock at start of year		-25,750
I	Total vaccine doses requested	$F + G - H$	276,250
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	217,394
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	30,664
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2,754

Remarks

- **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:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** 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. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : 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

With reference to our vaccine and injection safety supply forecasts for 2005, our needs for the 1st Quarter of 2005 are as follows:

Vaccines (vials)

BCG (vials of 20 doses)	9,219 (9,200)
MEASLES (vials of 10 doses)	11,063 (11,060)
DTP (vials of 10 doses)	23,706 (23,700)
OPV (vials of 20 doses)	11,853 (11,900)
TT (vials of 10 doses)	14,750 (14,750)

Injection Safety supplies (boxes)

BCG AD syringes (A-D, 0,05ml./Box 100)	1,229 (1,229)
AD syringes: (A-D, 0, 5ml./Box 100)	30,800(7,800/Box-200)
Safety boxes	1,349 (675/Box-25)

We have therefore requested for orders to be placed with the available balance of funds allocated in 2004 and Supply Division has already made the PO for the quantities indicated in brackets above

3.3 Confirmed/revised request for injection safety support for the year 2006 (indicate forthcoming year)

Table 4: Estimated supplies for safety of vaccination for the next two years with BCG (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

	Formula	For year 2006	For year 2007
A Target of children for BCG vaccination (for TT : target of pregnant women)¹	#	240,000	270,000
B Number of doses per child (for TT woman)	#	1	1
C Number of doses	A x B	240,000	270,000
D AD syringes (+10% wastage)	C x 1.11	266,400	299,700
E AD syringes buffer stock ²	D x 0.25	66,600	74,925
F Total AD syringes	D + E	333,000	374,625
G Number of doses per vial	#	20	20
H Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11 / G	26,640	29,970
J Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	3,993	4,492

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

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will 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. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 5: Estimated supplies for safety of vaccination for the next two years with DTP (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2006	For year 2007
A	Target of children for DTP vaccination (for TT : target of pregnant women) ⁴	#	200,000	300,000
B	Number of doses per child (for TT woman)	#	3	3
C	Number of doses	A x B	600,000	900,000
D	AD syringes (+10% wastage)	C x 1.11	666,000	999,000
E	AD syringes buffer stock ⁵	D x 0.25	166,500	249,750
F	Total AD syringes	D + E	832,500	1,248,750
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1,67	1,67
I	Number of reconstitution ⁶ syringes (+10% wastage)	C x H x 1.11 / G	111,222	166,833
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	10,476	15,713

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

⁴ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁵ 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. Write zero for other years.

⁶ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 6: Estimated supplies for safety of vaccination for the next two years with MEASLES (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2006	For year 2007
A	Target of children for MEASLES vaccination (for TT : target of pregnant women) ⁷	#	140,000	160,000
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	140,000	160,000
D	AD syringes (+10% wastage)	C x 1.11	155,400	177,600
E	AD syringes buffer stock ⁸	D x 0.25	38,850	44,400
F	Total AD syringes	D + E	194,250	222,000
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1,67	1,67
I	Number of reconstitution ⁹ syringes (+10% wastage)	C x H x 1.11 / G	25,952	29,660
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	2,445	2,794

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

⁷ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁸ 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. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 7: Estimated supplies for safety of vaccination for the next two years with TT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

	Formula	For year 2006	For year 2007
A Target of children for TT vaccination (for TT : target of pregnant women) ¹⁰	#	206,000	226,000
B Number of doses per child (for TT woman)	#	2	2
C Number of doses	A x B	412,000	452,000
D AD syringes (+10% wastage)	C x 1.11	457,320	501,720
E AD syringes buffer stock ¹¹	D x 0.25	114,330	125,430
F Total AD syringes	D + E	571,650	627,150
G Number of doses per vial	#	10	10
H Vaccine wastage factor ⁴	Either 2 or 1.6	1,43	1,43
I Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	65,397	71,746
J Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	7,072	7,758

Table 8: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM	For the year 2006	For the year 2007 (approximate figures)	Justification of changes from originally approved supply:
Total AD syringes	for BCG	333,000	Changes from the originally approved proposal are due to lowered targets.
	for other vaccines	1,598,400	
Total of reconstitution syringes	229,211	298,209	
Total of safety boxes	23,989	30,757	

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

The changes from the originally approved proposal are due to the reduced targets set for the year 2004 and subsequent years.

¹⁰ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

¹¹ 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. Write zero for other years.

¹² Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/IF support

Indicators	Targets	Achievements	Constraints	Updated targets
DPT1-DPT3 drop out rate	35% by the year 2004	45,3% in 2004	Target not achieved due to several factors including conflict, displacement, lack of supervision at facility level, etc.	35-40% during 2004

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	√	
Reporting Period (consistent with previous calendar year)	√	
Table 1 filled-in	√	
DQA reported on	N/A	DQA initially postponed in 2004 to be conducted end of 2005
Reported on use of 100,000 US\$	N/A	
Injection Safety Reported on	N/A	Funds released late 2004, planned utilization in 2005
FSP Reported on (progress against country FSP indicators)	N/A	No financial sustainability not feasible in present context
Table 2 filled-in	√	
New Vaccine Request completed	N/A	
Revised request for injection safety completed (where applicable)	√	
ICC minutes attached to the report	√	
Government signatures	N/A	TFG still in the process of relocation and re-establishment of state institutions.
ICC endorsed	√	

6. Comments

→ *ICC comments:*

If 2004 was characterized by a volatile security situation with consequent negative impact on all normal programme activities, 2005 is set to be one of uncertainty; the emerging Federal Transitional Government is still to relocate and re-establish its authority in Somalia.

The persistent insecurity situation has continued to have a negative impact on the provision of basic health care services including immunization. In some regions routine activities came to a halt in 2004. Similarly, a number of International NGO partners were obliged to suspend operations and abandon a number of health facilities as a result of funding shortfalls.

Continued GAVI support for Immunization services remains critical for Somalia. The newly established Transitional Federal Government as well as existing Administrations in Somalia will require funding support from all possible sources to carry on the reconstruction and re-establishment of social services in the country.

Consequently, for the 2005 DQA to be conducted successfully, the present context of the 3-zone specificity of Somalia must be taken into account and integrated into the DQA work plan



7. Signatures

For the ICC SOMALIA

Signature: ANDREA BERLOFFA

Title: CHAIR OF SACB HEALTH SECTOR COMMITTEE

Date: March, 2005

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund 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 have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
WHO	Ibrahim Betemal/WR						
UNICEF	Jesper Morch/ Representative						

~ End ~