



Partnering with The Vaccine Fund

March 2006

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)

and
The Vaccine Fund

by ICC

COUNTRY:

SOMALIA

Date of submission: 31 March 2006

Reporting period: January 1- December 31, 2005

(Tick only) :

Inception report	p
First annual progress report	p
Second annual progress report	x
Third annual progress report	p
Fourth annual progress report	p
Fifth annual progress report	p

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 funds were disbursed through UNICEF (sum of \$US571, 760 representing 70% of the total of \$US 609, 000 allocated over two years) 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 2005 for the equivalent of \$US170, 693 and injection safety materials for \$US 30,194. In addition to GAVI ISS/INS support, funding from other sources ensured that no shortfalls in the stock of vaccines and vaccination materials at both the central and zonal levels occurred in 2005.
In keeping with ICC recommendations, 30% of GAVI ISS/INS funds were disbursed through WHO to cover operational costs for the same 2-year period as UNICEF

The Somalia Inter-Agency Coordinating Committee (ICC) represented by the Health Sector Committee of the Somalia Aid Coordination Body (SACB) continued to coordinate Partners implementing immunization activities pending the establishment of the institutions of the Transitional Federal Government. The EPI Working Group also continues to prepare EPI performance and progress reports for peer reviews and endorsement by the Health Sector Committee.

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 2005: No additional funds were received in 2005.

Remaining funds (carry over) from the previous year: \$US 200,887.00 for procurement of vaccines and injection safety supplies by UNICEF
\$US 247,300 for operational costs by WHO

Table 1 : Use of funds during reported calendar year 2005

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		Central	PUBLIC SECTOR Region/State/Province	District	PRIVATE SECTOR & Other
Vaccines	170,693	0	0	0	0
Injection supplies	30,194	0	0	0	0
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:	304,500**				

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

*** Reference to letter from Ex Sec dated 8 August 2005; outstanding amount for both UNICEF and WHO was expected to be paid in 4th quarter of 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 DQA has been postponed indefinitely for the same reasons prevailing in previous years (insecurity, poor access, lack of central health institutions, absence of functioning district health system etc)

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 2005

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.*

In 2004, EPI vaccines (all antigens) at a total cost of US\$255,607 were procured and distributed timely. There were no problems in procurement or distribution within Somalia.

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.*

*Outstanding funds have in the past and will continue to 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 2002-2006.*

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/TF, including problems encountered

Injection safety support was provided by procurement of injection safety materials for \$US 30,194 in 2005 as against \$US 115,266 in 2004

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/TF support.

Indicators	Targets	Achievements	Constraints	Updated targets
n.a	n.a	n.a	n.a	n.a

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.

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.gavivff.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 2005

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.

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 from 2004 and subsequent years were modified to more realistic estimates. The revised targets take into consideration the constraints of programme implementation in Somalia, a country in crises.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2006 (indicate forthcoming year)

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

2006-2008 vaccine forecast endorsed by Supply Division

THE FOLLOWING ESTIMATES WERE CALCULATED IN LINE WITH VACCINES STOCK AS OF December 2005

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 2006
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	1
D	Number of doses	$A \times B/100 \times C$ 170,000
E	Estimated wastage factor	2.00 (see list in table 3)
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	85,940
I	Total vaccine doses requested	$F + G - H$ 339,060
J	Number of doses per vial	20
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$ 376,357
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$ 18,818
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$ 4,387

* Please report the same figure as in table 1.

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 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 2006
A	Number of children to receive new vaccine	* 140,000
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	420,000
E	Estimated wastage factor (see list in table 3)	1.67
F	Number of doses (incl. wastage)	701,400
G	Vaccines buffer stock	175,350
H	Anticipated vaccines in stock at start of year	380,500
I	Total vaccine doses requested	496,250
J	Number of doses per vial	10
K	Number of AD syringes (+ 10% wastage)	172,995
L	Reconstitution syringes (+ 10% wastage)	55,084
M	Total of safety boxes (+ 10% of extra need)	2,532

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 2006
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	340,000
E	Estimated wastage factor (see list in table 3)	1.43
F	Number of doses (incl. wastage)	486,200
G	Vaccines buffer stock	121,550
H	Anticipated vaccines in stock at start of year	60,000
I	Total vaccine doses requested	547,750
J	Number of doses per vial	10
K	Number of AD syringes (+ 10% wastage)	394,950
L	Reconstitution syringes (+ 10% wastage)	60,801
M	Total of safety boxes (+ 10% of extra need)	5,059

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 Hhb3 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 2006
A	Number of children to receive new vaccine	* 140,000
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	$A \times B / 100 \times C$ 140,000
E	Estimated wastage factor	(see list in table 3) 1.67
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$ 233,800
G	Vaccines buffer stock	$F \times 0.25$ 58,450
H	Anticipated vaccines in stock at start of year	102,000
I	Total vaccine doses requested	$F + G - H$ 190,250
J	Number of doses per vial	10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$ 107,060
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$ 21,118
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$ 14,228

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 2006, procurement is on track for the 1st Quarter of the year. Somalia needs for the rest of 2006 are as follows:

Vaccines	vials
BCG (vials of 20 doses)	28,875
MEASLES (vials of 10 doses)	32,500
DTP (vials of 10 doses)	70,400
OPV (vials of 20 doses)	0
TT (vials of 10 doses)	52,560
Injection Safety supplies	
BCG AD syringes (A-D, 0, 05ml,/Box 100)	5,775 boxes
AD syringes: (A-D, 0, 5ml,/Box 100)	15,581 boxes
Reconstitution syringes 5 ml	32,850
Safety boxes	21,330

3.3 Confirmed/revised request for injection safety support for the year 2007(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 2007	For year 2008
A	Target of children for BCG vaccination (for TT : target of pregnant women) ¹	#	270,000
B	Number of doses per child (for TT woman)	#	1
C	Number of doses	A x B	270,000
D	AD syringes (+10% wastage)	C x 1.11	299,700
			340,000
			377,400

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).

E	AD syringes buffer stock ²	D x 0.25	74,925	94,350
F	Total AD syringes	D + E	452,325	471,750
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	29,970	37,740
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	5,354	5,656

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

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 2007	For year 2008
A	Target of children for DTP vaccination (for TT : target of pregnant women) ⁴	#	200,000
B	Number of doses per child (for TT woman)	#	3
C	Number of doses	A x B	600,000
D	AD syringes (+10% wastage)	C x 1.11	666,000
E	AD syringes buffer stock ⁵	D x 0.25	166,500
F	Total AD syringes	D + E	832,500
G	Number of doses per vial	#	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1,67
I	Number of reconstitution ⁶ syringes (+10% wastage)	C x H x 1.11 / G	111,222
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 2007	For year 2008
A	Target of children for MEASLES vaccination (for TT : target of pregnant women) ⁷	#	140,000
B	Number of doses per child (for TT woman)	#	1
C	Number of doses	A x B	140,000
D	AD syringes (+10% wastage)	C x 1.11	155,400
E	AD syringes buffer stock ⁸	D x 0.25	38,850
F	Total AD syringes	D + E	194,250
G	Number of doses per vial	#	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.67
I	Number of reconstitution ⁹ syringes (+10% wastage)	C x H x 1.11 / G	25,952
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 2007	For year 2008
A	Target of children for TT vaccination (for TT : target of pregnant women) ¹⁰	#	226,000	340,000
B	Number of doses per child (for TT woman)	#	2	2
C	Number of doses	A x B	452,000	680,000
D	AD syringes (+10% wastage)	C x 1.11	501,720	754,800
E	AD syringes buffer stock ¹¹	D x 0.25	125,430	188,700
F	Total AD syringes	D + E	627,150	943,500
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 x H x 1.11 / G	71,746	107,937
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	7,758	11,671

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 2007		2008 (approximate figures)		Justification of changes from originally approved supply:
	for BCG	for other vaccines	for BCG	for other vaccines	
Total AD syringes	299,700	1,653,900	377,400	2,414,250	Changes from the originally approved proposal are due to lowered targets.
Total of reconstitution syringes		238,890		342,170	
Total of safety boxes		26,033		35,834	

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 (MCBA), 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 GAVIVF support

Indicators	Targets	Achievements	Constraints	Updated targets
DPT1-DPT3 drop out rate	35% by the year 2005	28% in 2005	Target surpassed due to DQA-driven monitoring, supervision and	15% for 2006

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 postponed indefinitely
Reported on use of 100,000 US\$	N/A	
Injection Safety Reported on	✓	
FSP Reported on (progress against country FSP indicators)	N/A	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)	✓	INS support is crucial for maintaining present injection safety standards; partners and Government are still not capable of funding this component
ICC minutes attached to the report	✓	
Government signatures	✓	
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 was characterized by persistent insecurity, sporadic conflicts. The inability of the Transitional Federal Government to establish its authority in the country remained a major political setback for Somalia and the International community.

Continued GAVI support for Immunization services and the newly created Health System Services will be crucial contribution to the reconstruction and development programme for Somalia. The rapid disbursement of the last tranche of the first phase ISS of US \$ 304,500 will be a great boost for the immunization services in 2006

The ICC notes with satisfaction the indefinite suspension of the DQA for Somalia as the country does not fulfil the conditions for conducting a realistic data quality audit.