Annual Progress Report 2007

Submitted by

The Government of

ZAMBIA

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(to be accompanied with Excel sheet as prescribed)

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

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

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

Signatures Page for ISS, INS and NVS

For the Government of Zambia……..……

Ministry of Health:

Title: ……

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

Date: ……

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

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

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

Name/Title	Agency/Organisation	Signature	Date
DR. BRAIN CHITUWO, MINISTER	MOH		
WHO REPRESENTATIVE	WHO		
LOTTA SYLWANDER, UNICEF REPRESENTATIVE	UNICEF		
MR. KIKUCHI, RESIDENT REPRESENTATIVE	JICA		
	DFID		
MR. D. BABBAR	ROTARY INTERNATIONAL		
CHIEF OF PARTY	HSSP		
CHIEF OF PARTY	HCP		

Signatures Page for HSS

For the Government of Zambia……..……

Ministry of Health:

Title: ……

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

Date: ……

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

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

The 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
If yes, please explain in detail how it is reflected as MoH budget in the box below.
If not, explain why not and whether there is an intention to get them on-budget in the near future?

Yes. In the MOH budget under child health unit activities GAVI reward funds are included.

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.

During the year 2007, Zambia did not receive ISS funds because the 3 year support had come to an end. However, the country had balance a of reward money from 2005.

The award funds were held at Ministry of Health and were expended as per Ministry financial regulations. There is a Child Health Technical Working group comprising officers from the Ministry of Health, WHO, UNICEF and USAID, which meets regularly to ensure that GAVI activities are implemented as planned. Recommendations of the Child Health Technical Working group are taken to the ICC for endorsement. It is only after the ICC has approved the activities and budget that Ministry of Health can release any funds.

The award funds have been spent on:

- ✓ *Scale up of Reaching Every District (RED) strategy to all 72 districts*
- ✓ *Supportive supervision by the provinces and DHMTs to the frontline health workers in the RED strategy implementing districts.*
- ✓ *Distribution of injection supplies and vaccines from Central level to the provincial health offices.*
- ✓ *Supervision of Child Health Week*
- ✓ *Child Health review meeting was held to share experiences and challenges by the district teams*
- ✓ *Installation of solar refrigerators in districts under the JICA phase II project. Zambia received cold chain equipment from JICA covering 45% cold chain replacement. Subsequently, the country has now achieved 95% reliable cold chain*

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: US$336,000 (for 2005 Reward)
Remaining funds (carry over) from 2006: US$1,560,355.89
Balance to be carried over to 2008: US$1,357,213.89

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines Utilisation monitoring	**22,238**		11,418	10,820	
Transportation of vaccines	**42,027**	2,511	28,249	11,267	
IEC / social mobilization	**4,530**	4,530			
Annual N.advocacy & planning	**38,788**	4,541		34,247	
Implement the RED strategy	**68,068**	2,717	22,324	43,027	
Monitoring and evaluation	**27,630**	6,078		21,553	
Vehicles	**28,572**	28,572			
Cold chain equipment	**92,377**	1,626	61,081	29,671	
Office supplies	**3,539**	3,539			
Operational costs	**27,187**	27,187			
Installation of Incinerators	**2,805**	2,805			
Child Health Week/Measles Campaign	**159,268**	27,891	17,454	113,923	
Child Health Week	**22,112**	2,180		19,932	
Total Expenditure	**539,142**	114,177	140,527	284,438	
Total:					
Remaining funds for next year:	1,357,213.89				

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.

With concerted efforts of partners and strong government leadership and commitment guided by the Comprehensive Multi Year Plan (cMYP) 2006-2010, routine immunization has been strengthened through:

- *the scale up of RED strategy to all 72 districts*

Immunization session in Mpulungu District, Zambia

- *the biannual child health week continues to be a national platform for equitable delivery of high impact interventions nationwide. The 2007 follow-up nationwide measles campaign was integrated with child health week. In July this year more than 2.1 million under five children (>95% coverage) were reached with high impact interventions (measles vaccination [107 %], vitamin A supplementation [99 %], deworming [100 %], and 436,000 bed nets [87%] were retreated.*

- *Zambia eliminated maternal and neonatal tetanus. This was validated through a Lot Quality Assurance survey, which found that the country records less than one case of neonatal tetanus per 1,000 live births.*

- *Zambia remains polio free since 2002.*

- *Government continued funding of all vaccine procurement needs through the Vaccine Independence Initiative and Zambia's accessing of additional resources of up to US$ 6 million over the course of 5 years from GAVI through the health system strengthening widow assures the country of a sustainable immunization programme.*

- *The cold chain has been strengthened with a generous donation of cold chain equipment from JICA and training of 72 district cold chain technicians.*

- *Strong and strategic partnerships embracing the government, private sector, the church, political and traditional leaders coupled with intense and effective social mobilization contributed to a strong immunization programme*

Problems encountered are:

A slight decline in numbers of children immunised has been noticed and this attributed to following

challenges experienced in 2007:

- ✓ *Late release of funds to the districts for implementation of some of the RED activities.*
- ✓ *Inadequate human resource at implementation level*
- ✓ *Inadequate and unreliable transport for some districts*
- ✓ *Frequent break downs of cold chain equipment*
- ✓ *Stock out of BCG vaccine*

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for 2008

**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?

- ✓ *HMIS and UCI to hold discussions regarding tally sheets, and alternatives for generating wastage and drop out rates*
- ✓ *Standard tally sheets to be provided to HU and district staff as well as guidelines for their use and storage*
- ✓ *Population estimates to be resolved and clear guidance to be provided by MOH to lower level on what estimates to be used in calculating denominators.*
- ✓ *HMIS and UCI to ensure that stock cards are distributed to all levels for tracking all vaccines.*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES [x] *NO* [ ]

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

- ✓ *The immunisation tally sheet has been revised to include information on the first and second doses of DPT-HepB+Hib & OPV;and the tally sheet has been distributed to all administrative*
- ✓ *centres (PHOs & DHMTs) for further supply to the health facilities.*
- ✓ *Stock control cards have been distributed, although the challenge is on their proper usage in the field.*
- ✓ *A meeting was held with staff from CSO meant to harmonise population figures for denominators at all levels as this has been a major hindrance to calculating of coverage.*
- ✓ *Data monitoring and usage has been emphasised during trainings and this is more visible in the RED strategy districts.*

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

N/A

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?

Churches Health Association of Zambia, Rotary International, CARE International, Christian Children' s Fund,

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

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

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

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DPT+Hib B-Hib	**2**	**2**	**22/10/2005**	

Please report on any problems encountered.

N/A as was introduced in 2005

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.

N/A

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

These funds were received on: _____

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

Not Applicable for 2007

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

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

Please summarize the major recommendations from the EVSM/VMA

- *To install MoH Cold Room at the airport with +2°C to +8°C temperature range, for the purpose of receiving vaccines at the airport.*
- *Temperatures recording to be made 7days a week and at least twice/24 hours in all vaccine stores.*
- *All levels to prepare an elaborate contingency plan and display it at the appropriate place within the vaccine store.*
- *Reinforce scheduled supervision at all levels*
- *Design and carry out training of vaccine managers and storekeepers at all levels in general vaccines management*
- *Provide reliable transport for cold chain maintenance technician for repairs works (Provincial and district levels).*
- *Central Store needs to have its own transport for vaccine delivery.*
- *to computerise (by providing both software where necessary and dedicated hardware) at provincial and district levels.*
- *Train staff accordingly and to design, print and disseminate standardised stock management tools, posters and stickers for all levels.*

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

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

Conduct vaccine management trainings for health workers

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

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

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind

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

Injection Safety Material	Quantity	Date received
N/A		

Please report on any problems encountered.

N/A

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

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

The Government of the Republic of Zambia is now funding the injection safety supplies.

Please report how sharps waste is being disposed of.

Sharps disposal is by various methods – through Incineration and open pit burning and burying.

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

No problems were encountered during the implementation of the transitional plan for safe injection and sharp waste.

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

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

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

Table 2.1: Overall Expenditures and Financing for Immunization

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

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Expenditures by Category				
Vaccines	8,000,000	8,803,319	8,197,028	8,887,971
Injection supplies	317,335	423,133	433,839	446,080
Cold Chain equipment	2,446,259	2,446,259	163,235	65,751
Operational costs	1,200,000	1,460,337	1,605,492	2,525,644
Other (please specify) vehicles/Measles campaign	3,200,000	2,093,906	2,149,598	554,326
Financing by Source				
Government (incl. WB loans)	2,000,000	1,700,000	1,684,000	1,699,000
GAVI Fund	6,112,384	6,901,193	5,964,000	4,831,500
UNICEF	2,896,520	1,950,000	1,950,000	1,950,000
WHO	956,521	956,521	493,394	
Other (please specify) JICA, HSSP, CARE	3,500,000			
Total Expenditure	15,163,594	15,226,954	12,549,192	12,479,772
Total Financing	15,465,425	10,551,193	7,914,000	8,480,500
Total Funding Gaps		4,675,761	4,635,192	3,999,272

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

In 2007 Government and partners including GAVI fulfilled commitments to financing the immunization programme adequately in line with the cMYP. The funds were raised according to the planned amounts. Financing of the immunisation programme is now assured as a budget line for vaccines is now included in the MoH plans. The ICC is well informed to discuss any major challenges in terms of financing the immunization programme. Over the coming 3 years the financial forecast seems promising though subject to stability in the country's economic performance and commitment from the wider partnership

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

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

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP+HepB-Hib)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	0.24	0.36	0.27	0.27
Other sources (please specify)				
Total Co-Financing (US$ per dose)	0.24	0.36	0.27	0.27

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

Government has continued to fund all vaccine procurement needs through the Vaccine Independence Initiative on a gradual basis

For 2nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)	**N/A**			
Government				
Other sources (please specify)				
Total Co-Financing (US$ per dose)				

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

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

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

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	√	BCG, OPV, TT, Measles, DPT+HepB-Hib	Govt, JICA, 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 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)	April 2007	August 2007
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?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	Yes
National health budget	Yes
Medium-term expenditure framework	Yes
SWAp	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. Delayed release of fund from treasury
2.
3.
4.
5.

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

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

3.1. Up-dated immunization targets

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

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

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

Number of	Achievements and targets									
	2006	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
DENOMINATORS										
Births	585,000	599,439	614,363	629,787	645,730	662,209	679,244	695,863	709,780	723,976
Infants' deaths	58,500	59,944	61,436	62,979	64,573	66,221	67,924	69,586	70,978	72,397
Surviving infants	526,500	539,495	552,927	566,808	581,157	595,988	611,320	626,277	638,802	651,579
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	510,918	498,932	539,103	552,638	566,628	581,088	596,037	610,620	616,726	619,810
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)* ..... *(new vaccine)*										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of……. *(new vaccine)*	510,918	526,008	539,103	552,638	566,628	581,088	596,037	610,620	616,726	619,810
Wastage rate till 2007 and plan for 2008 beyond*** …….. *(new vaccine)*	10%	5%	5%	5%	5%	5%	5%	5%	5%	5%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	509,300	466,659	547,661	568,094	582,474	604,368	627,123	650,735	653,989	657,258
Infants vaccinated / to be vaccinated with BCG	587,473	582,997	599,819	621,562	644,148	667,615	691,998	717,272	720,858	724,463
Infants vaccinated / to be vaccinated with Measles (1st dose)	477,612	524,836	487,027	505,269	521,144	537,606	554,680	572,296	573,441	576,308

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

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

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

Yes, the new liquid Pentavalent vaccine (DPT-Hep B-Hib) in a one dose vials.

Please provide the Excel sheet for calculating vaccine request duly completed

		Formula	For year 2009…
A	Infants vaccinated/to be vaccinated with 1st dose of DPT+Hep B-Hib		566,808
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	74%
C	Number of doses per child		3
D	Number of doses	*A x Bx C*	1,258,314
E	Estimated wastage factor	*(see list in table 3)*	1.05
F	Number of doses (incl. Wastage)	*A x C x E x B/100*	1,321,229
G	Vaccines buffer stock	*F x 0.25*	330,307
H	Anticipated vaccines in stock at start of year… (including balance of buffer stock)		350,000
I	Total vaccine doses requested	*F + G - H*	1,301,537
J	Number of doses per vial		
K	Number of AD syringes (+10% wastage)	*(D + G – H) x 1.1*	1,374,869
L	Reconstitution syringes(+10% wastage)	*I / J x 1.11*	
M	Total safety boxes (+10% of extra need)	*(K + L) / 100 x 1.*	15,261

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:** 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 a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2009:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, 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 7: Wastage rates and factors

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

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

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

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

1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)

2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.

3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF

4 Only for lyophilized vaccines. Write zero for other vaccines.

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

4. Health Systems Strengthening (HSS)

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

Health Systems Support started in: _2007_____

Current Health Systems Support will end in: _2010_____

Funds received in 2007:	Yes	
	If yes, date received: (dd/mm/yyyy)	
	If Yes, total amount:	US$ ___2,344,500_____
Funds disbursed to date:		US$ _____
Balance of installment left:		US$ _____

Requested amount to be disbursed for 2009 US$ _573,000_____

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.

Yes, funds reflected in the Ministry of health budget.

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.

In objective 1: Contribute to addressing the human resource for health crisis through strengthening of retention mechanisms for health workers and provision of incentives to community health workers by 2010: Sinking of boreholes, Procurement of radio communication and motor bikes as well as trophies as incentives.

In objective 2: To improve the implementation of health services at the health centre and community level through effective communication and community empowerment by 2008: procurement of mobile phones, Neighbourhood health committee performance incentive grants, and procurement of bicycles for community health workers and stationery.

In objective 3: To increase the transport system of the health sector for effective distribution of drugs and supplies, enhanced provision of health services including EPI through effective referral and supportive supervision: Procurement of motor vehicles and water transport

Progress

MoH received US$ 2, 344,500 in the fourth quarter of 2007. Realizing that funds were received late

in 2007, MoH revised the plan to start with procurement of vehicles, motor cycles, and boats. In 2007, the tender process was initiated for procurement of the equipment.

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

Yes, CSOs are members of the Sector Advisory Group through which progress will be reported.

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.

Because of late implementation in 2007, some activities were deferred to 2008.

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

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (*In case there is a change in the 2009 request, please justify in the narrative above)*			
Area for support	**2007 (Expenditure) moved to 2008**	**2007 (Balance)**	**2009 (Request)**
Activity costs			
Objective 1 Objective 1: **Contribute to addressing the human resource for health crisis through strengthening of retention mechanisms for health workers and provision of incentives to community health workers by 2010.**			
Activity 1.1 ***Support for Health facilities & staff*** Radio Communication			540,000
Motor bikes	860,000		
Boreholes	671,000		
Activity 1.3 ***Implementation of a performance improvement scheme***			
District Trophies	6,225		
health centre Shields			
Objective 2 Objective 2: **To improve the implementation of health services at the health centre and community level through effective communication and community empowerment by 2008.**			
Activity 2.1 ***Communication – Radio, Cellular phones and Letter writing.*** Mobile phones	6,225		
Activity 2.2 ***Support for community based agents*** Stationery for Communication at NHC level	129,255		

Support for community based agents Bicycles for community health workers	120,000		
Support for community based agents NHC performance incentive grants			24,000
Objective 3 **To increase the transport system of the health sector for effective distribution of drugs and supplies, enhanced provision of health services including EPI through effective referral and supportive supervision..**			
Activity 3.1 ***Provision of motor bikes, 4x4 motor vehicles and water transport for the health system and personal to holder bicycles*** Motor vehicles for DHOs	420,000		
Activity 3.2 ***Provision of motor bikes, 4x4 motor vehicles and water transport for the health system and personal to holder bicycles*** Procure Water transport 3.2	120,000		
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs	11,795		9,000
Technical support			
TOTAL COSTS	**2,344,500**		**573,000**

Table 10. HSS Activities in 2007	
Major Activities	**2007**
Objective 1:	Rescheduled to 2008 as funds were received late in 2007
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators *(Add other indicators according to the HSS proposal)*						
Indicator	**Data Source**	**Baseline Value[1]**	**Source[2]**	**Date of Baseline**	**Target**	**Date for Target**
1. National DTP3 coverage (%)	HMIS, DHS, IDSR	91	JRF	2005	95	2010
2. Number / % of districts achieving ≥80% DTP3 coverage	HMIS, DHS, IDSR	58	JRF	2005	65	2010
3. Reduction of under five mortality by 20% for the current 168/1000LB to 134/1000LB by 2011	HMIS, DHS, IDSR	168	JRF	2005	134	2010
4. Sustain measles incidence reduction by 90% achieved by 2011.	HMIS, DHS, IDSR		HMIS	2005	90	2010
5. 80% Vitamin A supplementation rate	HMIS, DHS	72	JRF	2005	80	2010
6. Number of health centres with at least one enrolled nurse and one Clinical Officer increased from 50% to 80 % by 2010	HRD		Personnel database	2005		2010

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

N/A

[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	15 May 2008	
Reporting Period (consistent with previous calendar year)	Yes	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	Yes	
DQA reported on	Yes	
Reported on use of Vaccine introduction grant	N/A	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	N/A	
HSS reported on	Yes	
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	No expenditure in 2007

6. Comments

ICC/HSCC comments:

No Comments.

~ End ~