Annual Progress Report 2007

Submitted by

The Government of

UGANDA

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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 **UGANDA**

Ministry of Health:

Title: MINISTER FOR HEALTH

Signature: ……

Date: ……

Ministry of Finance:

Title: MINISTER FOR FINANCE

Signature: ……

Date: ……

We, the undersigned members of the **Health Policy Advisory Committee (HPAC)** endorse this report, including the attached excel sheet. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

The **HPAC** 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
MS MARY NANNONO (Permanent Secretary and Chair of HPAC)	MINISTRY OF HEALTH		
DR OLU OLUSHAYO, WHO Officer in Charge	WHO		
MR. KEITH MCKENZIE, UNICEF Representative	UNICEF		
MARC DENYS, Counsellor DC and Head of Health Development Partners	BELGIAN EMBASSY		

Signatures Page for HSS : NOT APPLICABLE

For the Government of ……..……

Ministry of Health:

Title: ……

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

Date: ……

We, the undersigned members of the **Health Policy Advisory Committee (HPAC)** 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 HPAC 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

Progress Report Form: Table of Contents

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): **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?

ISS funds were previously not reflected in the Ministry of Health budget. However, following the establishment of Long Term Institutional Arrangement (LTIA) in 2007, subsequent funds coming into Uganda will be reflected in the MoH budget.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

Mechanism for management of ISS funds

No funds were received during 2007. However, the balance of funds from 2006 was available for some operational activities in 2007. Procedures for acquisition of these funds are described in previous annual reports and summarized again below:

The ICC, chaired by the Honourable Minister of State for Health (PHC), played a critical role in reviewing and approving proposed program expenditure including guiding the program on the optimal use of funds. The ICC approved the UNEPI annual work plan and budget for 2007, that outlined the various potential sources of funding for activities including the Ministry of Health (MOH) and partners such as WHO, UNICEF and GAVI. UNEPI requests the Permanent Secretary of the MOH to authorise release of government and GAVI funds for specific activities as the need arises. The requests are reviewed by the MOH and government (internal and external) auditing system. A cheque is prepared for release of funds according to government regulations. A separate account from the MOH/ UNEPI account is maintained for GAVI funds. The signatories to this separate account are the Permanent Secretary – MOH, Principal Accountant – MOH and the UNEPI Programme Manager. Approved funds for the districts are sent by bank drafts to the district health accounts through the district accounting officers (CAOs). Funds released at district level are subjected to similar auditing procedures prior to the releases. At the national and district levels, the government auditors certify expenditure and accountability after completion of the activity. The MOH is responsible for the overall accountability of funds.

The proposed management and approval for use of future ISS funds will be expected to follow the channels of the newly established LTIA. Under the proposed LTIA, the Health Policy Advisory Committee (HPAC) is expected to subsume the roles which the ICC has been performing. The MoH established HPAC among the coordination structures as the overall body advising on policy issues and strategies. HPAC has its secretariat in the MoH Planning Department where policy analysts provide technical input. HPAC is chaired by the Permanent Secretary, MoH and submits to the Top Management Committee (TMC) chaired by the Minister of Health. The TMC will provide guidance on matters of policy, procedures, and finance as may be required. Under this arrangement,

eight Technical Working Groups (TWGs) were established to support HPAC perform its responsibilities: Human Resources for Health, Health Infrastructure, Medicines & Health Supplies Procurement & Management, Basic Package, Sector Budget, Supervision, Monitoring & Evaluation, Health Systems, Public Private Partnership in Health, and Health Research & Development. The TWGs are responsible for strategic planning, coordination, monitoring and evaluation. TWGs are composed of MoH officials and resource persons with relevant technical expertise on the subject, development partners and civil society. The Basic Package TWG is further sub divided into 4 Sub Committees: Maternal & Child Health, Non Communicable Diseases, Communicable Disease Control, and Health Promotion. EPI falls with in the Maternal & Child Health Sub Committee of the Basic Package TWG.

Problems encountered involving use of ISS funds

1. Non-release of GAVI ISS funds from the GAVI Secretariat.

No ISS funds were released to Uganda during 2007. GAVI suspended release of ISS funds following the alleged mismanagement of previous funds. Investigations into the alleged mismanagement of ISS funds are still on going.

In 2006, the President of Uganda directed the Inspector General of Government (IGG) to conduct an investigation into the alleged mismanagement. The IGG report on the GAVI ISS Inquiry was handed to the President of Uganda on April 23 2007 and the report was sent to the Minister of Health on 7 May 2007 with instructions to the Permanent Secretary to write to all persons implicated to refund the money within sixty (60) days of the date of the report. So far, three of the individuals implicated have paid back the money in full (total of US$ 69,047.30); two have requested rescheduled payments; and two submitted satisfactory accountabilities. Five people have denied culpability including the two former Ministers whose matter is in court. In May 2007, three former Ministers of Health and an official from the State House implicated in the GAVI ISS funds mismanagement were arrested and the court proceedings are ongoing.

2. Delayed implementation of some activities due to unavailability of ISS funds, for example, initiation of construction of UNEPI central offices and stores in Kampala.

The Ministry of Health presented a request to GAVI for release of US$ 1.5 million of ISS reward money in early 2006 for construction of UNEPI stores and offices. However, due to the ongoing ban on release of ISS funds, the activity has not been implemented.

3. **Displacement of government funding for routine immunisation operations at the central level by the GAVI ISS.**

Since 2003/4, UNEPI operational budget was largely dependent on GAVI ISS funds. In FY 2007/08, UNEPI was allocated only 4% of its operational budget on the assumption that GAVI ISS funding would still be available. However, when GAVI ISS funds were suspended, there was virtually no MoH budget line to fund UNEPI operations. The most affected activities were:

- procurement of gas that is used by over 70% of the fridges that store vaccines
- distribution of vaccines and other immunization logistics with over 50% of the districts experiencing stock outs
- support supervision including cold chain repair and maintenance

However, during 2007, HPAC later made a reallocation of MoH funds to UNEPI for operational activities.

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$ 0**
Remaining funds (carry over) from 2006: **US$ 137,695**
Funds returned during 2007: **US$ 69,047.30**[1]
Balance to be carried over to 2008: **US$ 100,546.30**

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount *(spent)* in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	4,491.77	4,491.77			
Transportation (vaccine deliveries)	43,563.43	43,563.43			
Maintenance and overheads	20,295.29	20,295.29			
Training					
IEC / social mobilization					
Supervision					
Monitoring and evaluation	13,948.24	13,948.24			
Epidemiological surveillance					
Vehicles (repairs)	305.41	305.41			
Cold chain equipment					
Other: Purchase of gas	16,026.25	16,026.25			
Other: Stationery	7,565.88	7,565.88			
Total:	**106,196**	**106,196**			
Remaining funds for next year:	**100,546.30**				

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

[1] These funds were returned following the initiation of the investigation into the misappropriation of ISS funds, where identified officials were instructed to fully account for funds spent or return the unspent funds.

Please attach the minutes of the ICC meeting(s) when the allocation and utilization of funds were discussed.

Dates of ICC and HPAC meetings:

17 January 2007 (ICC)
19 April 2007 (ICC)
14 May 2007 (ICC)
25 July 2007 (ICC)
8 August 2007 (HPAC)
19 September 2007 (HPAC)

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

Major activities conducted during 2007 to strengthen immunisation:

Planning

- The comprehensive EPI multi year plan 2006-2010 was reviewed, updated, printed and disseminated.
- The EPI team participated in the development of a costed Child Survival Strategy for Uganda through a consultative process with several stakeholders.

Service delivery

- Government continued to provide funding for the procurement of BCG, Polio, Measles and TT vaccines
- Government committed funds to start co-financing for the procurement of pentavalent vaccine (DPT-HepB+Hib).
- Activities to improve routine immunization coverage were implemented such as accelerated routine immunization during child health days and outbreak response in flood affected districts. Child days were implemented nation wide during the months of April and October.
- Supported Meningitis outbreak response (mass vaccination) in 7 districts (6 in West Nile and 1 in Karamoja region). A total of 990,657 people between 2 years and 30 years were given bivalent meningococcal vaccine in the West Nile region, attaining coverage of 83% of the targeted population.

Vaccine and cold chain management

- Conducted forecasting and distribution of vaccines to all districts. However, during the last quarter of 2007, there was disruption in distribution of vaccines for 2 months due to delayed release of funds. In addition, a stock out of BCG vaccines was experienced at national and at district level in November 2007 due to delayed release of funds resulting in delayed shipment.
- Conducted a comprehensive cold chain inventory in all health facilities using the Cold Chain Equipment (CCEM) software. 2,478 health facilities were covered in the survey. Findings from the inventory have been used to identify the gaps, develop a plan for replacement and future expansion and resource mobilization.
- Conducted a vaccine management assessment in 8 selected districts using the WHO Vaccine Management Assessment (VMA) tool. The overall performance was scored at 69%, a slight improvement from the 65% in 2004.
- Procured 1,140 gas cylinders and cold chain spare parts and distributed to districts
- Printed and disseminated IEC materials and job aides on the multidose vial policy, shake test and vaccine vial monitor to all districts.
- Supported districts to conduct cold chain maintenance in 56 districts, which were visited

once during the year.

- Established 17 new static units, replaced 41 old refrigerators and opened 8 new district vaccine stores.
- Trained 4 District Cold Chain Assistants to support new districts (Amuria, Katakwi and Amuru).

Transport

- Procured 16 motorcycles to support surveillance activities at district level.

Advocacy and Social Mobilization

- Supported development of communication messages and IEC materials for Child Days Plus activities as well as response in flood affected districts.

Capacity building

- Finalized the revision of the Operational level (OPL) Training Manual for health workers and facilitators' manual.
- Participated in the updating of the EPI content in the curriculum for Nurses and Midwives.
- Re-oriented (30) tutors from Nursing/Midwifery and Clinical officers schools on EPI.
- Conducted OPL training courses for 40 health workers in 4 districts (Gulu, Oyam, Pader and Kitgum).
- Sensitized 3rd year students of Butabiika School of Psychiatric Nursing on EPI. Areas emphasized included planning and management for EPI and Skills/techniques of vaccine handling and administration.
- Trained 25 central supervisors on EPI supervision skills.
- One Officer from UNEPI participated in 1st regional Vaccinology course for AFRO Region.
- Conducted on job training workshops for 81 Surveillance Focal Persons and District HMIS Focal Persons at district and HSD levels.

Support Supervision

- Kabale, Gulu and Mbarara Regional Referral Hospitals were equipped to offer regional EPI/IDSR support supervision with special emphasis on routine EPI and surveillance.

Monitoring and Evaluation

- Participated in a regional Reaching Every District (RED) evaluation, along with 8 other countries in AFRO. Seven districts were selected based on RED program criteria and geographic representation. Recommendations of the review are being used to support districts to improve programme performance.
- Reviewed maternal and neonatal tetanus elimination progress with support from UNICEF/ESARO and WHO/HQ . The review findings were used to develop a plan for the final phase of SIAs for MNT elimination.
- Feedback on performance was provided to all stakeholders through a daily newspaper (New Vision), health sector review meetings, National Health assembly and Joint Review Missions.

New Vaccines Introduction

- Surveillance for pneumococcal disease was strengthened through expansion of blood culture surveillance in 3 of the four PBM sentinel sites with support from the Network for Surveillance of Pneumococcal Disease in the East African Region (netSPEAR).
- UNEPI participated in a formative research project for Human Papilloma Virus (HPV) vaccine introduction in Uganda, which was finalized. Plans are underway to initiate a demonstration project for pre-school adolescent girls in 2 selected districts in 2008. A Technical Advisory Group of Experts was constituted by the MoH at national level to steer the process.
- Sentinel surveillance for Hib Meningitis continued to demonstrate the positive impact of the

Hib vaccine in the reduction of morbidity and mortality due to Hib Meningitis.

Disease Surveillance

- Printed and disseminated IEC surveillance materials: measles and revised AFP posters as wells as a community surveillance poster in English and disseminated it to 15 districts.
- Conducted review meetings at central, regional and district levels and STOMP team exchange visits to assess the progress of quality surveillance performance indicators and emerging surveillance issues such as Pharmacovigilance, provide feedback, discuss epidemic preparedness and response issues and the importance of having a high quality disease surveillance system.
- Supported districts to conduct active search in health facilities and the community on a regular basis.
- Maintained case based yellow fever surveillance with laboratory support and supported the two vector sentinel sites located in districts where the last YF case was reported.
- The polio laboratory was fully accredited by WHO in November 2007 to carry out polio virus isolation work.
- Supported the MoH Resource Centre to install eHMIS in 8 districts where the DQS was conducted.
- Disseminated the National Data Quality Self Assessment findings to stakeholders in the Ministry of Health and Developmental Partners. A plan of action to follow up the DQS recommendations was developed.

Constraints/challenges

CENTRAL LEVEL

1. **Decreased funding for the programme**

Funds for operational costs of the programme have been declining over the years reaching almost non-existent levels during FY 2006/07. During the period 2003-2007, the programme heavily relied on GAVI ISS funds and support from partners for its operations, consequently the funds displaced government funding for programme operations. During 2005/06, GAVI ISS funds to Uganda were suspended (as explained in Section 1.1.1). This greatly affected key operations of the programme. GAVI funds supported logistics distribution to and within districts, cold chain maintenance, and supportive supervision. As a result of these operational problems, vaccine stock outs became a common occurrence. The cold chain maintenance and repair has been weak compounded by delayed procurement and distribution of gas. In addition, there has been inadequate and delayed release of PHC funds at district level affecting immunization service delivery. However, several initiatives have been made by the ICC then and now HPAC and the programme to re-commit government financing to routine operations for immunisation services delivery.

2. **Transport**

There is an aging fleet of trucks and field vehicles at national level posing a challenge for distribution of vaccines and supplies, cold chain maintenance and support supervision. 23% of districts have no reliable transport for district health/ EPI activities. In addition, fuel prices have been increasing affecting the limited budget.

3. **Energy for cold chain maintenance**

Frequent load shedding at national and district levels has increased programme costs for running generators. The generators at the central vaccine store are old and faulty with frequent break down. 72% of refrigerators for EPI depend on gas. The fluctuation in gas supply at national level coupled with delayed procurement procedures led to frequent stock out of gas and consequently vaccines at district and operational levels because vaccines can not be delivered with out gas.

4. **Gaps in cold chain**

Findings from the comprehensive cold chain inventory indicate insufficient wet storage space at the centre of greater than 30% and inadequate dry storage space. In addition, the central cold rooms are over 10 years old and their performance has deteriorated.

5. **Personnel**

The Programme operated with 3 out of the expected 6 Cold Chain Technicians, putting a strain on the supervisory and maintenance roles. There are also human resource gaps in the stores and transport sections of the programme.

DISTRICT LEVEL

1. **Irregular distribution of vaccines and supplies from the district vaccine stores to lower levels**

Inadequate funding and transport at district level led to stock outs of vaccines and gas at operational level. Absence of a tracking system for logistics including gas, compounds the problem.

2. **Cold chain**

69% of all refrigeration equipment is more than 10 years old with high failure rates. Non availability of tool kits, spare parts, transport and fuel resulted in infrequent cold chain maintenance and repair. UNEPI plans to provide tool kits, motor cycles and spare parts in the coming financial year.

3. **Irregular functioning outreaches**

The decline and delayed release of PHC funds from the centre affected the functioning of outreaches.

4. **Skills of health workers**

UNEPI has a five-year training plan, however its implementation has been affected by inadequate resources and as a result operational level training has been erratic. This has affected quality service delivery as many new health workers have been recruited while others have left the service.

5. **Demand for services**

Maintaining demand for EPI given the above constraints has been a challenge.

6. **Data management and utilization**

Several assessments including the RED evaluation in 2007 indicate the inadequate use of data for planning and lack of knowledge of health facility catchment areas. Data quality is another major challenge.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for **2008**

A data validation exercise has been planned for 2008 by the Ministry of Health, as part of the Mid-term review of the Health Sector Strategic Plan 2.

Uganda adopted the Data Quality Self Assessment (DQS) tool. The 1st DQS was conducted during 2006 and subsequent assessments will be planned and implemented annually in order to continually improve the quality of administrative data.

**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?

No DQA/DQS was conducted in 2007

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

YES [√] *NO* [ ]

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

The plan was finalized and submitted in 2007 following the recommendations of the 2006 DQS but no funding has been realised yet for its implementation.

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).

1. Prevalence and predictors of Hepatitis B infection in children under 5 years of age in Uganda. 2. Investigation of acute flaccid paralysis cases with sabin-like isolates.

1.1.4. ICC meetings

How many times did the ICC meet in 2007? ***Please attach all minutes.***

The ICC had 4 meetings during 2007. In addition, HPAC meetings included EPI on the agenda of several meetings, particularly to discuss and endorse the HSS proposal to GAVI. The dates of the meetings were:

17 January 2007 (ICC)
19 April 2007 (ICC)
14 May 2007 (Extra ordinary ICC meeting)
25 July 2007 (ICC)
8 August 2007 (HPAC)
19 September 2007 (HPAC)

Following introduction of the LTIA in 2007, HPAC has taken up all responsibilities of the ICC.

Are any Civil Society Organizations members of the ICC and if yes, which ones?

Civil Society Organizations that are Members of the HPAC include:

1. Faith Based Organizations: Uganda Protestant Medical Bureau, Uganda Catholic Bureau and Uganda Muslim Medical Bureau.
2. Uganda Red Cross Society
3. Rotary International
4. Buganda Kingdom
5. Uganda Community Based Health Care Association (UCBHCA)

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

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

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2007.

Hepatitis B and Hib vaccines were introduced in Uganda in June 2002 in the pentavalent vaccine formulation.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DPT-HepB	2-dose vial	**378,800**	June 2002	**3rd January 2007**
Hib	2-dose vial	**378,800**	June 2002	**3rd January 2007**
DPT-HepB	2-dose vial	**665,000**		**16th May 2007**
Hib	2-dose vial	**665,000**		**16th May 2007**
DPT-HepB	2-dose vial	**651,400**		**3rd July 2007**
Hib	2-dose vial	**651,400**		**3rd July 2007**
DPT-HepB	2-dose vial	**678,600**		**22nd August 2007**
Hib	2-dose vial	**678,600**		**22nd August 2007**
DPT-HepB	2-dose vial	**645,800**		**18th October 2007**
Hib	2-dose vial	**559,400**		**18th October 2007**
DPT-HepB	2-dose vial	**19,200**		**20th October 2007**
Hib	2-dose vial	**105,600**		**20th October 2007**
DPT-HepB	2-dose vial	**665,000**		**5th December 2007**
Hib	2-dose vial	**665,000**		**5th December 2007**

Please report on any problems encountered.

No significant problems encountered

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.

Activities undertaken in relation to service strengthening:

Refer to activities as outlined on pages 9-11.

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.

A report on introduction of the new vaccine (DPT-HepB+Hib in 2002) was given in the 1st and 2nd annual progress reports.

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

MoH/ UNEPI should:

1. Develop a rehabilitation plan that takes in to consideration:
   - Expansion of vaccine storage capacity in respect with population growth, introduction of new vaccines, initiatives to increase coverage and new health facilities
   - Replacement of cold chain equipment based on age, CFC, functional status etc
   - Maintenance system for cold chain equipment and transport at all levels
   - Standardization of vaccine storage facilities
   - Improvement of distribution system and its components
   - Training on vaccine and cold chain management
   - Improvement of monitoring and supervision activities

2. Organize vaccine management training at all levels focusing on stock management, correct storage temperature of vaccines, adjusting storage space with their available space, correct diluents use and VVM, MDVP and wastage monitoring.

3. Strengthen temperature monitoring through:
   - Monitoring central vaccine store temperature during weekends
   - Documenting temperature records at service and DVS levels

4. Improve stock management through:
   - Updating the register book to include vaccine manufacturer, vial size and VVM, Freeze watch status
   - Ensuring sufficient stock at all levels
   - Improving estimation of vaccine need at sub national level
   - Avoiding stock outs

5. Expand storage capacity:
   - Expand vaccine storage capacity, especially at national level
   - Expand capacity at central and district levels to include sufficient packaging area, office for the store keepers and storage for diluents and droppers

6. Prevent freezing of vaccines through:
   - Conditioning of ice packs
   - Using freeze indicators at all levels

7. Conduct maintenance of the cold chain:
   - Develop a comprehensive replacement plan
   - Focus on preventive maintenance and ensure steady supply of spare parts
   - Equip the DVS with standby generator set

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

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

1. **Increase storage capacity at district and sub district levels**

The aim is to ensure that all districts and sub district stores have adequate cold space capacity to store vaccines (+2C - +8C) for routine immunization for at least 3 months period. The equipment will be used to replace aged refrigerators (>10 years) and to establish district and sub district vaccine stores.

The plan aims at procuring equipment to freeze adequate icepacks for both routine and supplemental immunization activities. Every fridge placed at service delivery points should have the capacity to freeze at least 8 icepacks in 48 hours.

2. **Increase transport capacity at all levels**

The districts are expected to deliver the supplies monthly to the sub district stores that subsequently deliver to health facilities/operational levels.

The proposal aims at procuring:

- Vaccine trucks (pre-fabricated) to transport vaccines from the central vaccine store to the districts
- Open truck to transport gas cylinders from the Central vaccine store to the filling depot and carrying full ones back.
- Double cabin pickups to transport vaccines and supplies from the districts to sub district stores, and from sub district to health facilities.
- Motor cycles to transport vaccines and supplies from sub district stores to health facilities and vaccinators to outreaches for the hard to reach populations.
- Bicycles to transport vaccinators to outreach delivery points
- Cold boxes and vaccine carriers

3. **Strengthen capacity for cold chain repair and maintenance**

As recorded in the cold chain inventory and vaccine management assessment reports, it will be necessary to train central and district cold chain staff in vaccine management and equipment inventory updating. This will involve refresher training for 6 central staff and 80 District Cold Chain assistants.

4. **Supervision and Monitoring**

UNEPI will be responsible for receiving the equipment and ensuring distribution to the beneficiary districts. The Cold Chain Technicians from the central level will work with the district cold chain assistants to supervise the installation in the identified health facilities. These technical officers, under the guidance of the District Health Officer (DHO) at the district level and UNEPI Program Manager at the national level will work closely with partners including WHO and UNICEF to provide technical support through regular field visits.

The 2007 inventory survey recommended tools for regularly updating and maintenance the cold chain equipment database. Capacity will be built at the district level and facility levels to help personnel at those levels to complete monthly forms and send them from the heath facilities to the districts via the sub-districts. The health facility data will be aggregated at district level and then sent quarterly to the central level (UNEPI) via MoH resource centre in Kampala. The forms designed for the inventory update will enable UNEPI to keep track of equipment movement i.e. allocation, reallocation, disposal or loss.

The next EVSM/VMA* will be conducted in: **2010**

**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

Uganda received injection safety support during 2002-2004, after which the Government of Uganda took over procurement of injection safety supplies.

Please report on receipt of injection safety support provided by the GAVI Alliance during 2007 (add rows as applicable). ***NOT APPLICABLE***

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

No problems were encountered

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

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

GAVI injection safety support ended in 2004.

Transition of injection safety support from GAVI to Government of Ugandan took place in 2005. Government of Uganda was able to procure all the injection safety materials for BCG, TT and measles vaccines for the routine programme through UNICEF.

No problems were encountered during the transition.

Please report how sharps waste is being disposed of.

All sharps waste are collected in safety boxes and disposed using 2 main methods:

1. **Burn and bury method**: The filled safety boxes are burnt in pits and thereafter buried. Health facilities have a pit for disposal of medical waste. However, majority of health units do not have the Ministry of Health recommended health care waste pits.
2. **Incineration**: the main type of incinerator is the de-mont fort incinerator found at some health facilities (16%).

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

No problems were encountered during implementation of the transition plan

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

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

No injection safety support was received during 2007

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	17,835,977	18,554,000	19,068,000	21,645,798
Injection supplies	600,000	860,000	886,000	2,083,049
Cold Chain equipment	0	27,000	28,044	29,471
Operational costs	3,043,800	9,043,000	12,199,942	12,214,228
Other (please specify): campaigns				18,060,864
Personnel		3,982,801	4,066,150	4,147,473
Shared costs		3,660,781	3,733,997	3,808,676
Financing by Source				
Government (incl. WB loans)	4,330,506	9,438,405	9,866,405	10,264,818
GAVI Fund	15,035,196	14,929,000	14,085,500	18,342,002
UNICEF	1,372,756	150,000	150,000	150,000
WHO	741,319	370,000	370,000	350,000
Other (please specify)				
Total Expenditure	21,479,777	32,559,469	33,200,924	54,033,410
Total Financing	21,479,777	24,887,405	24,471,905	29,106,820
Total Funding Gaps	11,079,692	7,672,064	8,729,019	24,926,590

UNICEF and WHO planned expenditures are as reflected in the UNEPI Multiyear Plan, as "probable funds".

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…

There is an increasing trend in planned immunization expenditures over the years. The increasing annual birth cohort, number of districts and commodity prices such as fuel, contribute to this trend. The actual expenditures are however far less due to the limited government and donor resource envelope as well as competing priorities.

The funding gap remains a challenge. The planned measles campaign in 2009 contributes to the large gap, as the resources have not been guaranteed. In addition, the support from partners such as WHO and UNICEF is probable funding, dependent on resources mobilized.

The programme plans to use the following strategies to address the gap:

1. Continued advocacy within the Ministry of Health and Ministry of Finance for increased and sustained allocation of funds to the program and MoH as a whole.
2. Finalization of a comprehensive proposal for cold chain rehabilitation and strengthening of the programme for resource mobilization from partners.
3. Improving efficiency in use of resources particularly for distribution of logistics and energy for refrigerators.

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 : **DPT-HepB+Hib**	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	US$ 347,484	US$ 1.2m[2]	US$ 1.2m	US$ 1.2m
Other sources (please specify)				
Total Co-Financing (US$ per dose)	347,484	1.2m	1.2m	1.2m

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

During the 1st financial year of Government co financing for pentavalent vaccine procurement (FY 2007/08), the Government has contributed 49% of the expected co financing amount (as of 31 March 2008). It is planned that the remaining 51% will be contributed before the end of the financial year (June 2008).

For 2nd GAVI awarded vaccine. **NOT APPLICABLE** Please specify which vaccine (ex: DTP-HepB)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
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.

NOT APPLICABLE

[2] The planned co financing for FY 2007/08 (July 2007-June 2008) is US$1.2 million. As of March 2008, US$ 589,534 has been contributed the Government of Uganda through UNICEF.

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, Measles, TT, DPT-HepB+Hib,	Government of Uganda, GAVI
PAHO Revolving Fund			
Donations			
Other (specify)		Meningococcal vaccines	DFID and others

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): DPT-HepB+Hib	Quarterly	17 December 2007 28 December 2007 11 March 2008
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	
National health budget	Yes
Medium-term expenditure framework	Yes
SWAp	N/A
cMYP Cost & Financing Analysis	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. Limited national resource envelope.
2. Competing priorities such as procurement of Coartem and ARVs which are expensive
3. Other sector priorities such as Electricity and Education, do not allow for increment in the health sector budget.
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.

A national census was conducted in 2002. According to the latest update of the 2002 population census figures, the proportions of pregnant women, surviving infants and birth cohort have been revised to 5.0%, 4.3% and 4.85% respectively.

Annually, the Uganda Bureau of Statistics (UBOS) releases updated population projections.

UNEPI targets are revised annually based on the previous year's performance.

Following submission of the WHO/UNICEF Joint Reporting Forms in April each year, the Ministry of Health continues to receive updated HMIS reports from districts and hence coverage figures are updated accordingly and formal communication sent to WHO and UNICEF.

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	1,343,877	1,369,994	1,417,006	1,465,184	1,515,000	1,566,510	1,619,771	1,674,843	1,731,788	1,790,669
Infants' deaths	152,398	155,360	160,692	166,155	171,804	177,645	183,685	189,931	196,388	203,066
Surviving infants	1,191,479	1,214,634	1,256,314	1,299,029	1,343,196	1,388,864	1,436,086	1,484,913	1,535,400	1,587,603
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)*	-									
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of **DPT-HepB+Hib1*** *(new vaccine)*	1,060,416 (89%)	1,155,926 (95%)	1,206,061 (96%)	1,260,058 (97%)	1,316,332 (98%)	1,374,976 (99%)	1,436,086 (100%)	1,484,913 (100%)	1,535,400 (100%)	1,587,603 (100%)
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of **DPT-HepB+Hib3** *(new vaccine)*	953,183 (80%)	1,037,836 (85%)	1,080,430 (86%)	1,130,155 (87%)	1,182,012 (88%)	1,236,089 (89%)	1,292,477 (90%)	1,351,270 (91%)	1,412,568 (92%)	1,476,471 (93%)
Wastage rate till 2007 and plan for 2008 beyond*** ***DPT-HepB+Hib****. (new vaccine)*	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	692,720 (50%)	808,461 (57%)	847,282 (58%)	891,194 (59%)	937,113 (60%)	985,125 (61%)	1,035,318 (62%)	1,087,785 (63%)	1,142,623 (64%)	1,199,933 (65%)
Infants vaccinated / to be vaccinated with BCG	1,142,295 (85%)	1,225,349 (89%)	1,275,305 (90%)	1,333,317 (91%)	1,393,800 (92%)	1,456,854 (93%)	1,522,585 (94%)	1,591,101 (95%)	1,662,516 (96%)	1,736,949 (97%)
Infants vaccinated / to be vaccinated with Measles (1st dose)	1,060,416 (89%)	1,044,819 (85%)	1,092,993 (86%)	1,143,145 (87%)	1,195,444 (88%)	1,249,978 (89%)	1,306,838 (90%)	1,366,120 (91%)	1,427,922 (92%)	1,492,347 (93%)

* 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.

NOT APPLICABLE

Please provide the Excel sheet for calculating vaccine request duly completed

Refer to the excel spread sheet attached.

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

NOT APPLICABLE

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.

Uganda submitted a proposal for HSS support in 2007 and received official communication of approval in February 2008. Discussions are underway to initiate the release of the funds.

Health Systems Support started in: _____

Current Health Systems Support will end in: _____

Funds received in 2007:	Yes/No **No**		
	If yes, date received: (dd/mm/yyyy)		
	If Yes, total amount:	US$	_____
Funds disbursed to date:		US$	0
Balance of installment left:		US$	**19,242,000**
Requested amount to be disbursed for 2009		US$	___

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

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

NOT APPLICABLE

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

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

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

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 (*In case there is a change in the 2009 request, please justify in the narrative above)*			
Area for support	**2007 (Expenditure)**	**2007 (Balance)**	**2009 (Request)**
Activity costs			
Objective 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007	
Major Activities	**2007**
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

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

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

[3] If baseline data is not available indicate whether baseline data collection is planned and when
[4] Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	√	
Reporting Period (consistent with previous calendar year)	√	
Government signatures		Pending
ICC endorsed		
ISS reported on	√	
DQA reported on	√	
Reported on use of Vaccine introduction grant		Not applicable
Injection Safety Reported on	√	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	√	
New Vaccine Request including co-financing completed and Excel sheet attached	√	
Revised request for injection safety completed (where applicable)		Not applicable
HSS reported on		Not applicable
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		Not applicable as HSS funds have not yet been received.

6. Comments

HPAC comments:

~ End ~