



Annual Progress Report 2007

Submitted by

The Government of

Republic of Kiribati

Date of submission -----

Deadline for submission 15 May 2008

(To be accompanied with Excel sheet as prescribed)

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

Enquiries to: Dr Raj Kumar, raj कुमार@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 ofKiribati.....

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 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 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
Ms Taree- EPI Financial manager	Ministry of Finance and Economic Development		
Dr Airam Metai- Director of Public Services	Ministry of Health and Medical services		
Mr Jason Court- Australian High Commission	AUSAID		
Mr J.Y Kang- Chief field Officer	UNICEF Kiribati		
Ms Pamela Messervy-CLO	WHO/ Kiribati		
Dr Revite Tauro- Chief Training Officer	Kir-EU		
Ms Ioanna Tekaa- EPI Assistant Officer	Ministry of Health and Medical Services		
Ms Tikua Tofinga Tekitanga- EPI Coordinator	Ministry of Health and Medical Services		

Signatures Page for HSS

For the Government of ...Kiribati.....

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

HSS is part of our Immunization programme, EPI has to be strengthened, so the NHSCC is a body that could help to provide support and assistance to maintain strengthening of the national immunization programme

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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?

N/A

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.

N/A

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 _____
 Remaining funds (carry over) from 2006 _____
 Balance to be carried over to 2008 _____

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					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
Remaining funds for next year:					

**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.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _____

**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

N/A

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.

N/A

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?

See attachment.

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)
			1/07/08	

Please report on any problems encountered.

The GAVI's funds was just received at the end of May 2008, vaccines and EPI devices had been ordered and will arrived in June 2008. Progress on use will be reported in 2009 APR.

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.

In relation to the introduction of the pentavalent in 2008, the following activities were implemented.

- Trainings
- Developing of Training manuals
- Community awareness
- Revision of Policy Handbook ,forms etc
- Vaccine order
- Supervisory visits

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

These funds were received on: **May 2008**

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

None used as yet.

The following activities were undertaken with the funds from WHO and the Government of Kiribati:

- Developing of Training Manuals to help out in teachings, regarding the new vaccine and other EPI vaccines
- Printing of the above manuals- 450 copies
- Training of Trainers-3 day workshop- Participated by 8 Managers at different districts commenced on the 2nd -4th April 2008
- Outer islands workshop(17 islands) for Health staff conducting EPI services-3 day workshop with - 108 Participants altogether is on going starting from 14th April to the end of May2008
- Community awareness over radio ,pamphlets, songs, drama and press release started already according to schedule
- Revision of Immunization Policy, EPI handbook and printing all completed, Monthly report forms, Immunization cards etc is still on going and to complete before end of May for distribution.

-Developing of Training Modules for Learners and Facilitators-done and used in workshops
- Vaccine order for 2008 including the new vaccine (Hib-Pentavalent)- sent 20th April 2008 via UNICEF Office Kiribati

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

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

Please summarize the major recommendations from the EVSM/VMA

N/A

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.

N/A

The next EVSM/VMA* will be conducted in: ___not sure_____

**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

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.

N/A

Please report how sharps waste is being disposed of.

N/A

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

N/A

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:

N/A

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
<i>Expenditures by Category</i>				
Vaccines	31,580.40	11,300	57,000	100,000
Injection supplies	5,486.34	3,400	4,453	4,750
Cold Chain equipment	-	-	115,000	60,000
Operational costs	7,100	15,100	15,000	125,000
Training (management)	37,100	57,000	40,000	40,000
Supervision	6,000	10,000	15,000	20,000
<i>Socio mobilization (incl IEC materials)</i>	5,000	\$ 5,000	30,000	45,000
<i>Financing by Source</i>				
Government (incl. WB loans)	43,166	41,800	40,453	50,750
GAVI Fund	-		76,000	76,000
UNICEF	46,900	58,800	140,000	100,000
WHO	1,200	1,200	5,000	
Other (please specify)				
Total Expenditure	92,266	101,800	261,453	394,750
Total Financing	92,266	101,800	261,453	226,750
Total Funding Gaps	0	0	0	168,000

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...

The Government of Kiribati funds routine vaccines and supplies, operational costs were supported by UNICEF. Technical supports is provided by WHO, UNICEF, and JICA. In the past JICA provided with the cold chain. In 2008, UNICEF will provide the cold chain equipments to increase the cold chain capacity storage (new vaccines) and replaced the outdated cold chain. There is no apparent funding gaps. Internal travel and vaccine delivery to outer islands can be disrupted due to maintenance local aircrafts. In 2009, the Government of Kiribati is planning to have a measles campaign (Catch up campaign) with the children under fives as the target group.

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)	2008	2008	2009	2010
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government	\$ 1	\$ 1	\$ 1	\$ 1
Other sources (please specify)				
Total Co-Financing (US\$ per dose)	\$ 1	\$ 1	\$ 1	\$ 1

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

In the submission of GAVI application for the introduction of pentavalent, Kiribati had stated that the co-financing for 2008 is \$0.30/perdose. According to decision letter for Kiribati's proposal (dated 18 December 2007) to the GAVI Alliance for the new vaccines support (NVS), Kiribati has to pay \$1/dose. Kiribati had ordered 1,300 doses of DPT/HEPB/HIB for the co-financing and this will be the Government of Kiribati contribution for the year 2008 and 2009.

For 2 nd 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)				
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?			
Order was made and signed by Director of Public Health to confirm that cost is available then send it through UNICEF Kiribati and to UNICEF Fiji for submission.			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	v	BCG, HepB, OPV, MR, DTP-HepB-HIB, tetanus toxoid	Kiribati Govt Through VII scheme (UNICEF).
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
This could be happened because the freight cost is excluded in the vaccine order form or else other costs included which we don't insert them that they should be included		
Schedule of Co-Financing Payments	Proposed Payment Schedule (month/year)	Date of Actual Payments Made in 2008 (day/month)
1 st Awarded Vaccine (specify)		
2 nd Awarded Vaccine (specify)		
3 rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?-NA	
	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	Not yet
SWAp	Not yet
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. No experience yet to be reported. It will be reported in GAVI APR 2009.
2.

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.

No changes in target, vaccine presentation (1 dose/vial). All figures provided in below report is consistent with CMYP of Kiribati, 2007-2011.

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	2,520	2,571	2,618	2,665	2,714	2,763	2,814			
Infants' deaths		134	136	138	141	143	147			
Surviving infants	2,520	2,437	2,482	2,527	2,573	2,620	2,667			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*										
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)	2,479	2,516	2,618	2,665	2,714	2,763	2,814			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of..... (new vaccine)	2,180	2,397	2,618	2,665	2,714	2,763	2,814			
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)			10%	9%	8%	7%	7%			
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	2,520	1,094	2,618	2,665	2,714	2,763	2,667			
Infants vaccinated / to be vaccinated with BCG	2,873	2,299	2,618	2,665	2,714	2,763	2,814			
Infants vaccinated / to be vaccinated with Measles (1 st dose)	1,529	2,382	2,553	2,527	2,573	2,620	2,667			

* 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.

REQUEST OF Vaccines (DPT/HepB and HepB) and EPI devices for 2009 TO GAVI:

DPT/HepB/HIB vaccine: 8,894 doses.

AD syringes: 8,161 ea.

Safety boxes: 90 ea.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> ▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 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, <u>excluding</u> the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

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

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

Table 8.2

DPT-Hepatitis B-HIB for 2009		Formula	For 2009	For 2010
A	Infants vaccinated/to be vaccinated with 1st dose of DPT-HepB-HIB... (new vaccine)*		2,399	2,524
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	90%	88%
C	Number of doses per child		3	3
D	Number of doses	$A \times B \times C$	6,441	6,663
E	Estimated wastage factor	(see list in table 3)	1.10	1.09
F	Number of doses (incl. Wastage)	$A \times C \times E \times B/100$	7,915	8,254
G	Vaccines buffer stock	$F \times 0.25$	1,979	2,063
H	Anticipated vaccines in stock at start of year 2009 (including balance of buffer stock)		1,000	1,500
I	Total vaccine doses requested	$F + G - H$	8,894	8,817
J	Number of doses per vial	1		
K	Number of AD syringes (+10% wastage)	$(D + G - H) \times 1.11$	8,161	7,949
L	Reconstitution syringes(+10% wastage)	$I/J \times 1.11$		
M	Total safety boxes (+10% of extra need)	$(K + L) / 100 \times 1.11$	90	87

TT for pregnant women		Formula	For 2009	For 2010
A	Target if children for Vaccination (for TT: target of pregnant women) (1)	#	1,546	1,710
B	Number of doses per child (for TT: target of pregnant women)	#	2	2
C	Number ofdoses	$A \times B$	3,091	3,420
D	AD syringes (+10% wastage)	$C \times 1.11$	3,431	3,796
E	AD syringes buffer stock (2)	$D \times 0.25$	858	949
F	Total AD syringes	$D + E$	4,289	4,745
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor (3)	Either 2 or 1.6	1.60	2
I	Number of reconstitution syringes (+10% wastage) (4)	$C \times H \times 1.11/G$	275	304
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11/100$	51	56

- 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.

Table 8.3

	BCG syringes for 2009	Formula	For 2009	2010
A	Infants vaccinated/to be vaccinated with BCG for 2008		2,399	2,524
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%		
C	Number of doses per child		1	1
D	Number of doses	$A \times B \times C$	2,399	2,524
E	Estimated wastage factor	(see list in table 3)	5.44	5.00
F	Number of doses (incl. Wastage)	$A \times C \times E \times B/100$	13,048	12,620
G	Vaccines buffer stock	$F \times 0.25$	3,262	3,155
H	Anticipated vaccines in stock at start of year 2006 (including balance of buffer stock)		3,262	3,155
I	Total vaccine doses requested	$F + G - H$	13,048	12,620
J	Number of doses per vial		20	20
K	Number of AD syringes (+10% wastage)	$(D + G - H) \times 1.1$	2,662	2,802

Table 8.4

	Measles as MR vaccine 1st dose for 2009	Formula	For 2009	For 2010
A	Infants vaccinated/to be vaccinated with measles for 2007		2,198	2,316
B	Percentage of vaccines requested from The Vaccine Sustainability Plan taking into consideration the Financial	%		
C	Number of doses per child		1	1
D	Number of doses	$A \times B \times C$	2,198	2,316
E	Estimated wastage factor	(see list in table 3)	2.84	2.40
F	Number of doses (incl. Wastage)	$A \times C \times E \times B/100$	6,244	5,558
G	Vaccines buffer stock	$F \times 0.25$	1,561	1,389
H	Anticipated vaccines in stock at start of year 2007 (including balance of buffer stock)		1,561	1,389
I	Total vaccine doses requested	$F + G - H$	6,244	5,558
J	Number of doses per vial		10	10
K	Number of AD syringes (+10% wastage)	$(D + G - H) \times 1.1$	2,440	2,570
L	Reconstitution syringes(+10% wastage)	$I / J \times 1.11$	693	617
M	Total safety boxes (+10% of extra need)	$(K + L) / 100 \times 1.$	35	35

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

No change

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: _____

Current Health Systems Support will end in: _____

Funds received in 2007: Yes/No
If yes, date received: (dd/mm/yyyy)
If Yes, total amount: US\$ _____
Funds disbursed to date: US\$ _____
Balance of installment left: US\$ _____
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 if not, why not? How will it be ensured that funds will be on-budget? Please provide details.

N/A.

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.

N/A

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

N/A

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.

N/A

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 <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems 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	15/05/08	
Reporting Period (consistent with previous calendar year)	1months	
Government signatures	yes	
ICC endorsed	yes	
ISS reported on	NA	
DQA reported on	NA	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	NA	
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)	NA	
HSS reported on	NA	
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	NA	

6. Comments

ICC/HSCC comments:

EPI programme is trying very hard but our problem is the funding, activities were deferred due to not enough budgets in hand. We are working very hard to implement our work plan but not as good as what we expected when we have strength- which is a sufficient financial support. Another consideration is on COMMUNICATION. Functioning HF radios will help more to give us reports and comments required on time either from our side or from the staff, particularly those on the outer islands.

Please to provide a quick means of transferring budget in the coming future.

Movements are limited so as timing.

~ End ~