
Annual Progress Report 2007

Submitted by

The Government of

ERITREA

to the



Date of submission: 15 May 2008

Annual progress report (this report reports on activities in 2007 and specifies requests for 2009, Jan.-Dec.)

**Unless otherwise specified, documents may be shared with GAVI partners and collaborators as well as the general public.*

Signatures Page for ISS, INS and NVS

For the Government of Eritrea.....

Ministry of Health:

Mr. Salih Meki

Title: Minister of Health

.....

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

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

Financial accountability forms an integral part of GAVI 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. Zemui Alemu	Director FCH MoH		
Dr. Goitom Menrahtu	Director DPC MoH		
Filli Said Filli	EPI Manager MoH		
Dr. Magdy Baoumi	UNICEF		
Debessai Haile	UNICEF		
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Letemichael T/Giorgis	Catholic Secretariat		

Signatures Page for HSS

For the Government of

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 ISS fund is reflected in the budget of MoH.

It is registered and managed within the projects budget which have separate accountant and cashier, it is recorded and kept in a separate register book which shows in, out and balance for the funds received from different partners and NGOs including the GAVI fund for EPI.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The ISS fund is allocated by the EPI Manager to the zones and for other required item line for central. This will be reported to the Minister's office, DG of health services and to Director of Family and community Health Division. Debriefing will be made as needed to ICC during the quarterly meetings.

Problems are encountered during receiving ISS budget, during transfer it is sent by the name of UNICEF through City bank in New York. Hence, MoH accounting offices will not manage to sort out that it is GAVI's fund and there will be delay in receiving and allocating to zones.

EPI Unit should be aware and informed when transferring of ISS fund.

1.1.2 Use of Immunization Services Support

In 2006, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007	122,000
Remaining funds (carry over) from 2006	81,900
Balance to be carried over to 2008	83,700

Table 1: Use of funds during 2007*

Area of Immunization Services Support	Total amount in US \$ 120,200	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation			18,000		
Maintenance and overheads		3,000	28,000		
Training		5,000	26,000		
IEC / social mobilization			3,000		
Outreach			30,000		
Supervision			3,200		
Monitoring and evaluation			4,000		
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:	120,200				
Remaining funds for next year:	83,700				

**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.

Activities conducted to strengthen immunization

- National immunization safety plan available and implemented
- National DPT-HepB1-3 drop out rate less than 10% for past 3 years
- An advocacy focal person is present in all zones
- Regular ICC and technical subcommittee meetings held
- Introduction of Hib-Pentavalent vaccine

Problems encountered in relation to implementing your multi-year plan

- Improving zonal vaccine coverage and reducing DPT-HepB1 - Measles drop out rate.
- Rehabilitating cold chain capacity.
- Improving vaccine management and reducing vaccine wastage.
- Addressing EPI training gap in the country
- Restriction of fund release by partners

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 ?

- EPI Central should design AEFI report standard to be submitted together with monthly report
- Wastage report should be redesigned to include wastage calculation at all level
- Zones should monitor health facility vaccine wastage for up ward reporting (National level)
- Denominator should be harmonized for use at all level of reporting based on surviving infants
- There is a need to determine the number of infants per strategy for planning purpose
- The map of the country should be updated to show performance per zone
- Back up policy should be developed and documented (at short intervals is recommended)

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.

It is planned and designed in EPI annual action plan, also it is incorporated and well designed within the cMYP . All zones were encouraged to include in their Zonal EPI annual plan and implement it yearly. Also they were encouraged to include in their training to health workers in the facilities.

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).

EPI Routine Immunization coverage survey has been conducted, nationally in 2006.

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 ?

Only , one

How ever, multi EPI Technical committee meetings have been conducted

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.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DPTHepB	10	391,000	2002	10/05//2007

Please report on any problems encountered.

No problem was 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.

- *Portion of vaccine and injection safety materials, Gov.t has started contribution 10% yearly. Already 20% for the year 2006 and 2007 were procured and received.*
- *The 30% support planned is expected during this year 2008, it is in process to cover the cost.*
- *Training and update of reporting format is conducted for introduction of Pentavalent new vaccine in July 2008.*

1.2.3. Use of GAVI funding entity support (US\$100,000) for the introduction of the new vaccine

These funds were received on : 2002

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

- *Already reported during that year.*
- *Support for introduction of Pentavalent 122,000 has been received distribution of this support will be made during the launching July 2008*

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2001

Please summarize the major recommendations from the EVSM/VMA

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.

The next EVSM/VMA* will be conducted in : **No plan has been done**

**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
AD syringes 0,5 ml	324,800	14/7/2007,
AD syringes 0.05 ml	100,800	08/12/2007
Safety Box	3625	14/07/2007
Safety Box	5000	31/11/2007

Please report on any problems encountered.

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

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

For the time been, there is sufficient injection safety material, in this instance government of Eritrea will continue the contribution of 30% in 2008, In addition the GAVI support for the approved Pentavalent of new vaccine, also injection safety materials will be received together.

Please report how sharps waste is being disposed of.

All facilities collect their sharps in safety box and they burn in a pit hall and over fill. In hospitals and few health centres, there are incinerators available.

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

So far no problem was identified

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:

Received in kind with new vaccine, supports of the safety injection were received according to the planed activities for 2007

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

Important note: Under Phase 2 of the GAVI Alliance, all countries are expected to co-finance the introduction of new vaccines from the start of Phase 2 (except for the introduction of measles second dose into routine immunization). The Annual Progress Report has been modified to help monitor the experiences of countries with the new GAVI Alliance policies of vaccine co-financing. We are asking countries to complete three new tables of information and answer some questions about your experience.

The purpose of Table 2 is to understand trends in overall immunization expenditure and financing context. It provides key updated cMYP information on an annual basis.

Table 3 is designed to help the GAVI Alliance understand country level co-financing of GAVI awarded vaccines - both in terms of doses and in terms of monetary amounts. If your country has been awarded more than one new vaccine in Phase 2 through GAVI Alliance, please complete a separate table for each new vaccine being co-financed.

The purpose of Table 4 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Much of the information for all three tables can be extracted from the comprehensive multi-year plan, as well as the country proposal to GAVI, and the confirmation letter from the Alliance. **For 2008, the figures recorded should be actual updated expenditures, not projections.** Please report for the years till the end of your cMYP. Total co-financing can be calculated with the XL sheet provided for calculating the vaccine request.

	2006	2007	2008	2009	2010	2011
Total Immunization Expenditures and Financing		\$3,495,343	\$5,332,932	\$4,469,939	\$5,530,198	\$4,505,420
<i>Immunization Expenditures</i>						
Vaccines		2,082,568	1,707,666	1,799,220	1,859,605	1,956,350
Injection supplies		165,240	205,981	227,755	250,195	273,882
Personnel		24,651	19,458	25,647	26,160	26,683
Other operational expenditures		342,775	304,324	215,519	237,494	260,263
Cold Chain equipment		386,624	262,806	403,833	183,176	1,049
Vehicles		179,428	110,010	123,393	0	0
Other		314,057	2,722,687	1,674,572	2,973,568	1,988,242
Total Immunization Expenditures						
Total Government Health Expenditures						
<i>Immunization Financing</i>						
Government (incl. WB loans)						
GAVI						
UNICEF						
WHO						
World Bank (grant)						
Other (please specify)						
Other (please specify)						
Total Financing						

Table 3a: Country Vaccine Co-Financing (30% contribution) will be covered as projected for 2008					
For 1st GAVI awarded vaccine. Please specify which vaccine (DTP-HepB & BCG)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>					
<i>Total co-financing by country</i>					
<i>Of which by</i>					
Government					
Basket/Pooled Funding					
Other (BCG Vaccine)					
Other (INS)					
Other (Safety box)					
<i>Total Co-Financing</i>					

Table 3b: Country Vaccine Co-Financing in US \$ 156,034 (30% Probable)					
For 2nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB+Hib)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>			104,000		
<i>Total co-financing by country</i>			156,034 USD		
<i>Of which by</i>					
Government			156,034 USD		
Basket/Pooled Funding					
Other (please specify)					
<i>Total Co-Financing</i>			156,034 USD		

Table 3c: Country Vaccine Co-Financing in US\$ 219,390 (40% Probable) for 2010 US\$ 282,610 (50% Probable)					
For 3rd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepBHib)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>				146,260	188,400
<i>Total co-financing by country</i>				219,390 USD	282,610 USD
<i>Of which by</i>					
Government				219,390 USD	282,610 USD
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total Co-Financing</i>				219,390 USD	282,610 USD

Table 4: Questions on Vaccine Co-Financing Implementation			
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	X		
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 Reporting Year	Delay in Co-Financing Payments
	(month/year)	(day/month)	(days)
1st Awarded Vaccine (specify)			
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 ?

	Tick for Yes	List Relevant Vaccines
Budget line item for vaccine purchasing		
National health sector plan		
National health budget		
Medium-term expenditure framework		
SWAp		
cMYP Cost & Financing Analysis	X	Pentavalent
Annual immunization plan	X	Pentavalent
Other		

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing ?

1.
2.
3.
4.

5.

Q. 5: Do you foresee future challenges with vaccine co-financing in the future? What are these ?

1.

2.

3.

4.

5.

NB:

As can be seen from the preceding data the EPI has relatively solid donor support and commitment by the Government of Eritrea to ensure continued reliable support for the period of the current Multi Year Plan. The EPI programme is presently dependant on long term commitments from donors. While commitments are in place until 2010, change in donor supports would have a severe impact in the event of a change in donor commitments post 2009. The funding gaps are considerable but with the assistance of UNICEF, WHO, GAVI, JICA and the commitment of the Government the programme has performed well with similar constraints in the past

3. Request for new and under-used vaccines for year 2008

Section 3 is related to the request for new and under-used vaccines and injection safety for 2008.

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 has been made

Number of	2006	2007	2008	2009	2010	2011	2012
DENOMINATORS							
Births	125,202	128,958	132,827	136,812	140,916	145,143	149,497
Infants' deaths	8,263	8,511	8,766	9,028	9,298	9,576	9,862
Surviving infants	116,937	120,445	124,061	127,784	131,618	135,567	139,635
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2007 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)	86,499	110,506	113,821	117,122	120,519	124,014	127,610
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DPT/HepB/Hib..... (new vaccine)	81,477	105,244	108,401	111,6549	118,456	122,010	125,672
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)	6.0	5	5	5	4	4	4
INJECTION SAFETY****							
Pregnant women vaccinated / to be vaccinated with TT	40,108	59,436	65,380	71,918	79,110	87,021	95,723
Infants vaccinated / to be vaccinated with BCG	85,759	116,062	119,544	123,131	126,824	130,629	134,547
Infants vaccinated / to be vaccinated with Measles (1 st dose)	80721	105,244	108,401	111,6549	118,456	122,010	125,672

* 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.

Please provide the XL sheet for calculating vaccine request duly completed and summarize in table 6 below. For calculations, please use same targets as in table 5.

Table 6. Estimated number of doses of DPTHePBHib vaccine. (Please provide additional tables for additional vaccines and number them 6a, 6b, 6c etc)

Vaccine :	2008	2009	2010
Total doses required	487,805	502,439	517,512
Doses to be funded by GAVI	341,463	301,463	258,756
Doses to be funded by country	146,342	200,976	258,756
Country co-pay in US\$/dose*	3.80	3.80	3.80
Total co-pay	556,098	763,707	983,273

*As per GAVI co-financing policy, country grouping and order of vaccine introduction

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 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 8a, 8b, 8c, etc. Please use same targets as in Table 5)

8a

		Formula	for 2009	For 2010
A	Target if children for TTVaccination (target of pregnant women) (1)	#	71,918	74,076
B	Number of doses (for TT: target of pregnant women)	3	215,754	222,228
C	Number ofdoses	A x B	215,754	222,228
D	AD syringes (+10% wastage)	C x 1.11	239,487	246,673
E		D x 0.25	59,872	61,668
F	AD syringes buffer stock (2)	D + E	299,359	308,341
G	Number of doses per vial	10	359,230	370,009
H	Vaccine wastage factor (3)	Either 1.33	658,589	678,350
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	2,437	3,425

- 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

		Formula	For 2009	For 2010
A	Target if children for BCG Vaccination (target for infants) (2)	#	127,784	131,618
B	Number of doses per child (for BCG)	1	127,784	131,618
C	Number of BCG.doses	A x B	127,784	131,618
D	AD syringes (+10% wastage)	C x 1.11	141,840	146,096
E	AD syringes buffer stock (2)	D x 0.25	35,460	36,524
F	Total AD syringes	D + E	177,300	182,620
G	Number of doses per vial	20	212,760	219,144
H	Vaccine wastage factor (3)	Either 2	255,568	263,236
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	14,184	14,61
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	159	20

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

8c

8c

		Formula	For 2009	For 2010
	Target if children for DPTHePBHib Vaccination (target for infants) (3)	#	127,784	131,618
A	Number of doses per child (for DPTHePBHib)	3	127,784	131,618
B	Number of DPTHePBHib.doses	A x B	383,352	394,854
C	AD syringes (+10% wastage)	C x 1.11	425,521	438,288
D	AD syringes buffer stock (2)	D x 0.25	106,380	109,572
E	Total AD syringes	D + E	531,901	547,860
F	Number of doses per vial	2	767,568	789,708
G	Vaccine wastage factor (3)	Either 1.11	565,942	876,575
H	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
I	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	4,255	4,383
J				

- 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.

8d

		Formula	For 2009	For 2010
	Target if children for Measles Vaccination (target for infants) (2)	#	127,784	131,618
A	Number of doses per child (for Measles)	1	127,784	131,618
B	Number of Measles.doses	A x B	127,784	131,618
C	AD syringes (+10% wastage)	C x 1.11	141,840	146,096
D	AD syringes buffer stock (2)	D x 0.25	35,460	36,524
E	Total AD syringes	D + E	177,300	182,620
F	Number of doses per vial	10	212,760	219,144
G	Vaccine wastage factor (3)	Either 1.6	255,568	263,236
H	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	14,184	14,61
I	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	2,125	20
J				

- 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 2008. Countries are therefore asked to report on any activity 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 2008		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.*

--

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.

[illegible]

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 2008.

Table 9. HSS Expenditure in 2007 (Please fill in expenditure on HSS activities and request for 2008. In case there is a change in the 2008 request, please justify in the narrative above)			
Area for support	2007 (Expenditure)	2007 (Balance)	2008 (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 (Please report on activities conducted 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. Please update baseline indicators. Add other indicators according to the HSS proposal.						
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 have occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

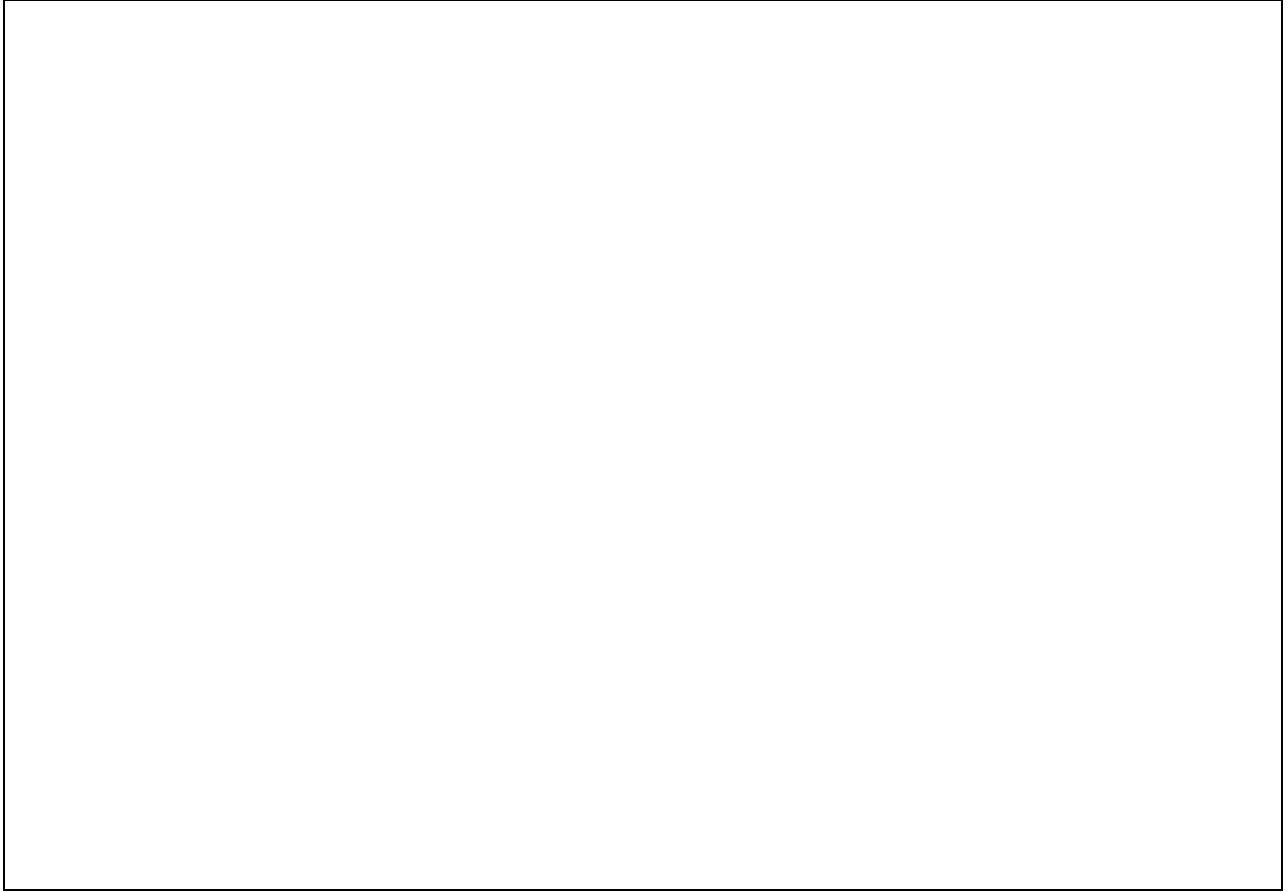
5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Government signatures		
ICC endorsed		
ISS reported on		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and XL sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

A large, empty rectangular box with a thin black border, intended for ICC/HSCC comments. It occupies the majority of the page area below the header.

~ End ~