Annual Progress Report 2007

Submitted by

The Government of

THE GAMBIA

Date of submission: **10th May 2008**

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 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 The Gambia

Ministry of Health:

Title: Secretary of State

Signature:

Date: 25/04/08

Ministry of Finance:

Title: Permanent Secretary

Signature:

Date: 25/04/08

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
WHO Representative	WHO Country Office	OIC	28/4/08
Country Representative	UNICEF		
Country Director	Christian Children's Funds		28/4/08
Country Director	Action Aid		28/04/08
Executive Secretary	Red Cross Society		25/4/08
Chair Person	Rotary International		
Country Director	Catholic Relief services		30/APR/08
Director	MRC, The Gambia		28/4/08
Chief Public Health Officer	Health Dept.,		

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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

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): Yes
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 are paid into special accounts at the Central Bank for EPI under the Department of State for Health. The funds signatories are the Permanent Secretary of the Department of State for Health, while the Department of State for Finance effect the payments by issuing cheques to the EPI programme and the accounts are audited on a regular basis by the Auditor General's Department.	

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 mechanism for management of ISS funds has no bureaucratic bottlenecks, as the funds are jointly co-managed by the Departments of State for Health and Finance. The funds are paid into a special account known as 'below the line account' at the Central Bank. The ICC's role in the disbursement of ISS funds is based on the approved annual work plan of the EPI programme as well as issues arising from the ICC technical team during supervision at both central, divisional and health facility levels which are discussed during ICC meetings. *For instance, if the EPI programme wants to implement an activity, a request is made to the Director of Health Services (acting as the chair of the ICC in the absence of the Secretary of Stae for Health Services), who scrutinises and approves the request..* *In case of major expenditures, these are normally presented at ICC for approval.* *Once approval is given, then this is forwarded to the Accounts section for processing.*	

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$ 91,500_____
Remaining funds (carry over) from 2006 US$ 96,754___
Balance to be carried over to 2008 US 161,014.67

Table 1: Use of funds during 2007* (01st -01-2007 to 31st -12 – 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 (Fuel)	4,421	3,421	1,000		
Maintenance and overheads					
Training	400	400			
IEC / social mobilization					
Outreach					
Supervision	7,669	4,160	3,509		
Monitoring and evaluation	2739	229	310	2,200	
Epidemiological surveillance					
Vehicles (Maintenance)	2,170	1,170	1,000		
Cold chain equipment	4,120	1,820	950	1350	
Other *(stationeries)*	5,716	4,716	1,000		
Total:					
Remaining funds for next year: US 150,000	27,235	15,916	7,769	3,550	

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.

Major activities implemented were:

- *Support the training of cold chain technician on refrigeration and air conditioning,*
- *training of Data Entry Clerks on monitoring routine EPI data at divisional levels for action,*
- *Monthly supportive supervision to divisional health teams and health facilities within the country.*
- *Data management training for central level staff (EPI, National Lab and EDC Programmes)*
- *Conduct bi-monthly surveillance meetings*
- *monitoring and supervision of EPI activities countrywide with partners (e.g WHO)*
- *Assessing the national cold chain system in preparation of the Measles SIAs and the introduction of new vaccines (Penta & Pneumo vaccines);*
- *Conduct Sub-NIDs for Polio in Western Health Region in July 2007*
- *Conduct Measles SIAs in November/December 2007*
- *Development of the cMYP (2007-2011)*

The critical problems encountered were:

- *irregular conduct of monthly supportive supervision at regional level due largely to lack of reliable vehicles as well as fuel;*
- *inadequate funds for the implementation of the activities in the Annual Work Plan for 2007*
- *weak vaccine management at health facility level*
- *Cancellation of EPI/RCH outreach treks due to inadequate fuel supply and unreliable vehicles*
- *Aging cold chain equipment in few of the health facilities*

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?

NOT APPLICABLE

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.

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).

A national Cold Chain system was assessed in preparation for the introduction of new vaccine (Pneumo) and switching to Pentavalent vaccine.

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?

The ICC met thrice during 2007. There was no meeting in the first quarter due mainly to the busy nature of some key members within and outside the Department of State for Health. There were two meetings held in the third quarter as there were pressing issues (e.g. funding gap) on the Measles SIAs. The Civil Societies in the ICC are Red Cross Society, Christian Children's Fund, Action Aid, Rotary International, etc	

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)
Hepatitis B	**10 dose vial**	**268,400**	**1990**	**Feb & Sept 2007.**
DPT & Hib	**10 dose vial**	**204,600**	**1997**	**March & Sept 2007.**

Please report on any problems encountered.

All vaccines arrived as scheduled and there has been no problem during2007	

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 Implemented were:

1. *Training of Data Entry Clerks on data monitoring and reporting for action*
2. *Monthly supportive supervision to divisional health teams and health facilities*
3. *Bi monthly meetings*
4. *Community sensitization sessions conducted by health facilities*
5. *Expansion of outreach services*
6. *Conduct sub-NIDs for Polio in Western Health Region*
7. *Conduct of Measles SIAs countrywide*
8. *Training of Health Staff on EPI and related services*

Activities to be implemented are:

The Gambia will switch to Pentavalent vaccine combination in the second quarter of 2009 after the introduction of pneumococcal vaccine. To carry out this successfully, the following activities will be carried out:

1. Cold chain expansion
2. Training of health staff
3. Review and update data collection tools
4. Community sensitization
5. Expansion of cold chain system
6. Conduct of EPI evaluation survey

However, the problems encountered includes:

1. *Clinic cancellation due to inadequate fuel and ageing vehicles*
2. *Insufficient trained Staff*

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

These funds were received on: NOT APPLICABLE

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

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

Some of the major recommendations from the VMA include the followings: ❑ There is urgent need to develop and implement a plan for the rehabilitation and replacement of aged and non-functioning equipment. Improve the vaccine storage capacity through expansion of the space and provision of equipment including ice-pack freezers at the national level. For the service delivery sites, solar refrigerators with adequate freezing capacity. ❑ Ensure neat arrangement of vaccines to allow the flow of cool air around vaccines. Proper indication of the content of refrigerators must be displayed on appropriate forms. ❑ Programme management need to liase and alert early UNICEF or suppliers of expected shortages. The Department of State for Health & Social Welfare/EPI Manager need to be assisted in co-ordinating the forecasting of vaccine and equipment requirement and distribution in consultations with the health partners. ❑ At the national level the UNICEF standard vaccine arrival report must be implemented. ❑ At divisional and lower levels, a standardized format for vaccine monitoring (recording issues and receipts) must be developed, distributed and used. ❑ A standardized format for recording issues and receipts and other details (e.g. by modifying the current format in use at the national cold store to include columns for entering lot/batch number and expiry date) must be developed, distributed and used. ❑ All sub-national levels should establish minimum and maximum stock levels All levels should institute monthly vaccine distribution report.	

Was an action plan prepared following the EVSM/VMA: Yes

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

❑ Identifying and training of divisional logisticians. ❑ Rehabilitation and replacement of old the cold chain equipment;	

❑ Expand the existing cold store at central and divisional levels. ❑ Provide reliable standby generators for all divisional EPI stores ❑ Provide automatic electric switches for the stand by generators at central level. Provide automatic temperature recording and alarm system.	

The next EVSM/VMA* will be conducted in: Not yet planned

**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). NOT APPLICABLE

Injection Safety Material	Quantity	Date received
Not Applicable		

Please report on any problems encountered.

Nil

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.

This support had ceased and as a result Government has taken up the procurement of injection devices from the recurrent budget.

Please report how sharps waste is being disposed of.

All the Regional Health Teams are provided with incinerators. Sharps are either transported by health facilities or collected by the Regional Health Teams for incineration.

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

➢ Irregular collection of wastes due to inadequate fuel ➢ Inadequate storage facility for used sharps ➢ Inadequate number of incinerators

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:

NOT APPLICABLE

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	1,018,500	1,076987	912,917	1,952,756
Injection supplies		91563	97,522	116,667
Cold Chain equipment	174,600	191,549	73,917	12,333
Operational costs				
Other (please specify)				
Financing by Source				
Government (incl. WB loans)	300,000	269,418	330,382	396,833
GAVI Fund	718,500	741,500	680,058	1,672,597
UNICEF	170,480			
WHO				
Other (Taiwanese Embassy)	4,250			
Total Expenditure	2,371,017			
Total Financing				
Total Funding Gaps				

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 The Gambia being conscious of the importance of immunization created a budget line item for Immunization and is highly committed to the procurement of routine and co-financing of the new vaccines. Over the years, Government has been buying all the traditional vaccines and from its recurrent budget, which is being increased annually. Government has been buying safe injection materials since its graduation from the GAVI support. From January 2009, the Secretary of State for Health has given directive for the inclusion of co-financing amounts to be incorporated into already existing budget line for immunization services. Through the ICC and NCG, regular briefings will be held with the Secretary of State for Health to ensure that immunization remains a principal focus for funding in order to reduce childhood morbidity and mortality.

In addition, Government has qualified for the Highly Indebted Poor Countries (HIPC) funds and it is envisaged that this will enable the Government to increase its budgetary allocation for immunization. A major strategy is to use data driven tools to advocate, through technical briefings, with the Finance Department to ensure that a substantial part of this funds is allocated to the health sector.

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. (DPT/Hib)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	N/A	N/A	41,000	N/A
Other sources (please specify)				
Total Co-Financing (US$ per dose)	N/A	N/A	0.20	

For 1st GAVI awarded vaccine. (Pneumococcal Vaccine)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	N/A	N/A	N/A	51,500
Other sources (please specify)				
Total Co-Financing (US$ per dose)	N/A	N/A	N/A	0.20

For 2nd GAVI awarded vaccine. (Pentavalent)	**2007**	**2007**	**2008**	**2009**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)				
Government	N/A	N/A	N/A	39,500
Other sources (please specify)				
Total Co-Financing (US$ per dose)	N/A	N/A	N/A	0.15

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

There was no co-financing agreement in the first GAVI awarded vaccine (i.e. DPT/Hib & Hepatitis B) for the period of the support (ended in 2007). The Gambia Government will contribute US$ 0.20 per dose for DPT/Hib needs in 2008 and will buy all what is needed for Hepatitis B vaccine.

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

The country will introduce Pneumococcal vaccine and switch to Pentavalent vaccine in the first and second quarters of 2009 respectively and will start to pay for the co-financing amounts (US$0.20 and US$ 0.15/per dose) in the same year for both vaccines

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	√	OPV,TT, BCG, YF,Measles	Government
PAHO Revolving Fund			
Donations			
Other (GAVI)	√	Hep.B, Dpt/Hib,	GAVI

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)	Not Applicable	
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	YES
National health sector plan	YES
National health budget	YES
Medium-term expenditure framework	N/A

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. N/A
2.
3.
4.
5.

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

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

3.1. Up-dated immunization targets

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

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

These figures are different from that of JRF; simply because they are obtained from the cMYP Costing Tools, which are projected from the latest census figures (2003 Population Census). *The targets in the JRF are projected from the 1993 census*

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	69,673	67,008	68,884	70,813	72,795	74,834				
Infants' deaths	5,933	5,629	5,786	5,948	6,115	6,286				
Surviving infants	63,740	61,379	63,098	64,864	66,680	68,548				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	65,659	65,496	63,098	64,864	66,684	68,548				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	65,810	65,496	58,050	60,972	63,346	65,120				
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of Pneumo* ..... *(new vaccine)*	N/A	N/A	N/A	64,864	66,684	68,548				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of Pneumo *(new vaccine)*	N/A	N/A	N/A	60,972	63,346	65,120				
Wastage rate till 2007 and plan for 2008 beyond*** …….. *(new vaccine)*				5%	5%	4%				
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	51,277	51,561	68,884	70,813	72,795	74,834				
Infants vaccinated / to be vaccinated with BCG	66,177	66,193	68,884	70,813	72,795	74,834				
Infants vaccinated / to be vaccinated with Measles (1st dose)	59,398	59,225	54,895	57,081	59,346	61,693				

* 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.

The Gambia will use the single-dose liquid pneumo vaccine in 2009 until other vial presentations are available and the quantities will be forecasted by September 2008.

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Please provide the Excel sheet for calculating vaccine request duly completed

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid.
- **Buffer stock:** The buffer stock is recalculated every year as 25% the current vaccine requirement
- **Anticipated vaccines in stock at start of year 2009:** It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 7: Wastage rates and factors

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

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

Table 8: Estimated supplies for safety of vaccination for the next two years with BCG*)*

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	68,884	70,813
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number of ….doses	A x B	68,884	70,813
D	AD syringes (+10% wastage)	C x 1.11	76,461	78,602
E	AD syringes buffer stock (*2)*	D x 0.25	19,115	19,651
F	Total AD syringes	D + E	95,577	98,253
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor (*3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	7,646	7,860
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,146	1,178

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 8a: Estimated supplies for safety of vaccination for the next two years with Polio

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#	68,884	70,813
B	Number of doses per child (for TT: target of pregnant women)	#	6	6
C	Number of ….doses	A x B	413,304	424,878
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	#	20	20
H	Vaccine wastage factor (*3)*	Either 2 or 1.6	2	2
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

Table 8b: Estimated supplies for safety of vaccination for the next two years with Hepatitis B

	Formula	2009	2010
Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#	68,884	70,813
Number of doses per child (for TT: target of pregnant women)	#	3	3
Number of ….doses	A x B	206,652	212,439
AD syringes (+10% wastage)	C x 1.11	229,384	235,807
AD syringes buffer stock (*2)*	D x 0.25	57,346	58,952
Total AD syringes	D + E	286,730	294,759
Number of doses per vial	#	10	10
Vaccine wastage factor (*3)*	Either 2 or 1.6	2	2
Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	45,877	47,161
Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	3,692	3,795

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

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.

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

Only for lyophilized vaccines. Write zero for other vaccines.

Table 8c: Estimated supplies for safety of vaccination for the next two years with DPT/Hib

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	68,884	N/A
B	Number of doses per child (for TT: target of pregnant women)	#	3	
C	Number of ….doses	A x B	206,652	
D	AD syringes (+10% wastage)	C x 1.11	229,384	
E	AD syringes buffer stock *(2)*	D x 0.25	57,346	
F	Total AD syringes	D + E	286,730	
G	Number of doses per vial	#	10	
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	45,877	
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	3,692	

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 8d: Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	68,884	70,813
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number of ….doses	A x B	68,884	70,813
D	AD syringes (+10% wastage)	C x 1.11	76,461	78,602
E	AD syringes buffer stock *(2)*	D x 0.25	19,115	19,651
F	Total AD syringes	D + E	95,577	98,253
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	12,234	12,576
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,197	1,230

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 8e: Estimated supplies for safety of vaccination for the next two years with Yellow Fever

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	68,884	70,813
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number of ….doses	A x B	68,884	70,813
D	AD syringes (+10% wastage)	C x 1.11	76,461	78,602
E	AD syringes buffer stock *(2)*	D x 0.25	19,115	19,651
F	Total AD syringes	D + E	95,577	98,253
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	12,234	12,576
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,197	1,230

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 8f: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	68,884	70,813
B	Number of doses per child (for TT: target of pregnant women)	#	5	5
C	Number of ….doses	A x B	344,420	354,065
D	AD syringes (+10% wastage)	C x 1.11	382,306	393,012
E	AD syringes buffer stock *(2)*	D x 0.25	95,577	98,253
F	Total AD syringes	D + E	477,883	491,265
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor *(3)*	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	38,231	39,301
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	5,729	5,889

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 8g: Estimated supplies for safety of vaccination for the next two years with Pneumococcal Vaccine

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) (*1)*	#	68,884	70,813
B	Number of doses per child (for TT: target of pregnant women)	#	3	3
C	Number of ….doses	A x B	206,652	212,439
D	AD syringes (+10% wastage)	C x 1.11	229,384	235,807
E	AD syringes buffer stock (*2)*	D x 0.25	57,346	58,952
F	Total AD syringes	D + E	286,730	294,759
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor (*3)*	Either 2 or 1.6	2	2
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	3,183	3,272
1	Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)			

Table 8h: Estimated supplies for safety of vaccination for the next two years with Pentavalent

		Formula	2009	2010
A	Target if children for ….. Vaccination (for TT: target of pregnant women) *(1)*	#	68,884	70,813
B	Number of doses per child (for TT: target of pregnant women)	#	3	3
C	Number of ….doses	A x B	206,652	212,439
D	AD syringes (+10% wastage)	C x 1.11	229,384	235,807
E	AD syringes buffer stock (*2)*	D x 0.25	57,346	58,952
F	Total AD syringes	D + E	286,730	294,759
G	Number of doses per vial	#	1	1
H	Vaccine wastage factor (*3)*	Either 2 or 1.6	2	2
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	3,183	3,272

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

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

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

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

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

4. Health Systems Strengthening (HSS)

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

Health Systems Support started in: Not Applicable

Current Health Systems Support will end in: **Not Applicable**

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.

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?

Not Applicable

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.

Not Applicable

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	**Not Applicable**		
Activity 1.2	**Not Applicable**		
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[1]**	**Source[2]**	**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.

[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 Vaccine introduction grant		
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)		
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:

~ End ~