



Annual Progress Report 2007

Submitted by

The Government of

Republic of Kenya

Date of submission

15th May 2008 (electronic copy)

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 **Republic of Kenya**
Ministry of Public Health and Sanitation:

Ministry of Finance:

Title: **Permanent Secretary**

Title: **Permanent Secretary**

Signature:

Signature:

Date:

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
Dr S.K. Sharif - SDDMS	Ministry of Public Health and Sanitation		
Dr Ann. Wamae -Head-Division of Child Health	MOPH & S		
Dr Tatu Kamau – Head, DVI	MOPH & S		
Dr Josephine Kibaru – Head Div. Reprod.Health	MOPH & S		
Dr David Okello – Country Representative	WHO		
Dr. Olivia Yambi - Country Representative	UNICEF		
Chris Wanyoike – Country Representative	Micronutrient initiative		
Dr. Paul Kizito	NCAPD		

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

Progress Report Form: Table of Contents

1. Report on progress made during 2007

- 1.1 Immunization Services Support (ISS)**
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
 - 1.1.4 ICC Meetings
- 1.2 GAVI Alliance New and Under-used Vaccines (NVS)**
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use of GAVI Alliance financial support (US\$100,000) for introduction of the new vaccine
 - 1.2.4 Evaluation of Vaccine Management System
- 1.3 Injection Safety (INS)**
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI Alliance injection safety support (if received in the form of a cash contribution)

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

3. Request for new and under-used vaccine for 2009

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year 2009 and projections for 2010 and 2011
- 3.3 Confirmed/revised request for injection safety support for the year 2009 and 2010

4. Health System Strengthening (HSS)

5. Checklist

6. Comments

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?

Last tranche of ISS funds received on - 7th April 2004

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.

This is as described in previous reports – last disbursement of ISS funds was done in January 2005 to all districts and provinces.

1.1.2 Use of Immunization Services Support

Comment [11]: Dr Kamau/Steve Mwangi

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 NIL

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		No ISS funds received in 2007 from GAVI. Balances from 2006 were not disbursed to district level.			
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.

No ISS funds were received in 2007 hence there were no activity related to use of these funds

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for **2009**

**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?

Priority recommendations were:

1. Introduction of ledgers for monitoring syringes and general supplies
2. Support and strengthen Health Facility staff capabilities in setting targets based on past achievements, monitoring wastage, coverage (not only for DTP and measles) through on-the-job training (OJP). The performance Monitoring Handbook (PMH) and Vaccine monitoring Handbook (VMG) are resource materials for OJT.
3. Though systems had been developed and were functioning, there was dwindling immunization coverage. It is important to review the strategies that could support increased immunisations.

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

YES ☐

NO



But improvement of the reporting system is included in the cMYP 2006-2010

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

How recommendations have been addressed:

- Ministry of Health ledgers for stock control of all non-pharmaceuticals have been in existence for very long and this is where all injection equipment is supposed to be monitored. However despite frequent support supervision this remains a very weak area from National to health facility level.
- Target setting at health facility level is based on
 - Proportionate increase on past performance
 - Agreed allocation of catchment populations shared with other facilities
 - Wastage monitoring still remains relatively weak
- Strategies to improve immunization coverage have been drawn from a new government initiative to improve performance of all government sectors through a "Result Based Management" strategy. Twice in 2006 Rapid Results Initiatives (RRIs) have been conducted in all districts specifically to raise full immunisation coverage with a fair amount of success. RRIs

are intensive, focused activities to achieve a set desired goal within 100 days. Another initiative was to include measles and full immunization coverage targets in the Ministry of Health's performance targets under the National Health Sector Strategic Plan (2005-2010), which obligates all levels of health service provision to work towards this goal. Annual operation plans drawn from this strategic plan sustain focus on the goals and especially the need to address any obstacles that may be constraining achievement of the set targets

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).

No study was conducted in 2007 but improvement of the reporting system is included in the cMYP 2006-2010

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?*

Civil organisations who are members of ICC include;

- (CHAK)-Christian Health Association of KENYA
- (SUPKEM)- Supreme Councils for Kenyan Muslims
- Kenya Catholic Secretariat Commission for health and Family Life
- AMREF
- Health Network (HENNET)

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. Pentavalent vaccine was introduced in November 2000 and Yellow Fever vaccine was introduced in 2002

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
DPT-HepB-Hib	2 doses		2001	
Yellow fever	10 doses		2002	

Please report on any problems encountered.

Introduction of both Pentavalent and Yellow fever vaccines was smooth

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.

The activities have been planned if application of pneumococcal vaccine is approved.

- Planning and coordination meetings ;
- Cold chain Assessment & expansion plan
- Revision and update of tools ;
- Training
- Advocacy, communication and Social mobilization
- Supervision; Monitoring and Evaluation

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

These funds were received on: 12th February 2002

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

These funds were received after the introduction of the vaccine and were merged with ISS funds for the following year.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2004

Please summarize the major recommendations from the EVSM/VMA

EVSM issues are included in the cMYP 2006-2010

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.

1. Regular forecasting and shipment plans are conducted two months before the beginning of the calendar year. This is in collaboration with UNICEF using the UNICEF forecasting tool.
2. Quarterly distribution plans are made in line with shipment plans
3. Frequent monitoring of cold chain status.

The next EVSM/VMA* will be conducted in: [Was due in 2008](#)

**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 (GAVI)		
Safety boxes		

Please report on any problems encountered.

No problem encountered-Safety injection practices fully operational at all EPI service delivery points

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

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

*The Government has set aside adequate funds to cater for injection safety up to 2010
All equipments are be procured through government procedures.*

Please report how sharps waste is being disposed of.

- *Burning and burying*
- *Incineration*

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

- *Inadequate training for waste handlers and incinerator operators*
- *Inadequate resources for putting up 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:

There was no injection safety support received except syringes supplied with the Pentavalent & yellow fever vaccines.

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

Comment [12]: Dr Kamau

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		23,349,098	24,194,932	25,109,585
Injection supplies		1,824,134	2,048,575	2,279,060
Cold Chain equipment		1,596,431	1,590,367	1,622,176
Operational costs		349,827	357,885	375,867
Other (please specify)		32,520,749	34,801,689	37,139,209
Financing by Source				
Government (incl. WB loans)		5,169,044	5,396,926	5,143,224
GAVI Fund		19,580,265	20,326,143	21,105,923
UNICEF		20,644	21,428	278,207
WHO		1,643,485	1,675,573	2,505,823
Others (specify) - MERCK VACCINE INITIATIVE		78,246	115,185	81,408
Total Expenditure		86,131,923	90,528,703	90,497,258
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...

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.

Table 2.2a: DTP-HeB-HiB

For 1st GAVI awarded vaccine. Please specify which vaccine (DTP-HepB-HiB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government		1,582,962	1,610, 950	1,639,208
Other sources (please specify)				
Total Co-Financing (US\$ per dose)		1,582,962	1,610, 950	1,639,208

Table 2.2b: Yellow Fever

For 2nd GAVI awarded vaccine. Please specify which vaccine (Yellow Fever)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government		11,780	12,932	13,632
Other sources (please specify)				
Total Co-Financing (US\$ per dose)		11,780	12,932	13,632

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

The future of Ministry of Public Health & Sanitation co-financing levels for the DPT-HepB-Hib will depend on the GDP and reflected in the next MTEF starting 2011/012

For 2nd GAVI awarded vaccine. Please specify which vaccine (Yellow Fever)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government		11,780	12,932	13,632
Other sources (please specify)				
Total Co-Financing (US\$ per dose)		11,780	12,932	13,632

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

The future of Ministry of Public Health & Sanitation co-financing levels for the Yellow fever vaccine will depend on the GDP and reflected in the next MTEF starting 2011/012

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 Procurement Services	√	• BCG • OPV • Measles • T.T • DPT-Heb/Hib	• Government of Kenya • GAVI (DPT-Heb/Hib & yellow fever)
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 (month/year)	Date of Actual Payments Made in 2007 (day/month)
1st Awarded Vaccine (DTP-HeB-HiB)	October 2007	November 2007
2nd Awarded Vaccine (Yellow Fever)	October 2007	November 2007
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	N/A
National health budget	Yes
Medium-term expenditure framework	Yes
SWAp	
cMYP Cost & Financing Analysis	
Annual immunization plan	
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?	
1.	Unavailability of adequate government funds
2.	Lack of interest by the development partners
3.	
4.	
5.	

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

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

3.1. Up-dated immunization targets

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

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

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

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	1402126	1427113	1452346	1477822	1503537	1529323	1555421			
Infants' deaths	108384	110315	112266	114236	116223	118217	120234			
Surviving infants	1293742	1316798	1340080	1363586	1387314	1411106	1435187			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP-HepB-Hib (DTP1)*	1158005 (90%)		1273076 (95%)	1295407 (95%)	1317948 (95%)	1340551 (95%)	1363428 (95%)			
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP-HepB-Hib (DTP3)*	1036453 (80%)		1273076 (95%)	1295407 (95%)	1317948 (95%)	1340551 (95%)	1363428 (95%)			
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of Yellow Fever* (new vaccine)	15506 (47%)		28421 (70%)	30257 (80%)	38716 (90%)	44481 (100%)				
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of (new vaccine)N/A										
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)	25%		25%	25%	25%	25%	25%			
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	1022779 (73%)		1234495 85%	1256149 85%	1278007 85%	1299925 85%	1322108 85%			
Infants vaccinated / to be vaccinated with BCG	1293995 (92%)		1423300 98%	1448266 98%	1473466 98%	1498737 98%	1524313 98%			
Infants vaccinated / to be vaccinated with Measles (1 st dose)	990768 (77%)		1206072 90%	1227228 90%	1248582 90%	1269996 90%	1291668 90%			

- * 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 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 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)

		Formula	2009	2010
	Target if children for Vaccination (for TT: target of pregnant women) (1)	#		
A	Number of doses per child (for TT: target of pregnant women)	#		
B	Number ofdoses	A x B		
C	AD syringes (+10% wastage)	C x 1.11		
D	AD syringes buffer stock (2)	D x 0.25		
E	Total AD syringes	D + E		
F	Number of doses per vial	#		
G	Vaccine wastage factor (3)	Either 2 or 1.6		
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		
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) – DUE TO START IN JULY 2008 (2008/09 FISCAL YEAR)

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.

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.

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

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

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

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

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

Table 11. Baseline indicators <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.

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 th May 2008	
Reporting Period (consistent with previous calendar year)	Jan-Dec 2008	
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 ~