



Annual Progress Report 2007

Submitted by

The Government of

LESOTHO

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(to be accompanied with Excel sheet as prescribed)

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

Enquiries to: Dr Raj Kumar, raj कुमार@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of **LESOTHO**

Ministry of Health & Social Welfare:

Title: **The Honourable Dr. Mphu Ramatlapeng**

Signature:

Date:

Ministry of Finance & Development Planning:

Title: **The Honourable Dr. Timothy Thahane**

Signature:

Date:

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excelsheet. 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

Signatures Page for HSS

N/A

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?

It is reflected in a special vote of the MOHSW, it is managed by Family Health Division (FHD) and finance section in the PHC Department. The utilization process is the same as per MOHSW rules and regulations.

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.

1- Expenditures of the funds are reported to the ICC during their meetings.

Problem:

All Public Health Nurses (PHNs), PHC Coordinators and EPI central level personnel were involved in Measles Supplementary Immunization Activity (SIA) from the preparatory stage to implementation

Bureaucratic logistics/ procedures of the Government delays disbursement of funds to suppliers.

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 NIL

Remaining funds (carry over) from 2007 M193 634

Balance to be carried over to 2008 M161 464

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	29 475 (4 211)			29 475 (4 211)	
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision	2 695 (385)	2 695 (385)			
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:	32 170 (4 596)				
Remaining funds for next year: M161 464	161 464 (23 066)				

**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.

- comprehensive Multi-Year- Plan (cMYP) developed both narrative and costing
- Implementation of integrated Measles Supplementary Activity

Main problem: 2006 census figures not yet released, hence the program still relies on 1996 census projections.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for Done January 2008-03-14

**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?

- There should be re-establishment of tabulations on monthly reported vaccinations at all levels.
- There is need to develop standard operating procedures SOPs) for stock management of vaccines and other immunization supplies.
- There is need to re- examine vaccine wastage monitoring
- Denominator based on 2006 census should be immediately introduced.

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

YES

☐

NO

☐

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

- The implementation of the recommendations are in-process, this is reflected in the EPI 2008 Annual Plan of Action
- Technical Assistance(T.A.) has been secured and will be in place with effect from May – July 2008 to strengthen data management at National and district levels
- Final DQA report will be available to the ICC members upon receipt from the evaluators.

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

This will be discussed during the 1st quarter of the ICC meeting to be held-26th March 2008
Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

No studies were conducted

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?

Two ICC meetings were held in 2007 (May, September and 2007)
 Minutes are attached.

Yes: these are
 Lesotho Red Cross Society
 Christian Health Association of Lesotho

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)
HepB	10 dose vial	7,200	2003	06/01/2007
HepB	10 dose vial	19,920	2003	27/09/2007

Please report on any problems encountered.

No problems encountered

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

Major activities that have been undertaken:

- Submission and approval of Pentavalent vaccine and Immunization Service Support (ISS) from GAVI
- Implementation of National integrated Measles Supplementary Immunization Activity (SIA)

Major activities to be undertaken:

- Introduction of Pentavalent vaccine
- Establishment of Hib disease surveillance system
- Implementation of Reaching Every District (RED) strategy
- Engagement of Technical Assistance T.A./Stop Team to strengthen data management
- Conduct Vaccine Management Assessment
- Conduct Cold Chain Inventory
- Conduct immunization 30 Cluster Coverage Survey
- Finalize EPI Policy

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

These funds were received on: **_Funds not yet received_**

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

N/A

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in **_To be conducted in 2008_**

Please summarize the major recommendations from the EVSM/VMA

N/A

Was an action plan prepared following the EVSM/VMA: Yes/No **N/A**

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

N/A

The next EVSM/VMA* will be conducted in: **_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
Safety Boxes	222,4 boxes of 10 each contains 2,224pieces	06/01/2007
Safety Boxes	60box of 25 pieces 1,500pieces	27/09/2007
AD syringes 0.5mls	1,600 boxes of 100 160,000pieces	06/01/2007

Please report on any problems encountered.

No problems encountered

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

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

JICA support ended in 2006 and the Government of Lesotho has taken over. There is a budget line for vaccine bundling in the Ministry of Health and Social Welfare

Please report how sharps waste is being disposed of.

All hospitals have incinerators, however sharp wastes in the health centres are transported to the next administrative level/hospital for incineration.

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

No problems were encountered

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

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

No contribution from GAVI in the form of cash received

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			1,000,800	1,100,000
Injection safety supplies			419,280	419,300
Cold Chain equipment	4200	4200	4800	5300
Operational costs: vehicle maintenance and fuel	7715	7715	7858	8000
Other (please specify) personnel	2214	2214	2286	2357
Financing by Source				
Government (incl. WB loans)	25,832	25,320	1,150,788	1,420,175
GAVI Fund	52,258	52,252	1,143,074	856,036
UNICEF	200,000	200,000	300,000	300,000
WHO	42,932	42,932	46,357	
Other (please specify): M&E				
Total Expenditure				
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...

EPI program does not have a separate budget line in the ministry except for vaccines only.

All other operational costs are inclusive in the common Family Health Division budget. However, the program activities are well executed without any resource gaps.

Lesotho has developed Financial Sustainability Plan which was reviewed in December 2004. The document has been extensively used in the compilation of cMYP. Future costing and financing EPI Programme (2004 – 2011) is in line with the National Health Strategic, MTEF and Poverty Reduction Strategic Plans. Programme costing and financing is aligned with the budgeting period which commences every September. Though the current MTEF expires in March 2008, plans are well on course for the next one.

Three strategies have been identified as followed: i) mobilising additional resources for the programme

ii) Improving resource reliability, and iii) Improving programme efficiency.

Table 2.2: Country Co-Financing (in US\$)

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB-Hib)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government			\$0.20	\$0.20
Other sources (please specify) GAVI			\$7.30	\$7.30
Total Co-Financing (US\$ per dose)			\$7.50	\$7.50

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

Future trends for co-financing-at the end of the co-financing cycle, the Government will ultimately take over total financing of the vaccine

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB) N/A	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government				

Other sources (please specify)				
Total Co-Financing (US\$ per dose)				

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

N/A

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	NO		
Government Procurement- Other	NO		
UNICEF	NO		
PAHO Revolving Fund	NO		
Donations	√	BCG,OPV, DTP, Measles, TT,DT	JICA
Other (specify)	NO		

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
N/A		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
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? N/A	
	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	Yes
SWAp	
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. Country has no previous experience on co-financing
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.

No changes in the figures

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	57,327	58,473	59,642	60,834	62,050	63,291	64,556	65,847		
Infants' deaths	6468	7614	7766	7921	8079	8241	8405	8573		
Surviving infants	50,859	51,859	51,876	52,913	53,917	55,050	56,151	57,274		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*	46872	50605	48865	49740	50734	51748	52782	53837		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*	46011	46980	46829	47765	48720	49694	50687	51700		
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)	46872	50605	48865	49740	50734	51748	52782	53837		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of...HepB. (new vaccine)	46011	4980	46829	47765	48720	49694	50687	51700		
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)	10%	5%	5%	5%	5%	5%	5%	5%		
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	43228	47322	45844	45500	46570	47953	48500	49261		
Infants vaccinated / to be vaccinated with BCG	53889	55293	56065	57186	58329	59495	60684	61897		
Infants vaccinated / to be vaccinated with Measles (1 st dose)	38896	41265	40467	41276	42101	42943	43801	44677		

* 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
A	Target if children for Vaccination (for TT: target of pregnant women) (1)	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number ofdoses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock (2)	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

- 1 Contribute to a maximum of 2 doses for Pregnant Women (estimated as total births)
- 2 The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area.
- 3 Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
- 4 Only for lyophilized vaccines. Write zero for other vaccines.

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

4. Health Systems Strengthening (HSS)

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

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.

Case No. _____	
Date _____	
Patient Name _____	
Room No. _____	
Physician _____	
Nurse _____	
Attending Physician _____	
Specialist _____	
Referral _____	
Referral Date _____	
Referral Source _____	
Referral Reason _____	
Referral Status _____	
Referral Type _____	
Referral Category _____	
Referral Subcategory _____	
Referral Subcategory Description _____	
Referral Subcategory Details _____	
Referral Subcategory Notes _____	
Referral Subcategory Comments _____	
Referral Subcategory Remarks _____	
Referral Subcategory Observations _____	
Referral Subcategory Findings _____	
Referral Subcategory Conclusions _____	
Referral Subcategory Recommendations _____	
Referral Subcategory Follow-up _____	
Referral Subcategory Monitoring _____	
Referral Subcategory Evaluation _____	
Referral Subcategory Assessment _____	
Referral Subcategory Management _____	
Referral Subcategory Intervention _____	
Referral Subcategory Outcome _____	
Referral Subcategory Status _____	
Referral Subcategory Action _____	
Referral Subcategory Response _____	
Referral Subcategory Feedback _____	
Referral Subcategory Review _____	
Referral Subcategory Approval _____	
Referral Subcategory Denial _____	
Referral Subcategory Cancellation _____	
Referral Subcategory Rejection _____	
Referral Subcategory Withdrawal _____	
Referral Subcategory Termination _____	
Referral Subcategory Completion _____	
Referral Subcategory Closure _____	
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Referral Subcategory Retention _____	
Referral Subcategory Disposal _____	
Referral Subcategory Destruction _____	
Referral Subcategory Restoration _____	
Referral Subcategory Recovery _____	
Referral Subcategory Repair _____	
Referral Subcategory Replacement _____	
Referral Subcategory Upgrade _____	
Referral Subcategory Downgrade _____	
Referral Subcategory Migration _____	
Referral Subcategory Transfer _____	
Referral Subcategory Relocation _____	
Referral Subcategory Replication _____	
Referral Subcategory Synchronization _____	
Referral Subcategory Integration _____	
Referral Subcategory Interfacing _____	
Referral Subcategory Interoperability _____	
Referral Subcategory Compatibility _____	
Referral Subcategory Conformance _____	
Referral Subcategory Compliance _____	
Referral Subcategory Certification _____	
Referral Subcategory Accreditation _____	
Referral Subcategory Authorization _____	
Referral Subcategory Authentication _____	
Referral Subcategory Identification _____	
Referral Subcategory Identification Number _____	
Referral Subcategory Identification Code _____	
Referral Subcategory Identification Key _____	
Referral Subcategory Identification Token _____	
Referral Subcategory Identification Certificate _____	
Referral Subcategory Identification Signature _____	
Referral Subcategory Identification Stamp _____	
Referral Subcategory Identification Mark _____	
Referral Subcategory Identification Seal _____	
Referral Subcategory Identification Label _____	
Referral Subcategory Identification Tag _____	
Referral Subcategory Identification Marking _____	
Referral Subcategory Identification Markings _____	
Referral Subcategory Identification Markings List _____	
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Referral Subcategory Identification Markings Notes _____	
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Referral Subcategory Identification Markings Management _____	
Referral Subcategory Identification Markings Intervention _____	
Referral Subcategory Identification Markings Outcome _____	
Referral Subcategory Identification Markings Status _____	
Referral Subcategory Identification Markings Action _____	
Referral Subcategory Identification Markings Response _____	
Referral Subcategory Identification Markings Feedback _____	
Referral Subcategory Identification Markings Review _____	
Referral Subcategory Identification Markings Approval _____	
Referral Subcategory Identification Markings Denial _____	
Referral Subcategory Identification Markings Cancellation _____	
Referral Subcategory Identification Markings Rejection _____	
Referral Subcategory Identification Markings Withdrawal _____	
Referral Subcategory Identification Markings Termination _____	
Referral Subcategory Identification Markings Completion _____	
Referral Subcategory Identification Markings Closure _____	
Referral Subcategory Identification Markings Archiving _____	
Referral Subcategory Identification Markings Retention _____	
Referral Subcategory Identification Markings Disposal _____	
Referral Subcategory Identification Markings Destruction _____	
Referral Subcategory Identification Markings Restoration _____	
Referral Subcategory Identification Markings Recovery _____	
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Referral Subcategory Identification Markings Compatibility _____	
Referral Subcategory Identification Markings Conformance _____	
Referral Subcategory Identification Markings Compliance _____	
Referral Subcategory Identification Markings Certification _____	
Referral Subcategory Identification Markings Accreditation _____	
Referral Subcategory Identification Markings Authorization _____	
Referral Subcategory Identification Markings Authentication _____	
Referral Subcategory Identification Markings Identification _____	

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 <i>(In case there is a change in the 2009 request, please justify in the narrative above)</i>			
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		
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 ~