



Partnering with The Vaccine Fund

June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by ICC

COUNTRY:	SOMALIA
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Date of submission:May 2004

Reporting period: January 1- December 31, 2003

(Tick only one) :

Inception report	☐
First annual progress report	☒
Second annual progress report	☐
Third annual progress report	☐
Fourth annual progress report	☐
Fifth annual progress report	☐

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 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
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 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/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

3. Request for new and under-used vaccine for year... (indicate forthcoming year)

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

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

5. Checklist

6. Comments

7. Signatures

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

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.

Although both components of the Somalia proposal (support for immunization services and support for injection safety) were approved by the GAVI board in June 2002 and February 2003 respectively, no funds were disbursed during 2003.

The Somalia Inter-Agency Coordinating Committee (ICC), represented by the Health Sector Committee of the Somalia Aid Coordination Body (SACB) stands ready to coordinate relevant partners for proper implementation of activities, once funds will be released to the agencies appointed by the ICC. The ICC has recently approved the use of the UNICEF component of the GAVI funds for the purchase of supplies (both for immunization services –namely vaccines - and injection safety -namely AD Syringes and safety boxes-). With regard to the WHO component of the GAVI funds, discussions are being held between the Eastern Mediterranean Regional Office (EMRO) and WHO HQ to remove the programme support costs.

The delay in the receipt of GAVI funds has slowed the implementation of some EPI activities. As GAVI funds were supposed to cover the high operational costs for monitoring and supervision, this activity was limited in 2003 and during the first half of 2004. Similarly, the number of capacity building activities planned for 20003-2004 has been partially reduced by the delay in contribution from GAVI.

The ICC has been actively involved with other global funding entities such as the Global Fund against AIDS, Tuberculosis and Malaria..

1.1.2 Use of Immunization Services Support

→ In the past year, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year _____0_____

Remaining funds (carry over) from the previous year _____0_____

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	n.a.				
Injection supplies	n.a.				
Personnel	n.a.				
Transportation	n.a.				
Maintenance and overheads	n.a.				
Training	n.a.				
IEC / social mobilization	n.a.				
Outreach	n.a.				
Supervision	n.a.				
Monitoring and evaluation	n.a.				
Epidemiological surveillance	n.a.				
Vehicles	n.a.				
Cold chain equipment	n.a.				
Other (specify)	n.a.				
Total:	n.a.				
Remaining funds for next year:	n.a.				

**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 of funds was discussed.

→ *Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.*

n.a.

1.1.3 Immunization Data Quality Audit (DQA) *(If it has been implemented in your country)*

→ Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES ☐

NO ☐

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

Data quality audit is planned during 2004. However, the ICC would strongly recommend the postponement of the exercise to 2005 for the following reasons:

- Extreme insecurity
- Limited number of districts accessible for DQA
- A proper data analysis system has been introduced only in 2003: the country would improve the system during 2004 and therefore a DQA in 2005 would be more beneficial
- GAVI Funds have not been received as of May 2004

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

→ Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).

n.a

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

→ Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

n.a

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.

Funds will complement the resources that are currently being invested by relevant partners (UNICEF, WHO and INGOs) for the EPI programme. Funds will be used to strengthen EPI services in accordance with the multi year plan of action 2002-2004. A new plan (2005-2007) will be discussed and prepared during the second half of 2004.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

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

n.a.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

Injection safety support was not provided by GAVI. All injection safety equipment was purchased mainly by UNICEF through other funding sources. Training on injection safety practices and supervision of implementation at country level, however, were limited by lack of funds.

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

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
<i>n.a</i>	<i>n.a</i>	<i>n.a</i>	<i>n.a</i>	<i>n.a</i>

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

n.a.

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability <u>Submit</u> completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

As Somalia remains a country without central government, EPI activities are financially supported by UN agencies (UNICEF, WHO), international and national non governmental organizations in collaboration with local health authorities.

As there is no recognized government and as there are no Ministries of Health or Finance representing the entire Somali population, a financial sustainability plan cannot be developed at this point in time.

A proper financial sustainability plan will require the presence of a recognized government in Somalia: peace talks are ongoing and the ICC will report any positive outcome to the GAVI board in due course.

It is however understood that partners already involved in supporting the EPI program will continue to provide immunization services to the populations in need, according to availability of resources.

3. Request for new and under-used vaccines for year 2004

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

3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported 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 (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births		311,229	320,565	330,182	340088	350290	360799	371623
Infants' deaths		40,460	38,468	37,971	37410	36780	36080	35305
Surviving infants		270,769	282,098	292,211	302678	313510	324719	336319
Infants vaccinated with DTP3 *		82,279	70,588	79,859	100,000	120,000	140,000	160,000
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form								
NEW VACCINES								
Infants vaccinated with ____ * (use one row per new vaccine)								
Wastage rate of ** (new vaccine)								

INJECTION SAFETY								
Pregnant women vaccinated with TT		105,423	137,811	146,025	166,000	186,000	206,000	226,000
Infants vaccinated with BCG		109,885	130,666	150,132	180,000	210,000	240,000	270,000
Infants vaccinated with Measles		93,731	85,851	89,064	100,000	120,000	140,000	160,000

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

→ 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.

Data included in the table for 2001, 2002 and 2003 were taken from the WHO/UNICEF joint reports. However, it should be noted that due to the limitations of the health information system in Somalia, the accuracy of the data (especially for 2001 and 2002) is limited. During 2003 the quality of data collection and analysis has sharply improved both at regional and national level. It is foreseen that data collected in the future will reflect the efforts made to improve accuracy, timeliness and completion of reporting both at facility level and at higher levels.

Denominators have not been changed from the original proposal. However, the accuracy of the data on births, infants' deaths and surviving infants is limited and cannot be improved in the absence of recognized government and official census data.

Targets for 2004 and following years have been modified so to make them more realistic. Specifically, based on the 2002 and 2003 results, the target for DPT3 and measles** have been reduced from the original proposal. In the case of TT however, it should be noted that results in 2002 and 2003 were higher than the targets included in the original proposal. The revised targets take into consideration the limitations faced by the EPI program in the context of Somalia where insecurity, fighting and displacement have continued and increased during the first quarter of 2004.

** A high percentage of children in Somalia receives DPT3 and measles during the 2nd year of life, as a policy of vaccination of children below 5 years of age is in place all over Somalia. The vaccinations during the 2nd year of life are not reported in the WHO/UNICEF Joint report. Starting in 2004, partners have been focusing on children under 1 year of age and have developed tools to improve adherence to the vaccination calendar.

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3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year 2004** (indicate forthcoming year)

→ Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

As per Vaccine forecast submitted by UNICEF Somalia to UNICEF Supply Division in late 2003, the requirements for the year 2004 are:

BCG-20: 525,000 doses
 DTP-10: 815,571 doses
 TT-10: 301,000 doses
 Measles-10: 273,000 doses
 OPV-20: 681,571 doses (routine)
 OPV-20 : 5,288,889 (SIAs)

BCG syringes : 201,500
 A-D syringes : 1,035,000
 Safety boxes: 12,217

THE FOLLOWING ESTIMATES WERE CALCULATED IN LINE WITH VACCINES STOCK AS OF MAY 2004

Table 3: Estimated number of doses of BCG vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		* 180,000

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

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	180,000
E	Estimated wastage factor	(see list in table 3)	2.00
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	360,000
G	Vaccines buffer stock	$F \times 0.25$	90,000
H	Anticipated vaccines in stock at start of year		70,000
I	Total vaccine doses requested	$F + G - H$	380,000
J	Number of doses per vial		20
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	220,000
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	19,000
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2,629

**Please report the same figure as in table 1.*

Estimated number of doses of DTP vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		* 100,000

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

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	300,000
E	Estimated wastage factor	(see list in table 3)	1.67
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	501,000
G	Vaccines buffer stock	$F \times 0.25$	125250
H	Anticipated vaccines in stock at start of year		120,000
I	Total vaccine doses requested	$F + G - H$	506,250
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	335,775
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	55,688
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	4,306

Estimated number of doses of TT vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		* 166,000

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

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		2
D	Number of doses	$A \times B/100 \times C$	332,000
E	Estimated wastage factor	(see list in table 3)	1.43
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	474,760
G	Vaccines buffer stock	$F \times 0.25$	118,690
H	Anticipated vaccines in stock at start of year		100,000
I	Total vaccine doses requested	$F + G - H$	493,450
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	385,759
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	54,280
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	4,885

Estimated number of doses of Measles vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		* 100,000

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

B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	100,000
E	Estimated wastage factor	(see list in table 3)	1.67
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	167,000
G	Vaccines buffer stock	$F \times 0.25$	41,750
H	Anticipated vaccines in stock at start of year		30,000
I	Total vaccine doses requested	$F + G - H$	178,750
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	122,925
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	19663
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1,569

Table 3 : 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 (indicate forthcoming year)

Table 4: 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 4 to 8)

		Formula	For year	For year
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A	Target of children for vaccination (for TT : target of pregnant women)¹	#		
B	Number of doses per child (for TT woman)	#		
C	Number of doses	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 ⁴	Either 2 or 1.6		
I	Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11 / G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100		

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2004	For the year 2005 (approximate figures)	Justification of changes from originally approved supply:
Total AD syringes	for BCG	220,000	264,000	Changes from the originally approved proposal are due to lowered targets.
	for other vaccines	844,459	1,012,000	
Total of reconstitution syringes		148,631	178,357	
Total of safety boxes		13,389	16,067	

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

The changes from the originally approved proposal are due to the reduced targets set for the year 2004 and 2005.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will 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. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Indicators	Targets	Achievements	Constraints	Updated targets
DPT1-DPT3 drop out rate	35% by the year 2003	46% in 2003	Target not achieved due to several factors including conflict, displacement, lack of supervision at facility level, etc.	35-40% during 2004

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

6. Comments

→ *ICC comments:*

EPI activities in Somalia have been severely affected by more than 13 years of war that have destroyed health infrastructures, limited access to facilities and reduced the number and quality of health staff present in the country. Coverage levels remain very low although substantial gains have been made in recent years through the introduction of pulse vaccinations in selected towns as part of routine activities.

The application to GAVI in 2002 was submitted with the hope that external resources would contribute to raise coverage levels and to save lives of Somali children endangered by preventable diseases. Two years after, the ICC reconfirms its interest in receiving financial support and technical guidance from GAVI. The ICC stands ready to respond to any query that may expedite the process.

7. Signatures

For the ICC SOMALIA

Signature: ANDREA BERLOFFA

Title: CHAIR OF SACB HEALTH SECTOR COMMITTEE

Date: May, 2004

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund 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 have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature

~ End ~