



Annual Progress Report 2007

Submitted by

The Government of

Somalia

Date of submission ____Apr 10, 2008_____

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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

Ministry of Health:**Ministry of Finance:**

Title:

Title:

Signature:

Signature:

Date:

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.

[illegible]

Signatures Page for HSS

For the Government of

Ministry of Health:

Title:

Signature:

Date:

Ministry of Finance:

Title:

Signature:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

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

1. Report on progress made during 2007

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget):

No funds were received in 2007.

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?

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.

No fund received in 2007.

Past funds had been managed by Unicef and WHO; and no problems had been encountered.

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: **None** _____

Remaining funds (carry over) from 2006: **220,000** _____

Balance to be carried over to 2008: **None** _____

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 ¹	Zone	Region/District	
Vaccines					
Injection supplies					
Personnel	16000		16000		
Transportation					
Maintenance and overheads					
Training	24313			24313	
IEC / social mobilization					
Outreach	82600			82600	
Supervision	14727		14727		
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	104,130				
Other (specify)					
Total:	258093*				
Remaining funds for next year:					

****If no information is available because of block grants, please indicate under 'other'.***

¹ In this reporting period the "centre" in Somalia has been so weak that there has not been any fund utilized at central level. In Somalia there are 4 zones, 19 regions and 113 districts. The zones are geo-political entities that have evolved after collapse of the government. Regions and districts are administrative entities that have existed both before and after the collapse of the government.

* The balance of 38093 for the purchase of cold chain was covered from the support of VPI/EMRO.

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.

- Establishment of EPI Units within the ministries of Puntland and Somaliland. WHO is supporting the units technically, materially with office furniture/computer and financially with incentives to 3 ministry staff in each zone.
- Coordination meeting was started and held in Puntland and Somaliland under the leadership of respective EPI units.
- EPI units have made supervisions to MCHs in their respective zones
- EPI units with the support of WHO Somalia have made assessments of immunization status in their zones and prepared annual plan of action, the first of its kind for the ministries.
- EPI acceleration activities have been re-started in many regions of all zones; and outreach activities in many districts with the financial and technical support of Unicef and WHO. Acceleration activities have been instrumental in improving vaccination coverage in many regions.
- Immunization service delivery assessment was done, gaps identified and measures taken to improve service delivery
- Cold chain inventory; and replacement plan was made. Accordingly WHO Somalia with the support of EMRO has purchased 30 refrigerators, 30 freezers, 1000 vaccine carriers, 500 freeze watch indicators, 200 thermometers, and 10,000 ice packs.
- Vaccine management assessment was conducted by WHO Somalia with the support of EMRO and gaps identified in Somaliland and Puntland. Based on the findings, an intensive training was conducted to WHO/Unicef and ministry staff, by the consultant who made the assessment.
- 'Vaccine supply interruption' is being monitored on weekly basis through AFP surveillance. District/regional Polio Program staff who are visiting MCHs weekly, are now reporting 'vaccine supply interruption' and 'cold chain status' on weekly basis. This weekly report is discussed and acted upon locally by responsible partners; and has been extremely useful in prompting timely corrective actions and motivating partners in being a weekly platform for interaction.
- Conduct of workshop for religious leaders in Somaliland and Puntland organized by Unicef and technically supported by WHO

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for _____

The DQA has been postponed indefinitely for the same reasons prevailing in previous years (insecurity, poor access, lack of central health institutions, absence of functioning district health system etc)

*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).

Not Applicable

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?*

12 times

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)

Please report on any problems encountered.

No fund received in 2007

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.

Not Applicable

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

These funds were received on: _____

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

Not Applicable

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in **2007**

An assessment of cold chain and vaccine supply management was done in Sep 2007 by a consultant with the support of EMRO. The assessment was done in Somaliland (zonal & regional cold chains and health facilities), Puntland (zonal cold chain and health facilities) and the central cold chain in Nairobi. The following were the major findings:

Positive Findings:

Central level:

- At central level, the Vaccine Arrival Report (VAR) form currently used by Unicef does include all key procedures from Unicef VAR Parts.
- All refrigeration equipment has temperature readings.
- The capacity is enough to accommodate stock levels during peak time at all level.
- There is adequate ice pack freezing capacity.
- At central level there was no vaccine damage due to cold chain equipment and transport vehicle breakdown.

Zonal level:

- The storage capacity was adequate at all level.
- The largest part of cold chain equipment is operational and maintain the correct temperature. The standard of equipment is satisfactory at all level.

Major gaps:

- No record of vaccines discarded due to various reasons.
- Standard recording and reporting of all stock transactions was not to the standard.
- No satisfactory contingency plan including emergency contact details
- Existing accommodation was not adequate for dry goods storage (diluent, droppers, vaccine carriers, cold boxes, etc)
- Recording and reporting of all stock transactions was not to the standard
- Vaccines and diluents are not separately recorded by type, vial size, batch number, expiry date, etc making the stock management difficult.
- There was no transparent min, max and reorder level indication ,
- No written planned delivery schedule
- No vaccine wastage monitoring system

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.

- Training was conducted, by the same consultant, on gaps identified to all cold chain staff of Unicef, WHO and the ministries of health of Somaliland and Puntland..
- Replacement of old cold chain was planned by ministries, WHO and Unicef, and accordingly more than 60 refrigerators/freezers will be replaced in 2008.

The next EVSM/VMA* will be conducted in: _____

**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: **NO Support received**

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

Please report on any problems encountered.

Not Applicable

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.

Unicef is providing AD syringes and safety boxes for all MCHs in Somalia.

Please report how sharps waste is being disposed of.

Sharp wastes disposal is by burning filled safety boxes in drums in health facilities. A simple disposal system was developed during the measles catch-up campaign with technical assistance from WHO

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

Proper disposal of sharp wastes requires close supervision. The context of insecurity especially in the Central & South due to the conflict has been a major constraint for all activities including monitoring and supervision. Hence it has been difficult to verify compliance with injection safety regulations in place.

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 fund received in 2007

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				
Injection supplies				
Cold Chain equipment				
Operational costs				
Other (please specify)				
Financing by Source				
Government (incl. WB loans)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
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...

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)	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 1st GAVI awarded vaccine.

For 2 nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	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.

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			
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 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?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	
National health sector plan	
National health budget	
Medium-term expenditure framework	
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.
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.

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		318,384	327936	337772						
Infants' deaths		27387	28203	29049						
Surviving infants		290,997	299733	308723						
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)*		168,762								
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of DTP (DTP3)*		112171								
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 st dose of DTP (DTP1)* (new vaccine)										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 rd dose of..... (new vaccine)										
Wastage rate till 2007 and plan for 2008 beyond*** (new vaccine)										
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT										
Infants vaccinated / to be vaccinated with BCG										
Infants vaccinated / to be vaccinated with Measles (1 st dose)										

* 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.

[illegible]

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

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

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 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 Value²	Source³	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.

² If baseline data is not available indicate whether baseline data collection is planned and when

³ 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:

Over the last 17 years Somalia has been in chaos at different pace in different areas, thus making it impossible for a single description to fit all regions and zones. Broadly speaking there are zones of stability and un-stability. In Somaliland and Puntland zones there are forms of regional government and relative stability. As a result of the prevailing security basic social services are provided to the community by the regional administration with the support of humanitarian agencies. In these areas local NGOs and professional society are also functioning and the private sector is booming. The local governments and communities in these zones have demonstrated that they can build their community with minimal international humanitarian assistance. The Central and South zones remain unstable.

Somaliland: In 1991, the North West region declared itself the independent state of Somaliland: a state which is not recognized by the international community. Nevertheless, Somaliland enjoys relative peace and security under a functioning public administration and is *de facto* administered from the capital, Hargeisa. It has its own currency called *Somaliland Shilling*, (1USD ~ 6000 shilling). It has also its own immigration procedures and visa requirement, where visa is issued upon arrival.

Puntland: In 1998, the North-East declared itself the autonomous region of Puntland. Though it has not sought separate statehood, there has been *de facto* independence since that year and Puntland has managed to establish a public administration and some degree of rule of law. It has however, declared its intention to participate in any Somali reconciliation and reconstruction process. Puntland is using the old currency of *Somali shilling* like the rest of Somalia (1USD ~ 30000 shilling). It has its own visa requirement. Visa is issued on entry.

Central & South Zones: The Central and Southern zones of Somalia are characterized by inter-clan conflict and of late with insurgency against the TFG and its ally, Ethiopian soldiers. These zones remains locked in intermittent conflict and violence. Nevertheless, even in that region local authorities exist. Three years after the establishment of TFG, some parts of Central and South zones including Mogadishu remains unstable. These zones are using the old currency of *Somali shilling*. (1USD ~ 30000 shilling). The TFG issues visa from Nairobi.

The recently formed Transitional Federal Government of Somalia is still in the process of establishing itself and too weak to deliver social services. As a result immunization services are being delivered by humanitarian agencies to the Somali population where there is relative peace and stability. WHO and Unicef have been instrumental in strengthening health service and making immunization service available to children.

The international community has adopted a United Nations Transitional Plan (UNTP) for Somalia based on Joint Needs Assessment (JNA); and financial sustainability of EPI in Somalia can only be possible following the implementation of the UNTP by the international community and the Transitional Federal Government and existing Administrations in Somalia. As a result we request all partners to continue support immunization programs in Somalia.

Given the dynamic complex situation of the country we are requesting the GAVI alliance to give special attention to somalia, and we officially request to get waiver on the requirement of cMYP for being eligible for immunization support assistance. We also request waiver on the condition of meeting 50% DPT3 coverage to be eligible for new vaccine introduction, and officially request to be eligible for HepB vaccine introduction in regions of stability where immunization services are well established.

~ End ~