

# Annual Status Report 2006

Presented by

The Government of

to



Submission date: \_\_\_\_\_

Annual status report (this report gives an account of the activities performed in 2006 and specifies requests for 2008)

*\*Unless specified otherwise, the documents may be disclosed to the partners of GAVI, its associates and the public.*





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*The text zones in this report are approximate only. Naturally you may add text in addition to the space provided.*

## **1. Report of progress made in 2006**

### **1.1 Support for vaccination services (SSV)**

Do the funds received for SSV correspond to the budget (do they appear in the budget of the Ministry of Health and Ministry of Finance): Yes/No

If so, explain in detail in the box below how they appear in the budget of the Ministry of Health. If not, are they due to correspond to the budget in the near future?

Since 2003, we have received no funds for SSV

#### **1.1.1 Management of SSV funds**

*Explain the mechanism for managing SSV funds, including the role played by the Inter-Agency Coordination Committee (CCIA).*

*Report any problems found in use of these funds, such as for example late provision of the funds for implementation of the programme.*

- *GAVI funds are used only after authorisation by the CCIA, whose role is to approve the planned use of the funds;*
- *GAVI funds cannot be drawn without the signature of a representative of OMS or UNICEF and a representative of the Ministry of Health*
- *No problem has been found in use of these funds*

### 1.1.2 Use of support for vaccination services

In 2006, the following main sectors of activity were financed by resources from the **Support for vaccination services** of GAVI Alliance.

Funds received during the year 2006 \_\_\_ USD 0.00  
 Balance (carried forward) from 2005 \_\_\_\_\_ USD 2,685.53  
 Balance to carry forward to 2007 \_\_\_\_\_ USD 762.86

**Table 2: Use of funds in 2006\***

Sector of Support for vaccination services	Total amount in USD	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Others
		Central	Region/State/Province	District	
Vaccines					
Injection equipment					
Personnel					
Transport					
Maintenance and general costs	240.88			240.88	
Training					
IEC / social mobilisation					
Campaigns targeted at groups difficult to reach					
Supervision					
Monitoring and assessment					
Epidemiological monitoring					
Vehicles	1681.79	1302.40		379.40	
Cold chain equipment					
Other ..... (please specify)					
<b>Total:</b>	1922.67	1302.40		620.28	
<b>Balance of funds for following year:</b>	<b>762.86</b>				

*\*If no information is available because global grants have been paid, please enter the amounts in the boxes for support sector "Other".*

**Please attach the minutes of the CCIA meeting(s) at which allocation and use of the funds were discussed.**

Please report the main activities carried out to reinforce vaccination, and the problems which arose concerning your multi-year plan.

- Social mobilisation campaigns
- Logistical support in the field of transport for supervisory activities in the districts and for vaccinators for the advanced strategy

**1.1.3 Quality control of data relating to vaccination (CQD)**

Next CQD\* scheduled for \_\_\_\_\_

*\*If no CQD has given a positive result, when will a CQD be performed?*

*\*If the last CQD gave a positive result, the next CQD takes place 5 years after the positive CQD.*

*\*If no CQD has been carried out, when will the first CQD be performed?*

What are the main recommendations of the CQD ?

NB: STP has not been involved in CQD and no CQD is scheduled

The members of the CCIA recommended proposing to GAVI that quality control be carried out on data relating to vaccination, and if GAVI is unable to find other partners for this

Has an action plan been prepared for improving the system of producing reports on the basis of CQD recommendations?

YES

NO

Not applicable

If so, please specify the degree of progress of its implementation, and attach the plan.

See comment in the box above

**Please attach the minutes of the CCIA meeting during which the CQD action plan was discussed and adopted by the CCIA. Not applicable**

Please give a summary of the studies performed in 2006 concerning the topic of PEV (for example, cover studies) Not applicable.

See comment in the box above

#### 1.1.4. CCIA meetings

How many meetings did the CCIA hold in 2006? Please attach the minutes.  
Are any Civil Organisations members of the CCIA and if so, which?

CCIA once  
Rotary Club STP  
Red Cross

#### 1.2. GAVI Alliance support for new vaccines and under-used vaccines (SNV)

##### 1.2.1. Receipt of new vaccines and under-used vaccines in 2006

When was the new vaccine or under-used vaccine introduced? Please specify any modification of doses per bottle and vaccine form (e.g. from DTC + HepB mono to DTC-HepB) and dates of receipt of vaccines received in 2006.

Vaccine	Bottle size	Doses	Date of introduction	Date of receipt (2006)
Hepatitis B	10	17.200	September 2003	02/09/2006
Yellow Fever	5	7.600	September 2003	04/02/2006

Please report any problems found.

Shortage of stock of Hepatitis B antigen in February 2006 for 7 months because the doses of the vaccines supplied were insufficient, and the country was forced to request support from other partners to meet the shortage

##### 1.2.2. Main activities

Please give an assessment of the main activities performed or to be performed for introduction, progressive use, reinforcement of services etc., and describe any problems found.

Health training session with messages on vaccination in post offices and health centres, and in communities, by advance teams.  
Supervision of performance of services, including cold chain, at all levels

##### 1.2.3. Use of financial support from GAVI financing entity (100,000 USD) for introduction of the new vaccine

These funds were received on: \_\_27/05/03



*Please account for the portion of the 100,000 USD used, the activities performed, and the problems found such as late provision of funds for implementation of the programme.*

The GAVI fund for introduction of new vaccines (100,000 USD) was made available in 2003, only **USD 16,619.68** has been used for introduction of vaccines against Hepatitis B and Yellow Fever. Since then, **USD 83,380.32** has remained in the bank. The members of the CCIAC have submitted a proposal for use of this funds taking into account the urgent needs of the programme. Information on use of the funds was supplied in the previous report.

#### **1.2.4. Assessment of vaccine management/effective management of vaccine storage**

The last Assessment of vaccine management (EGV) / effective management of vaccine storage (GEEV)/ was performed on **1998**.

*Please summarise the main recommendations of EGV/GEEV.*

The next assessment is scheduled for October 2007

Has an action plan been prepared following the EGV/GEEV: Yes/ (No) Not applicable

*Please summarise the main activities in the GEEV plan and the activities designed to implement the recommendations.*

Not applicable

The next EGV /GEEV\* will be performed on: October 2007

*\*All countries are obliged to perform an EGV/GEEV during the second year of GAVI support for new vaccines in Phase 2.*

### 1.3 Injection safety (SSI)

#### **1.3.1 Receipt of support for injection safety**

Received as funds/in kind

*Please report the receipt of support from GAVI Alliance in 2006 for injection safety (add lines if necessary).*

Equipment for injection safety	Quantity	Date of receipt
Self-blocking syringes	0	
Reconstitution syringes	0	
Safe box	0	

*Please report any problems found.*

*No support for injection safety was received in 2006. 2005 was the last for SSI for São Tomé and Príncipe*

**1.3.2. Situation of plan for transition to safe injections and risk-free management of sharp waste.**

*If support has ended, please specify how the injection safety equipment is financed.*

Injection safety equipment has been supported by UNICEF

*Please report the method of disposal of sharp waste.*

All sharp waste is placed in boxes (safe box) and then burned.

*Please report the problems found during implementation of the plan for transition to safe injections and risk-free management of sharp waste.*

The problem is the lack of incinerators, which requires us to burn sharp waste.

The members of the CCIA have recommended using the funds for introduction of new vaccines, for the acquisition of incinerators.

**1.3.3. Declaration on use of support from GAVI Alliance in 2006 for injection safety (if received in the form of funds)**

*The following main sectors of activity were financed (specify amount) during the past year, thanks to support from GAVI Alliance for injection safety:*

*No funds were received .*

## **2. Co-financing of vaccines, financing of vaccination and financial viability**

**Important Note:** As part of GAVI Alliance Phase 2, all countries are expected to co-finance the introduction of new vaccines from the start of Phase 2 (except for introduction of the second vaccine dose against measles in routine vaccination). The Annual Status Report has been modified in an attempt to observe what has happened in the countries after implementation of the new GAVI Alliance policies relating to co-financing of vaccines. We are asking the countries to complete three new information tables and answer questions on what has happened in your country.

The aim of Table 2 is to understand the development of global expenditure on vaccination and the financial context.

Table 3 has been designed to assist GAVI Alliance assess the co-financing of vaccines allocated by GAVI according to the scale of the country, with regard to both doses and financial amounts. If GAVI Alliance has allocated more than one new vaccine to your country in Phase 2, please complete a separate table for each new vaccine co-financed.

The aim of the questions relating to Table 4 is to understand how the co-financing needs, according to the scale of the country, are integrated in national planning and budget setting mechanisms. A large part of the information required can be taken from the global multiyear plan, your country's proposal to GAVI and the confirmation letter from the Alliance. Please take into account all years up to the end of your PPAg. The co-financing levels can be calculated using the Excel sheet provided for calculating vaccine demand.

<b>Table 2: Total of vaccination expenditure and development of vaccination financing</b>					
<b>Total vaccination expenditure and development of vaccination financing</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
<i>Vaccination expenditure</i>					
Vaccines					
Injection equipment					
Personnel					
Other operational expenses					
Cold chain equipment					
Vehicles					
Other					
<b>Total vaccination expenditure</b>					
<b>Total government health expenditure</b>					
<i>Vaccination financing</i>					
Government					
GAVI					
UNICEF					
OMS					
World Bank					

Other (please specify)					
Other (please specify)					
<b>Total financing</b>					

<b>Table 3a: Co-financing of vaccines by your country</b>					
For the first vaccine allocated by GAVI, specify which this is (e.g. Hepatitis B)					
<b>Actual co-financing provided by your country</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
<i>Total quantity of doses co-financed by your country</i>					
Total amount of co-financing by your country					
<i>Of which, proportion from</i>					
Government					
Basket/Common financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total co-financing</i>					

<b>Table 3b: Co-financing of vaccines by your country</b>					
For the second vaccine allocated by GAVI, specify which this is (e.g. Yellow Fever)					
<b>Actual co-financing provided by your country</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
<i>Total quantity of doses co-financed by your country</i>					
Total amount of co-financing by your country					
<i>Of which, proportion from</i>					
Government					
Basket/Common financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total co-financing</i>					

<b>Table 3c: Co-financing of vaccines by your country</b>					
For the third vaccine allocated by GAVI, specify which this is (e.g. DTC-HepB)					
<b>Actual co-financing provided by your country</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
<i>Total quantity of doses co-financed by your country</i>					
Total amount of co-financing by your country					
<i>Of which, proportion from</i>					
Government					
Basket/Common financing/SWAp					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total co-financing</i>					

<b>Table 4: Questions relating to the implementation of co-financing of vaccines - Not applicable</b>			
<b>Q. 1: Have there been any discrepancies between the proposed payment schedules and the actual schedules in the year of the report ?</b>			
<b>Schedule of co-financed payments</b>	<b>Proposed payment schedule</b>	<b>Dates of actual payments in the year of the report</b>	<b>Delay in payment of co-financed payments</b>
	(month/year)	(day/month)	(days)
1st vaccine allocated (specify)			
2nd vaccine allocated (specify)			
3rd vaccine allocated (specify)			

<b>Q. 2: Which vaccine purchase mechanisms are currently used in your country?</b>			
	Tick if yes	List corresponding vaccines	Source of funds
Government purchases - AOI			
Government purchases - Other			
UNICEF	x	BCG, DTC, VAT and measles	
Renewable funds of OPS			
Donations			
Other (specify)	x	Hepatitis B and Yellow Fever	GAVI

<b>Q. 3: Are the co-financing needs included in the following national planning and budget setting systems?</b>		
	Tick if yes	List corresponding vaccines
Budget item for vaccine purchase		
National health sector plan		
National health budget		
Medium-term expenditure		
SWAp		
Analysis of PPAg costs and financing		
Annual vaccination programme		
Other		

<b>Q. 4: What factors have slowed down and/or hindered the mobilisation of resources for co-financing of vaccines ?</b>	
1. Not applicable	
2.	
3.	
4.	
5.	

<b>Q. 5: Do you expect to meet difficulties in co-financing vaccines for the future? Which?</b>	
1. Delay in approval of National Health Budget	
2. Difficulty in releasing funds	
3. Poor availability of donors	
4.	
5.	

### **3. Request for new and under-used vaccines for 2008**

*Part 3 concerns the demand for new and under-used vaccines, and injection safety for 2008.*

#### **3.1. Updated vaccination targets**

*Confirm/update the basic data approved in your country's application. Data with figures must correspond to those given in the joint OMS/UNICEF report forms. Any change and/or difference **MUST** be justified in the box provided for this (3.2). Targets for the coming years **MUST** be specified.*

*Please provide justification for the changes in reference bases, targets, loss rates, vaccine forms etc. in relation to the plan previously approved, and differences in figures provided in relation to those provided in the joint OMS/UNICEF report form, in the box below.*



**Table 7: Update of achievements in vaccination and annual targets. Please provide the figures given in the joint OMS/UNICEF 2006 report and the forecasts for 2007 and beyond.**

Number of	Achievements and targets								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>DENOMINATORS</b>									
Births	5236	5279	5364	5089	5097	5098	5090	5111	5193
Neonatal deaths	232	223	215	225	237	252	267	282	297
Surviving newborns	4823	5056	5149	4864	4860	4846	4823	4829	4896
Children vaccinated in 2006 (FRC) / to be vaccinated in 2007 and beyond with the <b>1st dose</b> of DTC (DTC1)*	5158	5551	5149	4987	4995	4996	4988	5009	5028
Children vaccinated in 2006 (FRC) / to be vaccinated in 2007 and beyond with the <b>3rd dose</b> of DTC (DTC3)*	4993	5165	5046	4885	4893	4894	4886	4906	4925
<b>NEW VACCINES**</b>									
Children vaccinated in 2006 (FRC) / to be vaccinated in 2007 and beyond with the <b>1st dose of anti-amarillic vaccine</b> ..... (new vaccine)	3521	4462	4891	4834	4842	4843	4835	4855	4874
Children vaccinated in 2006 (FRC) / to be vaccinated in 2007 and beyond with the <b>3rd dose</b> of Hepatitis B..... (new vaccine)	4928	3770	4854	5046	4885	4893	4894	4886	4925
Loss rate in 2006 and expected rate in 2007 and beyond*** for ..... (new vaccine)									
<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated / to be vaccinated with VAT	5163	5306	5781	6305	6478	6649	6820	6991	7162
Newborns vaccinated / to be vaccinated with BCG	5151	5344	5097	5038	5046	5047	5039	5060	5080
Newborns vaccinated / to be vaccinated against measles	4557	4468	4891	4834	4842	4843	4835	4855	4874

\* Give the precise number of children vaccinated during previous years and updated targets (with DTC alone or combined)

\*\* Use three lines (as stated in the chapter **NEW VACCINES**) for each new vaccine introduced

\*\*\*Indicate the loss rates actually found during previous years

\*\*\*\* Insert lines as required

### 3.2 Confirmed/revised request for new vaccines (to be given to the Supply Division of UNICEF) for 2008

In the case of a change in vaccine form or increase in your request, please specify below whether the Supply Division of UNICEF has guaranteed availability of the new quantity/form of supplies.

Not applicable
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Please supply the Excel calculation sheet for vaccine demand, duly completed, and summarise this in Table 6 below. For the calculation, please use the same targets as in table 5.

**Table 6. Estimated quantity of doses of vaccine ..... (Please produce an additional table for each additional vaccine and number these 6a, 6b, 6c etc.)**

Vaccine:	2008	2009	2010
<b>Total number of doses required</b>	Not applicable	Not applicable	Not applicable
<b>Doses to be provided by GAVI</b>			
<b>Doses to be purchased by the country</b>			
<b>Co-payment in USD/dose</b>			
<b>Total co-payment</b>			

\* Depending on the co-financing policy of GAVI, the grouping of the countries and the order of introduction of vaccines

#### Notes

- **Progressive introduction:** Please adapt the target number children who will receive the new vaccines if progressive introduction is proposed. If the target number for HepB3 and Hib3 differs from that of DTC3, please give reasons for this difference.
- **Vaccine losses:** Countries are expected to allow for a maximum loss of 50% for a lyophilised vaccine in bottles of 10 or 20 doses, 25% for a liquid vaccine in bottles of 10 or 20 doses and 10% for all vaccines (liquids or lyophilised) in bottles of 1 or 2 doses.
- **Buffer stock:** The buffer stock is recalculated each year as equal to 25% of current vaccine needs.
- **Vaccines in stock at start of 2008:** This number is calculated from the current balance of vaccines in stock, including the balance of buffer stock. Enter zero if all vaccines provided during the year concerned (including buffer stock) will probably be used before the start of the following year. Countries with little or no vaccine in stock are asked to prove the use of the vaccines.
- **Self-blocking syringes:** A loss factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding vaccine losses.
- **Reconstitution syringes:** These are only for lyophilised vaccines. Enter zero for other vaccines.
- **Safe boxes:** A multiplication factor of 1.11 is applied to safe boxes to take account of zones where a box is used for less than 100 syringes.

**Table 7: Loss rates and factors**

Vaccine loss rates	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent loss 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 support for injection safety for 2008

**Table 8: Estimated supplies for vaccination safety for the next two years with .....** (Use one table per vaccine: BCG, DTC, measles and VAT, and number them 8a, 8b, 8c etc.) Please use the same targets as table 5.

		Formula	For 2008	For 2009
<b>A</b>	Target number of children for vaccination .....(for DTC: target number of pregnant women) (1)	#	5863	5931
<b>B</b>	Number of doses per child (for VAT: target number of pregnant women) (1)	#	3	3
<b>C</b>	Number of doses of ...	A x B	17589	17793
<b>D</b>	Self-blocking syringes (+10% loss)	C x 1.11	19524	19750
<b>E</b>	Buffer stock of self-blocking syringes (2)	C x 0.25	4881	4937
<b>F</b>	Total self-blocking syringes	D + E	24405	24687
<b>G</b>	Number of doses per bottle	#	10	10
<b>H</b>	Vaccine loss factor (3)	2 or 1.6	1,6	1,6
<b>I</b>	Number of reconstitution syringes (+10% loss) (4)	C x H x 1.11/G	-	-
<b>J</b>	Number of safe boxes (+10% extra)	(F + I) x 1.11/100	271	274

- 1 Allow 2 doses maximum for pregnant women (estimate provided by total number of births)
- 2 The buffer stock of vaccines and self-blocking syringes is set at 25%. This stock is added to the first stock of doses necessary to introduce the vaccine in any geographical zone. Enter zero for other years.
- 3 The standard loss factor is used for calculation of syringes for reconstitution. This is 2 for BCG and 1.6 for measles and YF.
- 4 Only for lyophilised vaccines. Enter zero for other vaccines.

*If the quantity of the present request differs from that specified in the GAVI approval letter, please give reasons.*

### 3.3 Confirmed/ revised request for support for injection safety for 2008

**Table 8: Estimated supplies for vaccination safety for the next two years with .....** (Use one table per vaccine: BCG, DTC, measles and VAT, and number them 8a, 8b, 8c etc.) Please use the same targets as table 5.

		Formula	For 2008	For 2009
<b>A</b>	Target number of children for vaccination .....(for BCG: target number of pregnant women) (1)	#	6288	6488
<b>B</b>	Number of doses per child (for BCG: target number of pregnant women) (1)	#	1	1
<b>C</b>	Number of doses of ...	A x B	6288	6488
<b>D</b>	Self-blocking syringes (+10% loss)	C x 1.11	6979	7201
<b>E</b>	Buffer stock of self-blocking syringes (2)	C x 0.25	1745	1800
<b>F</b>	Total self-blocking syringes	D + E	8724	9001
<b>G</b>	Number of doses per bottle	#	20	20
<b>H</b>	Vaccine loss factor (3)	2 or 1.6	2	2
<b>I</b>	Number of reconstitution syringes (+10% loss) (4)	C x H x 1.11/G	698	720
<b>J</b>	Number of safe boxes (+10% extra)	(F + I) x 1.11/100	104	108

- 1 Allow 2 doses maximum for pregnant women (estimate provided by total number of births)
- 2 The buffer stock of vaccines and self-blocking syringes is set at 25%. This stock is added to the first stock of doses necessary to introduce the vaccine in any geographical zone. Enter zero for other years.
- 3 The standard loss factor is used for calculation of syringes for reconstitution. This is 2 for BCG and 1.6 for measles and YF.
- 4 Only for lyophilised vaccines. Enter zero for other vaccines.

*If the quantity of the present request differs from that specified in the GAVI approval letter, please give reasons.*

<i>Not applicable</i>
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### 3.3 Confirmed/ revised request for support for injection safety for 2008

**Table 8: Estimated supplies for vaccination safety for the next two years with .....** (Use one table per vaccine: BCG, DTC, measles and VAT, and number them 8a, 8b, 8c etc.) Please use the same targets as table 5.

		Formula	For 2008	For 2009
<b>A</b>	Target number of children for vaccination .....(for measles: target number of pregnant women) (1)	#	5863	5931
<b>B</b>	Number of doses per child (for measles: target number of pregnant women) (1)	#	1	1
<b>C</b>	Number of doses of ...	A x B	5863	5931
<b>D</b>	Self-blocking syringes (+10% loss)	C x 1.11	6508	6583
<b>E</b>	Buffer stock of self-blocking syringes (2)	C x 0.25	1627	1646
<b>F</b>	Total self-blocking syringes	D + E	8135	8229
<b>G</b>	Number of doses per bottle	#	10	10
<b>H</b>	Vaccine loss factor (3)	2 or 1.6	1,6	1,6
<b>I</b>	Number of reconstitution syringes (+10% loss) (4)	C x H x 1.11/G	1041	1053
<b>J</b>	Number of safe boxes (+10% extra)	(F + I) x 1.11/100	100	103

- 1 Allow 2 doses maximum for pregnant women (estimate provided by total number of births)
- 2 The buffer stock of vaccines and self-blocking syringes is set at 25%. This stock is added to the first stock of doses necessary to introduce the vaccine in any geographical zone. Enter zero for other years.
- 3 The standard loss factor is used for calculation of syringes for reconstitution. This is 2 for BCG and 1.6 for measles and YF.
- 4 Only for lyophilised vaccines. Enter zero for other vaccines.

If the quantity of the present request differs from that specified in the GAVI approval letter, please give reasons.

<i>Not applicable</i>
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### 3.3 Confirmed/ revised request for support for injection safety for 2008

**Table 8: Estimated supplies for vaccination safety for the next two years with .....** (Use one table per vaccine: BCG, DTC, measles and VAT, and number them 8a, 8b, 8c etc.) Please use the same targets as table 5.

		Formula	For 2008	For 2009
<b>A</b>	Target number of children for vaccination .....(for VAT: target number of pregnant women) (1)	#	6772	6986
<b>B</b>	Number of doses per child (for VAT: target number of pregnant women) (1)	#	2	2
<b>C</b>	Number of doses of ...	A x B	13544	13972
<b>D</b>	Self-blocking syringes (+10% loss)	C x 1.11	15034	15509
<b>E</b>	Buffer stock of self-blocking syringes (2)	C x 0.25	3386	3877
<b>F</b>	Total self-blocking syringes	D + E	18420	19386
<b>G</b>	Number of doses per bottle	#	10	10
<b>H</b>	Vaccine loss factor (3)	2 or 1.6	1,6	1,6
<b>I</b>	Number of reconstitution syringes (+10% loss) (4)	C x H x 1.11/G	-	-
<b>J</b>	Number of safe boxes (+10% extra)	(F + I) x 1.11/100	205	216

- 1 Allow 2 doses maximum for pregnant women (estimate provided by total number of births)
- 2 The buffer stock of vaccines and self-blocking syringes is set at 25%. This stock is added to the first stock of doses necessary to introduce the vaccine in any geographical zone. Enter zero for other years.
- 3 The standard loss factor is used for calculation of syringes for reconstitution. This is 2 for BCG and 1.6 for measles and YF.
- 4 Only for lyophilised vaccines. Enter zero for other vaccines.

If the quantity of the present request differs from that specified in the GAVI approval letter, please give reasons.

<i>Not applicable</i>
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*Do Civil Organisations participate in implementation of the RSS proposal, and explain how.*

Not applicable

*If you wish to modify the expenditure schedule as defined in the proposal, please give reasons and provide justification of the modification of your expenditure request. The expenses can be broken down to show more information in table 9.*

Not applicable

**Please attach the minutes of the CCSS meeting(s) at which the distribution of funds and requests for the following tranche were discussed. Please attach the latest balance sheet report of the health sector and the audit report of the account to which the RSS funds were transferred. This is a precondition for release of funds for 2008.**



**Table 9. RSS expenditure in 2007** (Please complete the boxes for expenditure linked to RSS activities and your request for 2008. If the request for 2008 has changed, please give reasons in the explanation above). *Not applicable*

<b>Support sector</b>	<b>2007 (Expenditure)</b>	<b>2007 (Balance)</b>	<b>2008 (Request)</b>
<b>Cost of activities</b>			
<b>Target 1</b>			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
<b>Target 2</b>			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
<b>Target 3</b>			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
<b>Support costs</b>			
Management costs			
Support costs for S&E			
Technical assistance			
<b>TOTAL COSTS</b>			

**Table 10. RSS Activities in 2007** (please report activities in 2007) *Not applicable*

Main activities	2007
<b>Target 1</b>	
Activity 1.1	
Activity 1.2	
Activity 1.3	
Activity 1.4	
<b>Target 2</b>	
Activity 2.1	
Activity 2.2	
Activity 2.3	
Activity 2.4	
<b>Target 3</b>	
Activity 3.1	
Activity 3.2	
Activity 3.3	
Activity 3.4	

<b>Table 11.</b> Please update the indicators forming the reference base <i>Not applicable</i>						
<b>Indicator</b>	<b>Data source</b>	<b>Reference base value<sup>1</sup></b>	<b>Source<sup>2</sup></b>	<b>Date of reference base</b>	<b>Target</b>	<b>Stop date</b>
1. National cover by DTC3 (%)						
2. Number / % of districts achieving $\geq 80\%$ cover by DTC3						
3. Mortality rates of children aged under five (per 1000)						
4.						
5.						
6.						

Please describe whether the targets were met, what types of problem you found measuring the indicators, how the monitoring process was reinforced, and whether changes have been proposed.

<sup>1</sup> If the reference bases are not available, indicate whether data collection is planned and when it will take place.

<sup>2</sup> The source is important for facilitating access to data and verifying its conformity.

## 5. Points to be verified

Checklist for completed form:

Required point on form:	Completed	Comments
Submission date		
Period for which the report is produced (previous calendar year)		
Government signatures		
Endorsement by CCIA		
Table 1 completed	?	Not identified in form
Report given on previous QD	Not applicable	
Report given on use of 100,000 USD	yes	
Report given on injection safety	yes	
Report given on PVF (progress made in relation to country's PVF indicators)		
Table 2 complete	?	There are 2 table 2s
Request for new vaccines completed	Not applicable	
Revised request for support for injection safety made (where applicable)	yes	
Report given on RSS support	Not applicable	
CCIA minutes attached to report		
CCSS minutes, audit report for RSS funds and annual assessment report for health sector attached to report	Not applicable	

## **6. Comments**

*Comments of CCIA/CCSS:*

~ End ~

		<b>Formula</b>	<b>For 2008</b>	<b>For 2009</b>
<b>A</b>	Target number of children for vaccination .....(for VAT: target number of pregnant women) (1)	#	71680	6986
<b>B</b>	Number of doses per child (for VAT: target number of pregnant women) (1)	#	1	2
<b>C</b>	Number of doses of ...	A x B		
<b>D</b>	Self-blocking syringes (+10% loss)	C x 1.11		
<b>E</b>	Buffer stock of self-blocking syringes (2)	C x 0.25		
<b>F</b>	Total self-blocking syringes	D + E		
<b>G</b>	Number of doses per bottle	#		
<b>H</b>	Vaccine loss factor (3)	2 or 1.6		
<b>I</b>	Number of reconstitution syringes (+10% loss) (4)	C x H x 1.11/G		
<b>J</b>	Number of safe boxes (+10% extra)	(F + I) x 1.11/100		