

Annual progress report 2007

Submitted by

The Government of

The Republic of the Congo

to



Date of submission: 15 May 2008

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(to be accompanied by the Excel calculation sheet, in accordance with the instructions)

Please return a signed copy of this document to:

GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland

Enquiries should be sent to: Dr Raj Kumar, rajkumar@gavialliance.org or to the representatives of a GAVI partner agency. All documents and appendices should be submitted in English or French, and preferably in an electronic form. GAVI partners, its employees and the general public may be informed of the contents of these documents.

This report is an account of the activities completed in 2007 and defines requests for January – December 2009.

Signatures page for the ISS, the INS and the NVS

On behalf of the Government of

Ministry of Health:

Mrs Emilienne RAOUL

Title: Minister of Health, Social Affairs and Family

Ministry of Finance:

Title:

Signature:

Signature:

Date:

Date:

We, the undersigned members of the Inter Agency Coordinating Committee for Immunisation (IACC), endorse this report and the appended Excel calculation sheet. Signing the endorsement page of this document does not imply any financial (or legal) commitment whatsoever on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting on countries' performance. It is based on the requirement to carry out regular government audits, as stipulated in the Banking form.

The members of the IACC confirm that the funds received from the GAVI Funding entity have indeed been audited and accounted for in accordance with standard government or partner requirements.

Full name/Title	Agency/Organisation	Signature	Date
Dr Mamadou D BALL, Representative	WHO		
Koenraad VANORMELINGEN, Representative	UNICEF		
Samuel NZINGOULA, President	National Committee of Experts in Poliomyelitis		
Representative	Congo Assistance Foundation		
Representative	Congolese Red Cross (CRC)		
Representative	International Committee of the Red Cross and Red Crescent (ICRC)		
Representative	PASCOB (Project of Support to the Health System of the Congo – Brazzaville)		
Representative from the Ministry of Finance			

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The text boxes in this report have been given for guidance only. Feel free to add more text beyond the space provided.

1. Report on progress accomplished in 2007

1.1 Immunisation Services Support (ISS)

Are the funds received for ISS entered in the budget (do they appear in the Ministry of Health and Ministry of Finance budget): Yes/No

If yes, explain in detail how they appear in the Ministry of Health budget in the box below.

If it is not the case, explain if it is planned to enter them in the budget in the very near future?

No, it is not planned to enter them in the budget in the very near future. However, discussions are underway to enter them in the future in the budget.

1.1.1 Management of ISS funds

Please describe the management mechanism of ISS funds, including the role played by the Inter Agency Coordinating Committee for Immunisation (IACC).

Please report on any problems that have been encountered involving the use of these funds, such as a delay in the availability of the funds to complete the programme.

The GAVI funds were transferred to the enlarged programme of immunisation bank account at Brazzaville. At the beginning of the year, a budgeted annual plan of action was submitted to the Inter Agency Coordinating Committee for Immunisation (IACC) which adopted it. The said plan was drawn up from routine EPI plans of action of the Social & Sanitary Constituencies (CSSs) or Sanitary Districts.

During the regular quarterly meetings of the IACC, the planned activities are presented and the relevant budgets discussed. After endorsement from the IACC, requests for financing are initiated by the EPI Programme and submitted for signing by the Minister of Health, in her capacity as President of the IACC or, in her absence, by the Managing Director for Health, Vice President of the IACC for approval. This is conducted in accordance with the rules laid down in the submission report.

After approval of the expenditure, the cheques are co-signed by the Head Doctor of the EPI and by the Director of the Fight against Disease for the funds to be made available. In the same way as funds which are used in the management of public property, GAVI funds are subject to the same rules of control and verification by the State.

Supporting documents are required for the technical monitoring of the activities, but also to provide traceability of the use of the funds. The funds sent on the intermediate and peripheral level (social and sanitary constituencies) are received by the Departmental Director for Health who is the principal official entitled to authorise payment. The 2007 EPI activity report including the expenditures made was presented and approved by the IACC in January 2008. Once again this year the funds were made available in time.

In order to improve and to render the management of the funds more efficient, a revision of procedures is currently in progress to obtain a greater involvement of the partners in the daily monitoring process of the implementation of activities.

1.1.2 Use of Immunisation Services Support

In 2007, the following major areas of activity were funded with the GAVI Alliance **Immunisation Services Support** contribution.

Funds received during year 2007: US \$ 150,000 for ISS
 US \$ 46,000 for the 2006 recompense

Remaining funds (brought forward) from 2006: US \$ 3,233
 Remaining funds to be brought forward in 2008: US \$ 1,833

Table 2: Use of funds in 2007*

Sector of Immunisation Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Province	District	
Forwarding and transit costs of vaccines and inputs	13,400	5,000	2,000	6,400	0
Procurement of office supplies	1,200	1,200	0	0	0
Maintenance of vehicles	5,800	1,000	1,500	3,300	0
Procurement of fridges	6,000	0	0	6,000	0
Motorbike repairs	3,600	0	1,000	2,600	0
Procurement of motorbikes	7,800	0	2,600	5,200	0
Procurement of fuel and lubricant	6,400	1,000	1,500	3,900	0
IEC / social mobilisation	8,000	1,400	2,000	4,600	0
Repairs and maintenance of the central cold storage room	1,800	1,800	0	0	0
Formative supervision/monitoring and evaluation	10,000	2,500	2,500	5,000	0
Procurement of IT equipment	4,200	4,200	0	0	0
Strengthening of advanced and mobile strategies	110,800	0	0	110,800	0
DQS Popularisation	14,400	2,400	6,000	6,000	0
Agents in the field motivation	4,000	0	0	4,000	0
Total: 197,400	197,400	20,500	19,100	157,800	0
Balance of funds remaining for following year:	1,833				

**If no information is available because of block grants, please indicate the amounts in the boxes for "Other" support sectors.*

Please append the minutes of the IACC meeting (s) during which the allocation and use of the funds were discussed.

Please report on the major activities conducted to strengthen immunisation, as well as the problems encountered in relation to implementing your multi-year plan.

The main areas of activity implemented in 2007 involved:

- **Strengthening of the activities of implementation of the Reaching Every District (RED) approach: by the strengthening of advanced and mobile strategies, supervision of the Social and Sanitary Constituencies (CSS), supervisions towards the fixed immunisation centres, formative supervisions at central level towards the “départements” and CSSs. Social mobilisation in favour of the EPI, supplies of vaccines and inputs for “départements”, maintenance of motor vehicles (cars and motorbikes) and procurement of fuel for fridges.**
- **Procurement of motorbikes and refrigerators**
- **Procurement of IT equipment**
- **Dispatch of inoculation material in the “départements”**
- **Maintenance of the generating set to ensure the ongoing functioning of the central cold chain, as the public energy source is unreliable**
- **Completion of data quality internal audits**
- **Printing of the EPI management media**
- **Receipt and dispatch of vaccines and other inputs**

Problems were encountered, in particular the fact that the quarterly “département” meetings within the scope of the monitoring and evaluation of activities were not held regularly.

1.1.3 Immunisation Data Quality Audit (DQA)

The next* DQA is scheduled for 2010.

**If no DQA has been approved, when will the DQA be conducted?*

**If the DQA has been approved, the following DQA will be conducted five years later.*

**If no DQA has been conducted, when will the first DQA be carried out?*

What were the major recommendations of the DQA?

The major recommendations of the 2005 DQA were as follows:

- Establish written directives concerning the use of data media and the processing of reports which are sent late.
- Elaborate directives for the safeguard of IT data and other media
- Elaborate written procedures on the investigation of undesirable post-vaccinal complications (MAPI)
- Strengthen all supervision activities
- Standardise and pre-print infants’ immunisation registers
- Strengthen the daily and monthly management of the stock of vaccines and syringes with the recording of the batch numbers and the use-by date in registers
- Monitor the drop-out and wastage rate at all levels and publicise them
- Improve agents’ knowledge regarding the determining of target populations and objectives

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

YES

NO

If yes, please specify the degree of implementation and append the plan.

The IACC recommended the strengthening of data quality audit, but a specific plan of action has not been drawn up due to the fact that the relevant activities were taken into account within the scope of the 2007 EPI plan of action. There was intense activity in 2007 regarding the comprehension of the DQS tool by the Social and Sanitary Constituencies (CSSs). Consequently, briefing sessions for the executive teams of the CSSs were held in all the CSSs together with supervisions at each level. So far, the DQS tool has been introduced and popularised in all the CSSs. Moreover, written directives signed by the Director of Health and the elaboration of the EPI norms and standards document comply perfectly with the worries voiced in the QDA recommendations. Currently, all sanitary districts and unities have standard registers and other EPI management media at their disposal. The procurement by the EPI of data storage equipment at central level and the connection of the EPI to Internet have improved the keeping, monitoring and quality of the data. A review of the implementation of these activities should be carried out in 2008 – 2009 to measure the level of progress.

Please append the minutes of the IACC meeting during which the plan of action for the DQA was discussed and endorsed by the IACC.

Please provide an account of the studies conducted in 2007 regarding EPI issues (for example, vaccine coverage surveys).

No survey was conducted.

1.1.4. IACC Meetings

How many times did the IACC meet in 2007? **Please append all the minutes of the meetings.** Are any Civil Society Organisations members of the IACC and if yes, which ones?

The IACC met on 3 occasions under the chairmanship of the Minister of Health, Chairman of the IACC. Civil society organisations such as NGO Congo Assistance, Doctors Without Borders (MSF), the Congolese Red Cross and the Evangelical Church of the Congo were invited to the IACC meetings.

1.2. GAVI Alliance new and under-used vaccine support (NVS)

1.2.1. Receipt of new and under-used vaccines in 2007

When was the new or under-used vaccine introduced? Please specify all changes in doses per vial and changes in the presentation of the vaccines (for example from DTP + monovalent vaccine against hepatitis B to the vaccine DTP-hepatitis B) and the dates the consignments of vaccines were received in 2007.

Vaccine	Size of vials	Doses	Date of introduction	Date consignment received (2007)
Yellow Fever vaccine	10	48,500	April 2004	08/02/2007
Yellow Fever vaccine	10	43,000	April 2004	19/07/2007
Yellow Fever vaccine	10	48,000	April 2004	14/08/2007
DTP-HepB	10	361,000	April 2007	26/09/2007

Where applicable, please mention any problems encountered.

Nothing for the tetravalent

When the yellow fever vaccine was introduced, vaccine stocks had been received. However, a certain amount of the vaccine had been damaged during the delivery in 2006 due to the long journey. To this day, the damaged stock has not been returned. This is responsible for the country conducting its immunisation programme with a minimum stock of the yellow fever vaccine. In light of the foregoing, an imminent stock shortage is foreseeable.

1.2.2. Major activities

Please outline the major activities that have been or will be completed in relation to the introduction, phasing-in, strengthening of services, etc. and give details on the problems encountered.

The introduction of the DTP-Hep B vaccine in April 2007 in the EPI did not encounter any particular difficulties. Public awareness, training and supervision activities were organised. Public awareness, data collection and management media were prepared and distributed. The use of the DTP-Hep B did not pose any particular problems as far as the communities were concerned. The next vaccine against the little-known haemophilus influenzae which will be introduced in 2008 will require efforts in terms of public awareness and training.

1.2.3. Use of GAVI Alliance financial support for the introduction of the new vaccine

These funds were received in: _____

Please report on the portion used of the introduction financial support, the activities undertaken and the problems encountered such as a delay in the availability of the funds to be used under the programme.

None

1.2.4. Vaccine Management Assessment / Effective Vaccine Store Management assessment

The last Vaccine Management Assessment (VMA) / Effective Vaccine Store Management assessment (EVSM) was conducted in 2005.

Please summarise the major recommendations of the VMA / EVSM.

- **Improve the upkeep of the warehouses at central level**
- **Improve the management of stocks at all levels (“départements”, districts and fixed immunisation centres)**
- **Strengthen the capacities of the logistics park in refrigerators**
- **Improve temperature monitoring as required for vaccine preservation**

Was a plan of action drawn up following the VMA / EVSM: Yes

If yes, please summarise the main activities within the scope of the EVSM plan and the activities which aim to implement the recommendations.

- **Restoration of the fixed immunisation centres and allocation of refrigerators and spare parts**
- **Strengthen formative supervisions in favour of vaccine management**
- **Organisation of quarterly meetings of the EPI**
- **Adoption of the EPI activities during the IACC meetings**
- **Recruitment of a maintenance agent for the central level warehouses**
- **Production and popularisation of management and vaccine monitoring media**

The next VMA / EVSM* will be conducted in: 2009

**All countries will be required to conduct a VMA / EVSM during the second year of new vaccine support approved under GAVI Phase 2.*

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support

NOT APPLICABLE

Received in cash / kind

Please provide details of the quantities of GAVI Alliance injection safety support received in 2007 (add lines if required).

Injection Safety Material	Quantity	Date received
N/A		
N/A		
N/A		
N/A		

Where applicable, please give details of any problems encountered.

None

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

If support has ended, please indicate how injection safety material is funded.

Injection safety material is currently financed by the Government through the EPI budget line.

Please provide details on how sharp waste is disposed of.

Problems still exist concerning disposal due to the lack of incinerators. The following method is customarily applied: burning in open-air pits and burying of the surplus.

Please give details on the problems encountered during the implementation of the transition plan for safe injections and safe management of sharp waste.

No technical difficulties were encountered. The only difficulty concerns receipt and dispatch as the same funds which are used for immunisation services support are also used to pay for the transit, dispatch and forwarding costs of the syringes.

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

The following major areas of activity were financed (specify the amount) with the GAVI Alliance injection safety support during the past year:

Not applicable

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

Table 2.1: Total immunisation expenditure and financing

The purpose of Table 2.1 is to assist GAVI understand the developments in overall immunisation expenditure and financing flows. A comprehensive multi-year plan (cMYP), updated for the reporting year, may be sent in the place of table 2.1.

In order to understand developments in expenditure, we have appended the updated cMYP and the revised cMYP.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<i>Expenditure per item</i>				
Vaccines				
Injection material				
Cold chain equipment				
Operational costs				
Other (please specify)				
<i>Financing per source</i>				
Government (including loans from the World Bank)				
GAVI Fund				
UNICEF				
WHO				
Other (please specify)				
<i>Total expenditure</i>				
<i>Total financing</i>				
<i>Total financing deficits</i>				

Please describe developments in immunisation expenditure and financing during the reporting year, such as differences in planned and actual expenditure, financing and deficits. Explain in detail the reasons for such trends and describe the financial sustainability prospects for the immunisation programme during the following three years; please indicate if the financing deficits are manageable, if they represent a problem or if they are source of worry. In the last two cases, explain which strategies are applied to correct the deficits and what are the causes of the deficits – increase in expenditure in certain budget items, loss of financing sources, a combination of both factors...

The last few years have seen an increase in the financing of immunisation activities by the Government; this has enabled us to avoid recording major deficits. The sustainability prospects are positive. A budget line for the EPI exists in the State's budget, and the EPI element is taken into consideration in the financing of health sector activities by the sponsors (World Bank Project, Elf Congo Project etc.)

Table 2.2: Co-financing by the country (in US \$)

The purpose of table 2.2 is to assist in understanding the level of vaccine co-financing awarded by GAVI on a national scale. If your country received more than one new vaccine, please complete a separate table for each new vaccine co-financed.

There was no co-financing of new vaccines in 2007.

For the first vaccine awarded by GAVI, please indicate which vaccine was involved (e.g. DTP-hepatitis B-HiB)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing (in US \$ per dose)				
Government	N/A	N/A		
Other sources (please specify)	N/A	N/A		
Total co-financing (in US \$ per dose)	N/A	N/A		

Please describe and explain past and future trends of joint financing levels for the first vaccine awarded by GAVI.

For the second vaccine awarded by GAVI, please indicate which vaccine was involved (e.g. DTP-hepatitis B)	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
Co-financing (in US \$ per dose)	N/A	N/A	N/A	N/A
Government	N/A	N/A	N/A	N/A
Other sources (please specify)	N/A	N/A	N/A	N/A
Total co-financing (in US \$ per dose)				

The second vaccine will be introduced in 2010

Please describe and explain past and future trends of joint financing levels for the second vaccine awarded by GAVI.

Table 2.3: Co-financing of your country (in US \$)

The purpose of table 2.3 is to understand how the processes relating to co-financing requirements are incorporated in the planning and budgeting of your country on a national scale.

TAKING INTO ACCOUNT THE FACT THAT THE CONGO WAS NOT CO-FINANCED IN 2007, THIS SECTION IS NOT APPLICABLE.

Q. 1: Which mechanisms are currently being used by the Ministry of Health of your country to procure EPI vaccines?			
	Place a cross if applicable	List relevant vaccines	Source of funds
Government procurement – International call for tenders (ICT)	N/A		
Government procurement – Other	N/A		
UNICEF	N/A		
Revolving funds from the PAHO	N/A		
Donations	N/A		
Other (please specify)	N/A		
Q. 2: Were there differences in the proposed payment schedules and actual payment schedules during the reporting year?			
Co-financed payment schedule	Proposed payment schedule	Actual payment dates during 2007	
	(month/year)	(date/month)	
1 st vaccine awarded (please specify)		N/A	
2 nd vaccine awarded (please specify)	N/A	N/A	
3 rd vaccine awarded (please specify)	N/A	N/A	
Q. 3: Were the co-financing needs incorporated into the following national budget planning and preparation systems?			
	Answer by yes or by N/A if not applicable		
Budget item for vaccine procurement	yes		
National Health Sector Plan	yes		
National Health Budget	yes		
Medium-term expenditure framework	yes		
Sector-wide approach (SWAp)	yes		
cMYP Cost analysis and financing	yes		
Annual Immunisation Programme	yes		
Other	N/A		
Q. 4: Which factors delayed and/or hindered the mobilisation of resources for vaccine co-financing?			
1.	Nothing to report		

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

Section 3 concerns the request for new and under-used vaccines and injection safety for 2009.

3.1. Updated immunisation targets

Confirm/update basic data approved in your country's proposal: the figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms on immunisation activities. Any changes and/or discrepancies **MUST** be justified in the space provided for this purpose. Targets for future years **MUST** be provided.

Please provide justification on changes to baselines, targets, wastage rates, vaccine presentations etc. from the previously approved plan and on reported figures which differ from those given in the WHO/UNICEF Joint Reporting Form on immunisation activities in the space provided below.

*Changes occurred on: vaccine coverage targets; the target population and the targets to reduce wastage rates.
Regarding the vaccine coverage targets and the wastage rates, they were revised based on the results obtained in 2006 and on aspects linked to the introduction of the new vaccine (pentavalent).
Regarding the changes in population data, they occurred following a census of the population related to additional immunisation activities in the "département" of Lékoumou. The last census of the population was carried out in 1984.*

Table 5: Update of immunisation achievements and annual targets. Please provide the figures given in the WHO/UNICEF 2007 Joint Reporting Form and projections for 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2013	2015
DENOMINATORS										
Births		176,224	187,327	193,828	20,553	207,513				
Infant deaths		9,581	13,069	13,523	13,992	14,478				
Surviving infants		166,643	174,258	180,305	186,561	193,035				
Infants vaccinated up to 2007 (Joint Reporting Form) / to be vaccinated in 2008 and after with the 1st dose of DTP (DTP1)*		134,039	156,636	171,605	187,424	193,928				
Infants vaccinated up to 2007 (Joint Reporting Form) / to be vaccinated in 2008 and after with the 3rd dose of DTP (DTP3)*		133,648	147,422	162,072	177,560	193,928				
NEW VACCINES**										
Infants vaccinated up to 2007 (Joint Reporting Form) / to be vaccinated in 2008 and after with the 1st dose of (new vaccine)		NA	NA	NA	NA	NA				
Infants vaccinated up to 2007 (Joint Reporting Form) / to be vaccinated in 2008 and after with the 3rd dose of (new vaccine)		NA	NA	NA	NA	NA				
Wastage rate up to 2007 and rate expected in 2008 and after*** for the (new vaccine)		NA	NA	NA	NA	NA				
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with tetanus toxoid		136,927	156,636	171,605	181,506	193,928				
Infants vaccinated / to be vaccinated with the BCG		150,725	165,850	181,139	187,424	198,011				
Infants vaccinated / to be vaccinated against measles (1 st dose)		111,485	139,406	153,259	167,905	183,383				

* Indicate the precise number of infants vaccinated during past years and updated targets (with DTP alone or combined)

** Use three lines (as indicated under the heading entitled **NEW VACCINES**) for each new vaccine introduced

***Indicate the actual wastage rates recorded during past years

**** Insert any lines where necessary

3.2 Confirmed/revised request for new vaccines (to be sent to the UNICEF Supply Division) for 2009

In the case of a change in the presentation of vaccines or an increase in the quantities requested, please indicate below if the UNICEF Supply Division has assured you of the availability of the new quantities/presentations of the supplies.

The request relating to new and under-used vaccines is confirmed and the UNICEF Supply Division has confirmed the availability of the supplies.

Please provide the Vaccine Request Calculation Excel sheet duly completed.

Remarks
<ul style="list-style-type: none"> ▪ Phasing: Please adjust the target number of infants who will receive the new vaccines, if a phased introduction is envisaged. If the target number for the three doses of the vaccine against hepatitis B and the anti-Hib vaccine differ from that of the three doses of DTP, please provide the reasons for such a difference. ▪ Vaccine wastage: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilised vaccine in 10 or 20-dose vials, a 25% wastage rate for a liquid vaccine in 10 or 20-dose vials and a 10% wastage rate for all vaccines (either liquid or lyophilised) in 1 or 2-dose vials. ▪ Buffer stock: Buffer stock is recalculated each year as being equivalent to 25% of current vaccine needs. ▪ Anticipated vaccines in stock at the beginning of the year 2008: This number is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all the vaccines supplied during the current year (including buffer stock) are expected to be used before the beginning of the following year. Countries with very low or no vaccines in stock are kindly requested to justify the use of the vaccines. ▪ Auto-disable syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, with the exception of vaccine wastage. ▪ Reconstitution syringes: These only apply to lyophilised vaccines. Write zero for the 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 2008

NOT APPLICABLE

Table 8: Estimated supplies for immunisation safety for the next two years with (Use one table for each vaccine: BCG, DTP, measles and tetanus toxoid and number them 8a, 8b, 8c etc.) Please use the same targets as those used in table 5.

		Formula	2008	2009
A	Number of target infants for the immunisation (for the tetanus toxoid: number of target pregnant women) (1)	#		
B	Number of doses per infant (for the tetanus toxoid: number of target pregnant women) (1)	#		
C	Number of doses	A x B		
D	Auto-disable syringes (+10% wastage)	C x 1.11		
E	Buffer stock of auto-disable syringes (2)	C x 0.25		
F	Total auto-disable syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	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%)	(F + I) x 1.11/100		

1 Contribute to a maximum of 2 doses for pregnant women (estimate obtained by the total number of births)

2 The vaccine and auto-disable syringe buffer stock is set at 25%. This stock is added to the first stock of doses required to introduce immunisation in a given geographic zone. Write zero for the other years.

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

In the event that you would like to modify the disbursement schedule stipulated in the proposal, please explain why and justify the change in the disbursement request. Expenditure may be broken down to provide further details in Table 9.

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

Table 9. HSS Expenditure in 2007 for HSS activities and your request for 2009 (In the case of a change to your request for 2009, please indicate the reasons for such a change in the brief summary above).

Support sector	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Target 1			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Target 2			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Target 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
Target 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Target 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Target 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Baseline indicators						
Indicator	Data Source	Baseline Value¹	Source²	Date of Baseline	Target	Deadline 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 you have encountered when measuring the indicators, how the monitoring process has been strengthened and whether any changes have been proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when it will take place.

² The source is important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (previous calendar year)	X	
Government signatures	X	
IACC endorsement	X	
Report carried out on ISS	X	
Report carried out on DQA	X	
Report carried out on the use of the vaccine introduction indemnity	N/A	
Report carried out on Injection Safety	X	
Report carried out on immunisation financing and financial sustainability (progress accomplished compared with the country's indicators)	X	
Request for new vaccines including co-financing completed and Excel calculation sheet appended	N/A	
Revised request for injection safety support completed (where applicable)	N/A	
Report carried out on HSS	N/A	
IACC minutes attached to the report	X	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	N/A	

6. Comments

IACC/HSCC comments:

Efforts worthy of note have been recorded.
National coverage has increased for all antigens however disparities persist in certain districts with coverage below 40% (Impfondo). Consequently, particular attention should be given to these districts during the year 2008.

~ End ~