



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

COUNTRY: **REPUBLIC OF NIGER**

Date of submission: **30 August 2003**

Reporting period: **2002** (Information provided in this report *MUST*
refer to the previous calendar year)

(Tick only one) :

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

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

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

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1. Report on progress made during the previous calendar year

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

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

—► Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

GAVI funds are managed by the Ministry of Public Health through a bank account. A small Committee of the Ministry makes proposals to the ICC on expenditure to be made, and the ICC, after approval, orders disbursement. A cheque is then issued bearing 2 signatures:

- the signature of the Chairman of the ICC or by delegation the Financial Controller of the Ministry of Health
- and the signature of the National Director of Immunization.

No delays or problems were identified in the receipt and management of GAVI funds.

1.1.2 Use of Immunization Services Support

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

Funds received during the reporting year 435,100 USD

Remaining funds (carry over) from the previous year at 31/12/2002: 285,096,050 CFAF

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$*	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	4,846.78			4,846.78	
Maintenance and overheads	771.42			771.42	
Training					
IEC / social mobilization	1,772.14			1,772.14	
Outreach					
Supervision	9,942.86			9,942.86	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other: Vaccination (specify)	10,375.71			10,375.71	
Total:	27,658.91			27,658.91	
Remaining funds for next year:	407,441.09				

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

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

At the end of 2002 (November and December), outreach and decentralized mobile strategy vaccination visits were organized in order to resume the activities of the EPI. Those activities were backed up by social mobilisation visits, supervision, provisioning of vaccination centres with supplies, and logistics maintenance intended to enable the completion of the various visits.

The reasons for the delay in implementing activities even though funds were received back in May 2002 are:

- No stocks of DTP for 2 to 6 months depending on the location
- Management of meningitis and measles epidemics that caused shortages in some places of EPI consumables (AD syringes, safety boxes, etc.) intended for routine activities.

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

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

YES ☒

NO ☐

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

- Review of data collection media so as to adapt them to immediate needs
- Reproduction of collection media using GAVI funds
- Evaluation meeting that allowed discussion of the plan for the resumption of and briefback on the results of the DQA.

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

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

n/a

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

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

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

The country received no support

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.

- New impetus given to the stationary strategy
- Resources made available for organising outreach and decentralized mobile strategy visits
- Review of collection and reproduction media
- Implementation of the action plan of social mobilisation for the routine EPI
- Mid-term evaluation meeting of the plan for the revival of the EPI with all field staff (regions and districts)
- Review and reproduction of EPI training modules
- Training of field workers in EPI management

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

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

n/a

1.3 Injection Safety

1.3.1 Receipt of injection safety support

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

Acceptance on the conditions of the GAVI support dossier on injection safety

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

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

Indicators	Targets	Achievements	Constraints	Updated targets
- % of health establishments with safe means of waste storage, treatment and disposal	100%			
- Average number of accidental injections per health staff member	50% reduction	Use of AD syringes and safety boxes in 100% of health centres	No assessment made	
- Number of curative injections given per week in establishments	50% reduction	Availability of safe means of destruction in most health centres		
- % of health institutions that ran out of single-use and AD syringes during the year	0%			

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

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

n/a

2. Financial sustainability

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

Only the initial steps have been taken on the financial sustainability plan: in particular, contacts with managers from the Ministry of Public Health/LCE (Finance section) and from the Ministry of Finance
EPI managers went on a study trip to Ghana to learn about its experience: it had already presented its financial sustainability plan.
There is no plan available at present, since Niger is due to present its sustainability plan in 2004.

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

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

3.1. Up-dated immunization targets

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

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births		562,458	579,987	597,966	616,503	-	-	-
Infants' deaths		69,237	71,383	73,596	75,877	-	-	-
Surviving infants		493,311	508,604	524,370	540,626	-	-	-
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form		168,868	120,835	40%	45%	50%	55%	
NEW VACCINES								
Infants vaccinated with ____ * (use one row per new vaccine)		n/a	n/a	n/a	n/a	n/a	n/a	
Wastage rate of ** (new vaccine)		n/a	n/a	n/a	n/a	n/a	n/a	
INJECTION SAFETY								
Pregnant women vaccinated with TT		246,690	224,682	50%	55%	60%	65%	
Infants vaccinated with BCG		268,330	293,682	55%	60%	65%	70%	
Infants vaccinated with Measles		285,948	266,794	50%	60%	70%	80%	

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

** Indicate actual wastage rate obtained in past years

→ Please provide justification of 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.

The denominators changed from 2001 onwards following the adoption by the Government of the Republic of Niger of the results of the last general population census made in 2001.

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

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

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

		Formula	For year	Remarks
A	Number of children to receive new vaccine		*	▪ 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: The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials. ▪ Buffer stock: The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25. ▪ Anticipated vaccines in stock at start of year... ..: It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock. ▪ 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
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%		
C	Number of doses per child			
D	Number of doses	$A \times B/100 \times C$		
E	Estimated wastage factor	(see list in table 3)		
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$		
G	Vaccines buffer stock	$F \times 0.25$		
H	Anticipated vaccines in stock at start of year			
I	Total vaccine doses requested	$F + G - H$		
J	Number of doses per vial			
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$		
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$		
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$		

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

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

3.3 Confirmed/revised request for injection safety support for the year (indicate forthcoming year)

Table 4: Estimated supplies for safety of vaccination for the next two years with (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

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

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

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	for BCG			
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

² The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

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

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

Indicators	Targets	Achievements	Constraints	Updated targets
- DTP3 vaccination coverage	40%	50% (1 st half 2003)	- Management of epidemics	45%
- TT2+ coverage (FE)	50%	37% (1 st half 2003)	- Shortages of staff	45%
- DTP dropout rate	25%	33% (1 st half 2003)	- Polio screening and campaigns - Vehicle fleet obsolete - Seasonal access difficulties	25%

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	1 Sep 2003	
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	YES	
DQA reported on	YES	Copy of plan for implementation of recommendations annexed
Reported on use of 100,000 US\$	n/a	
Injection Safety Reported on	n/a	An explanatory letter will be sent to GAVI
FSP Reported on (progress against country FSP indicators)		Plan has not yet been drafted
Table 2 filled-in	YES	Data provided from 2001 onwards
New Vaccine Request completed	NO	The country does not meet the criteria
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		To be researched
Government signatures		To do
ICC endorsed		To be obtained

6. Comments

→ *ICC comments:*

ICC comments to be done

7. Signatures

For the Government of **Republic of Niger**

Signature:

Title: **Minister for Public Health and Action to Combat Endemic Diseases**

Date: **26 SEP 2003**

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

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
MPH/ACED	Minister			RED CROSS	Chairman		
WHO	Representative			ROTARY INT.	Chairman		
UNICEF	Representative			JICA	Representative		
HKI	Representative						

~ End ~