



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: AFGHANISTAN

Date of submission: ...September 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.

Considering the stability of the political situation in Afghanistan, Ministry of health is actively re-organising health system in the country. National EPI office is established in MoH since October 2002. ICC meetings have been conducted regularly. MoH has finalised the national EPI policy. Effort is in progress to open an special bank account for GAVI support fund (Done-03). Ministry of health is also working to develop an action plan with specific timeframe for the seven GAVI focus provinces and will be submitted in year 2003 (already submitted). The MoH feels ready to receive the first instalment of GAVI funds. ICC is fully informed and involved in the endorsements of all major decisions including GAVI funding

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.

Not applicable

Funds received during the reporting year _____

Remaining funds (carry over) from the previous year _____

Table 1 : Use of funds during reported calendar year 20_ _

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

**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.

Ministry of health in Afghanistan is opening special bank account for the GAVI supported funds soon and the fund will be managed by MoH directly.

Seven most populous provinces have been selected for the strengthening routine coverage by utilizing GAVI funds. Micro planning has started in all the districts of these seven provinces, which constitute almost 40% of the country's population.

Efforts are underway to increase the number of female vaccinators in all the provinces.

MNT campaigns in 4 most populous cities has already reached up to 700,000 CBAWs twice and the third round has started on 17 September 2003.

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.

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).

Coverage survey was conducted by CDC Atlanta to assess the coverage of measles campaign in 2002. The results show a nation-wide coverage of 94% for children between the ages of 6 months – 12 years.

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

Not Applicable

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

Not Applicable

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.

Ministry of Health with the close support of partner agencies especially UNICEF and WHO launched Measles Mortality Reduction Campaign (MMRC) all over the country in year 2002. In the course of the campaign 10299878 children aged 6 months to 12 years received one dose of measles vaccine (96% coverage). Ministry of health has also planed to conduct a follow up round nation-wide in year 2003 targeting all children aged 9 months to 59 months (done).
In year 2003 three rounds of TT immunisation campaign as part of Maternal Neonatal Tetanus Elimination (MNTE) plan will be launched in four major city of the country (Kabul, Mazar, Jalalabad and Kandahar) as pilot targeting all women of childbearing age (done). The rest of the country will be covered in years 2004-2005.

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.

Not Applicable

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

Application submitted to GAVI secretariat in 2003.

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
Knowledge of the service providers	All service providers	Field guidelines finalised and ready for dissemination		

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:

Afghanistan has been using auto-destruct syringes for the past years with safety disposal boxes. All the vaccinators received refresher training in 2001, with a special emphasis on safety of injections and their safe disposal. Safety of injections and safe waste disposal are part of all EPI training curriculum for routine and supplementary immunization activities. In the course of the training for measles mortality reduction campaign again all EPI staff received training on safety of injection and safe waste disposal in year 2002. Ministry of health with support of EPI partners is willing to develop and submit Safety of Injection proposal to GAVI secretariat in year 2003 (done).

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

Not Applicable

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		1105341	1131869	1159034	1186851	1215335	1244503	1274371
Infants' deaths		182381	181099	183127	183962	182300	186676	191156
Surviving infants		922960	950770	975907	1002889	1033035	1057827	1083215
Infants vaccinated with DTP3 *		402993	446862	536749	651878	774776	846262	866572
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form		402993	446862	536749	651878	774776	846262	866572
NEW VACCINES								
Infants vaccinated with _____ * (use one row per new vaccine)								
Wastage rate of ** (new vaccine)								
INJECTION SAFETY								
Pregnant women vaccinated with TT		397923	418792	521565	712111	850735	995602	1019497
Infants vaccinated with BCG		494628	667803	753372	830796	933377	995602	1019497
Infants vaccinated with Measles		417192	418339	536749	651878	774776	846261	866572

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

** Indicate actual wastage rate obtained in past years

→ Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

The entire demography of Afghanistan is fast changing in the wake of the political changes initiated after 9/11 2001. According to the UNHCR data the number of registered returnees from Pakistan and Iran is 2020589 person from March 2002 till June 2003. Repatriation is continuing.

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.

Yes UNICEF Supply Division has assured the availability of the quantity. The availability of fund and timely request for ordering have made supply division able to procure vaccine and other related supplies. This is the mechanism for assuring the availability of supply according to the 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
A	Number of children to receive new vaccine		*
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)	$(K + L) / 100 \times 1.11$	

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:** 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, excluding 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 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)

Table 4.1: Estimated supplies for safety of vaccination with BCG vaccine

		Formula	For year 2003	For year 2004
A	Target of children for BCG vaccination	#	753372	830796
B	Number of doses per child	#	1	1
C	Number of BCG doses	$A \times B$	753372	830796
D	AD syringes (+10% wastage)	$C \times 1.11$	836243	922184
E	AD syringes buffer stock ¹	$D \times 0.25$	209061	0
F	Total AD syringes	$D + E$	1045304	922184
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ² syringes (+10% wastage)	$C \times H \times 1.11 / G$	167249	184437
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	13459	10236

¹ 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.

² 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.

Table 4.2: Estimated supplies for safety of vaccination with DPT vaccine

		Formula	2003	2004
A	Target of children for DPT vaccination	<i>Match with targets in table 4</i>	536749	651878
B	Number of doses per child	#	3	3
C	Number of DPT doses	A x B	1610247	1955634
D	AD syringes (+10% wastage)	C x 1.11	1787374	2170754
E	AD syringes buffer stock	D x 0.25	446844	0
F	Total AD syringes	D + E	2234218	2170754
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor	<i>Either 2 or 1.6</i>	-	-
I	Number of re-constitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	24800	24095

Table 4.3: Estimated supplies for safety of vaccination with measles vaccine

		Formula	2003	2004
A	Target of children for measles vaccination	<i>Match with targets in table 4</i>	536749	651878
B	Number of doses per child	#	1	1
C	Number of measles doses	A x B	536749	651878
D	AD syringes (+10% wastage)	C x 1.11	595791	723585
E	AD syringes buffer stock	D x 0.25	148947	0
F	Total AD syringes	D + E	744738	723585
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of re-constitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	95327	115774
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	9325	9317

Table 4.4: Estimated supplies for safety of vaccination with tetanus toxoid in pregnant women

		Formula	2003	2004
A	Target of pregnant women for TT immunisation ³	<i>Match with targets in table 4</i>	521565	712111
B	Number of doses per woman	#	2	2
C	Number of TT doses	A x B	1043130	1424222
D	AD syringes (+10% wastage)	C x 1.11	1157874	1580886
E	AD syringes buffer stock	D x 0.25	289469	0
F	Total AD syringes	D + E	1447343	1580886
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor	<i>Either 2 or 1.6</i>	-	-
I	Number of re-constitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	16066	17548

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 2003	For the year 2004	Justification of changes from originally approved supply:
Total AD syringes	for BCG	1045304	922184	
	for other vaccines	4426299	4475225	
Total of reconstitution syringes		262576	300211	
Total of safety boxes		63650	61196	

³ GAVI/The Vaccine Fund 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 in Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

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

The entire demography of Afghanistan is fast changing in the wake of the political changes initiated after 9/11 2001. According to the UNHCR data the number of registered returnees from Pakistan and Iran is 2020589 person from March 2002 till June 2003. Repatriation is continuing. Beside that this calculation has been done based on the coverage targets for different vaccines for the year 2003 and 2004.

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
Not applicable.				

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	September	
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)	Yes	
Table 2 filled-in	Yes	
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)	N.A	
ICC minutes attached to the report		
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

→ ICC comments:

Report has been produced using the existing EPI information system and in consultation with key EPI partners. All information is genuine and the figures are from the official documents of MOH, UNICEF and WHO and made final after consultation with their authorised staff members.

7. Signatures

For the Government of: Transitional Islamic Government of Afghanistan

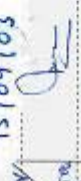
Signature: 

Title: Minister of Health

Date:

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
WHO	Dr. NAVEED SADOZAI	11/09/03	
UNICEF	DR. KAMRUL ISLAM	15/09/03	
USAID			
WORLD BANK	Kayhan Nafiz	11/09/2003	
MSH			
JICA	Yoshi Kishimoto, Health Sector Program Officer, JICA/WHO Dr. DINA KAKAR	15/09/03	
SCUS	Health Manager Dr. Muzah Jan, Director, Vaccine Development	15/09/03	
Ibn-e-Sina			
SCA	Dr. Aqila Noori/Health Co-ordinator		