



Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY:

Afghanistan

Date of submission: April 2004.....

Reporting period: 2003..... (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 relative stability of the political situation in Afghanistan, Ministry of health has been re-organising health system in the country. National EPI office was established in MoH in October 2002. Regular ICC meetings were planned and held in 2003. National EPI policy developed in year 2003. MoH with support of EPI partners developed an action plan with clear timeframe for strengthening of Immunization Services in Afghanistan in year 2003 and submitted the plan to GAVI . For better management of GAVI support fund, a special bank account was opened in The Afghanistan Bank in Kabul. Mechanisms for the management of GAVI support fund through GCMU (Grant & Contract Management Unit) has been established and endorsed by ICC on July 12, 2003. All GAVI related plans and activities are regularly presented to ICC for endorsement. MoH received the GAVI support fund for year 2003 in late October. The reason for delay was that the Da Afghanistan bank received the fund on October 18, 2003.

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 519500
Remaining funds (carry over) from the previous year 0

Constraints for not using the fund in year 2003

- Late arrival of the fund to MoH account.
- Busy schedule with the already planed SIAs (for Polio eradication and MNTE)

Table 1 : Use of funds during reported calendar year 2003_ _

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0				
Injection supplies	0				
Personnel	0				
Transportation	0				
Maintenance and overheads	0				
Training	0				
IEC / social mobilization	0				
Outreach	0				
Supervision	0				
Monitoring and evaluation	0				
Epidemiological surveillance	0				
Vehicles	0				
Cold chain equipment	0				
Other (specify)	0				
Total:	0				
Remaining funds for next year:	519500 USD				

**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.

- | | |
|--|--|
| <ul style="list-style-type: none"> - ICC Meetings - Establishment of EPI Task Force - National EPI policy developed - Immunization schedule revised. OPV-0 and OPV-4 introduced in routine immunization. MCV-2 to be introduced in routine immunization schedule from year 2004. - All EPI training packages revised and updated - Guidelines for safety of injections and surveillance of adverse events following immunization (AEFI) developed. - EPI communication strategy drafted. - Pulse immunization guideline developed. Pulse immunization conducted in some districts as pilot. - EPI included in Basic Package of Health Services (PBHS) - Two national EPI review and planning workshop conducted in year 2003 - Proposal for safety of immunization injection developed and submitted to GAVI. - National cold room established. Reconstruction of 7 sub-national cold rooms are underway - DQA conducted - Standard routine EPI coverage reporting format developed and is in use - Second round of MMRC conducted in June 2003 all over the country targeting all children aged 9 months to 5 years - Three rounds of TT vaccination campaign as part of plan for Maternal - Neonatal Tetanus Elimination in Afghanistan conducted in four major cities and 8 districts. - Seven PEMT managers from GAVI target provinces and national staff of WHO, UNICEF and National EPI office-MoH had study tour in Iran. | |
|--|--|

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.

The Action plan for implementation of DQA recommendations endorsed by ICC members. The following activities have been done so far:

- Reporting system and Data quality audit recommendations included in the training package for EPI M.L.M.
- New reporting forms and documents developed and distributed to all regions/provinces
- Seven desktop computers (from UNICEF support) distributed to seven regions
- MoH has planned to purchase 25 desktop computers for the rest of provinces from GAVI support fund for year 2004.
- Monitoring tools have been introduced
- EPI data and coverage monitoring incorporated in EPI performance checklist.

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

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

- Multi Indicator Cluster Survey (MICS) was conducted in 2003.
- Data Quality Audit (DQA).

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*

Start of vaccinations with the new and under-used vaccine: MONTH..... YEAR.....

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.

MoH will apply for Hep-B vaccine as the coverage of DPT-3 in the country reached to 54% in year 2003. ICC proposed to WHO to identify and recruit a consultant to help MoH in developing a proposal.

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

MoH with support of WHO conducted assessment on safety of injection in year 2003. A proposal with national plan of action developed and submitted to GAVI. The proposal was approved by GAVI. As cash support was received only in January 2004, related activities will be presented in 2004 progress report.

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.

The plan of action was developed and endorsed by ICC members in 2003. A copy of the plan of action is attached.

Indicators	Targets	Achievements	Constraints	Updated targets

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:

Not Applicable for year 2003

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 Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Routine EPI has traditionally been supported by external donors, mostly through UNICEF. Both UNICEF and WHO remain committed to provide support for routine immunization in Afghanistan till the Government has enough revenues to start gradually providing its own funds. However, the implementation of the Basic Package of Health services (BPHS), which includes EPI, has been entrusted to various NGOs through a process of bidding. The salary component of the EPI staff has been included in these contracts. More clarification of these protocols is underway to ensure that the running cost of the human resource is provided through the Performance based Project Agreements (PPAs). This funding mechanism through PPAs will cover a period of three years beginning from 2004.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine (specify)

Proportion of vaccines supported by	Annual proportion of vaccines									
	20..	20..	20..	20..	20..	20..	20..	20..	20..	20..
Proportion funded by GAVI/VF (%)										
Proportion funded by the Government and other sources (%)										
Total funding for (new vaccine) *										

* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

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.

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 approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births		1105341	1131869	1159034	1186851	1215335	1244503	1274371	1304955
Infants' deaths		182381	181099	183127	183962	182300	186676	191156	195744
Surviving infants		922960	950770	979379	1002889	1033035	1057827	1083215	1109211
Infants vaccinated / to be vaccinated with 1st dose of DTP (DTP1)*			505361	630615	702022	826428	899152	920732	942829
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*		402993	448575	519867	651878	774776	846262	866572	887369
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1st dose of Hepatitis B..... (<i>new vaccine</i>)	0	0	0	0	0	0	528913	704090	942829
Infants vaccinated / to be vaccinated with 3rd dose of Hepatitis B..... (<i>new vaccine</i>)	0	0	0	0	0	0	423131	649929	887369
Wastage rate of *** (<i>new vaccine</i>)									
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT		397923	347365	348881	712111	850735	995602	1019497	1043964
Infants vaccinated / to be vaccinated with BCG		494628	558125	652071	830796	933377	995602	1019497	1019497
Infants vaccinated / to be vaccinated with Measles		417192	412501	480272	651878	774776	846261	866572	887369

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

** Use 3 rows for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

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 a visible number of Afghans returned. Beside that the last census in Afghanistan conducted in year 1978. In early 2003 MoH and EPI partners agreed to use NIDs coverage as denominator for SIAs and UNIDAT plus 2.4% (growth rate) as denominator in routine EPI. Government of Afghanistan recently started population census survey but it is not completed till now.

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 4: 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	Infants vaccinated / to be vaccinated with 1 st dose of (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:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **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 5: 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 3.*

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

Table 5: Estimated supplies for safety of vaccination for the next two years with BCG..... (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2005	For year2006
A	Target of children for BCG vaccination (for TT : target of pregnant women) ¹	#	933377	995602
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	933377	995602
D	AD syringes (+10% wastage)	C x 1.11	1036049	1105119
E	AD syringes buffer stock ²	D x 0.25	0	0
F	Total AD syringes	D + E	1036049	1105119
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	207210	221024
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	11500	12267

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.

Table 6: Estimated supplies for safety of vaccination for the next two years with DPT (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2005	For year2006
A	Target of children for DPT vaccination (for TT : target of pregnant women) ⁴	#	774776	846262
B	Number of doses per child (for TT woman)	#	3	3
C	Number of doses	A x B	2324328	2538783
D	AD syringes (+10% wastage)	C x 1.11	2580004	2818049
E	AD syringes buffer stock ⁵	D x 0.25	0	0
F	Total AD syringes	D + E	2580004	2818049
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	-	-
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	28638	31280

⁴ 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).

⁵ 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.

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

		Formula	For year 2005	For year2006
A	Target of children for MEASLES vaccination (for TT : target of pregnant women) ⁷	#	774776	846261
B	Number of doses per child (for TT woman)	#	1	1
C	Number of doses	A x B	774776	846261
D	AD syringes (+10% wastage)	C x 1.11	860002	939350
E	AD syringes buffer stock ⁸	D x 0.25	0	0
F	Total AD syringes	D + E	860002	939350
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	137600	150296
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	11073	12095

⁷ 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).

⁸ 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.

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

		Formula	For year 2005	For year2005
A	Target for TT vaccination (for TT : target of pregnant women) ¹⁰	#	850735	995602
B	Number of doses per child (for TT woman)	#	2	2
C	Number of doses	A x B	1701470	1991204
D	AD syringes (+10% wastage)	C x 1.11	1888632	2210236
E	AD syringes buffer stock ¹¹	D x 0.25	0	0
F	Total AD syringes	D + E	1888632	2210236
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	-	-
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	20964	24534

¹⁰ 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).

¹¹ 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.

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

		Formula	For year 2005	For year 2006
A	Target of children for Hepatitis-B vaccination (for TT : target of pregnant women) ¹³	#	0	423131
B	Number of doses per child (for TT woman)	#	0	3
C	Number of doses	A x B	0	1269393
D	AD syringes (+10% wastage)	C x 1.11	0	1409026
E	AD syringes buffer stock ¹⁴	D x 0.25	0	352257
F	Total AD syringes	D + E	0	1761283
G	Number of doses per vial	#	0	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	0	-
I	Number of reconstitution ¹⁵ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	0	19550

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. Repatriation is continuing. Beside that this calculation has been done based on the coverage targets for different vaccines for the year 2005 and 2006 that we stated in year 2002.

¹³ 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).

¹⁴ 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.

¹⁵ 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

Selected Indicators:

4-1. Provincial Level of performance, as measured by a standardized checklist assessment tool (to design and to validate).

National EPI office developed and field tested standard EPI performance assessment checklist in year 2003. The document introduced in MLM/Supervisors training courses and will be used in year 2004 and will be reported in annual progress report for year 2004.

4-2. Adherence to the immunization schedule, as measured by the drop-out rate (DPT-1/DPT-3)

4-2-1. Child Immunization Coverage

**National Summary
Year 2003**

Months	Total Population	Target Population																
			BCG	%*	OPV1	%	OPV2	%	OPV3	%	DPT1	%	DPT2	%	DPT3	%	Measles	%
North-Eastern Region	3497054	139882	73211	44	71115	51	64734	46	53852	38	67575	48	62364	45	53491	38	49569	35
South-Eastern Region	2489634	99585	75658	63	74858	75	66791	67	57882	58	74627	75	66724	67	57940	58	56659	57
Western Region	2782528	111301	91388	68	86932	78	77617	70	70058	63	86932	78	77619	70	70688	64	65414	59
Eastern Region	2533727	101349	91203	75	94600	93	91708	90	87007	86	94503	93	91802	91	87006	86	77815	77
Central region	5993030	239721	166749	58	164077	68	152270	64	137539	57	164077	68	152270	64	137539	57	128405	54
Northern Region	3494378	139775	87455	52	85253	61	76982	55	65982	47	82210	59	76304	55	65706	47	58813	42
Southern Region	3356071	134243	66407	41	62035	46	55534	41	47522	35	61199	46	55504	41	47497	35	43597	32
Total	24146422	965857	652071	56	638870	66	585636	61	519842	54	630615	65	582587	60	519867	54	480272	50

* Estimated number of births is used as denominator for BCG %. For other vaccine estimated number of surviving infants is used as denominator, Which is 4% of total population (as agreed by MoH and EPI partners)?

4-2-2. DPT Drop-Out Rate

For Year 2003

Indicators	Targets	Achievements	Constraints	Updated targets
DPT-3 Coverage Rate	55 %	54%		
DPT Drop-Out Rate	16%	18%		

For year 2002

Indicators	Targets	Achievements	Constraints	Updated targets
DPT-3 Coverage Rate	47%	48%		
DPT Drop-Out Rate	19.3 %	18%		

4-3. Safety injection practice as measured by the standardized WHO questioner

Twenty health facilities (hospitals, urban and rural health centres, health posts, MCH centres) were selected in 13 districts to assess safety of injection practices both in immunization and curative. It revealed that 72 % of observed immunization injections were safe according to internationally recommended best practices. The figure for other injections (curative) was 33%.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	June 01, 2004	
Reporting Period (consistent with previous calendar year)	2003	
Table 1 filled-in	Yes	
DQA reported on	Yes	
Reported on use of 100,000 US\$	N.A	
Injection Safety Reported on	N.A	
FSP Reported on (progress against country FSP indicators)	Yes	
Table 2 filled-in	Yes	
New Vaccine Request completed	N.A	
Revised request for injection safety completed (where applicable)	N.A	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

→ *ICC/RWG comments:*

The ICC members reviewed the progress report and their comments have been duly incorporated in this report.

Signatures

For the Transitional Islamic Government of Afghanistan: Dr. Sohila Sidiq.....

Signature:

Title: Minister of Health.....

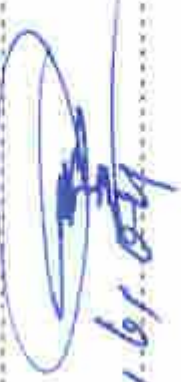
Date:

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.

report. Signature of endorsement of this document does not imply

reporting of country performance. It is based on the regular
m that the funds received have been audited and accounted for

Organisation	Name/Title	Date	Signature
	Dr. A. Wasikhan Technical Officer	1.06.04	
	Hamidullah Salyang Medical Coordinator	1/06/04	
	Sonyad Nadir EPI Programme Advisor	1.1.6.04	
	Dr. Shokohmand G.D Health Services Promoter	1.1.6.04	

~ End ~