



Partnering with The Vaccine Fund

Updated in February 2004

Progress Report

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

by the Government of

COUNTRY:	CHAD	REVISED
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Date of submission: 16 July 2004.....

Reporting period: 14 July to 31 December 2003

.. (Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one) :

Inception report	☐
First annual progress report	☒ X
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***

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.

***Mechanism for management of ISS funds:** The EPI Technical Committee submits its workplan to the ICC, which examines it in a plenary sitting. Once the ICC has approved this plan, it is executed by the EPI National Coordination Office. The EPI submits payment requests to the ICC members authorized to sign checks, namely, the Secretary General of the Ministry of Public Health, the EPI Director and the WHO Representative. Receipts are kept in a file at the EPI National Coordination Office for purposes of external audits. Management reports are made to the ICC at the last annual meeting of that body.*

With regard to the first tranche of ISS funds sent, at its meeting of 26 February 2004, the ICC decided to earmark them for funding the micro-plans of 18 districts chosen for the implementation of the RED (Reach Every District) approach.

Major difficulties: Primarily the fact that the funds arrived very late (January 2004) instead of July 2003 as planned, which meant that the activities could not be carried out as planned.

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 _2003_____

Remaining funds (carry over) from the previous year _USD 144,500_____

Table 1 : Use of funds during reported calendar year 2003 (the funds for 2003 arrived in January 2004 and are thus being used at present)

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	171,920				

Injection supplies	112,500				
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.*

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).*

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

No, the funds did not reach the country until January 2004, which meant that no under-used vaccines were received in 2003.

Start of immunization with the new and under-used vaccine: January 2004

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

Vaccines arrived somewhat late.

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.*

- Preparation of micro-plans in 18 districts for the implementation of the “RED” approach
- Training of district head doctors in the RED approach

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.

Funds not yet available

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
We did not receive any injection safety supplies in 2003.

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

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.
In 2003, the EPI National Service only sent AD syringes for injections.
No incinerators were built.

Indicators	Targets	Achievements	Constraints	Updated targets

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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

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

Not applicable

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.

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. Updated 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	306 038	313 689	321 530	329 569	337 810	346 255	354 911	363 744
Infants' deaths	32 134	32 937	33 761	34 605	35 470	36 357	37 236	38 197
Surviving infants	273 904	280 752	287 769	294 964	302 340	309 898	317 675	325 547
Infants vaccinated with DTP1 *	147 908	115 108	192 003	219 203				
Infants vaccinated with DTP3 *	81 800	75 803	113 270	138 278	142 100	176 642	203 312	227 883
NEW VACCINES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Infants vaccinated with _____ * (use one row per new vaccine)	N/A	N/A	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	N/A	N/A
INJECTION SAFETY								
Pregnant women vaccinated with TT	96 894	84 226	ND	143 573	151 170	185 939	212 842	234 394
Infants vaccinated with BCG	149 085	138 032	189 212	213 270	216 198	256 229	287 478	309 182

Infants vaccinated with measles	100 783	87 033	155 404	180 441	154 193	189 038	216 019	237 649
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* Indicate actual number of children vaccinated in past years and updated targets (with DTP alone or combined)

** Use three lines for each new vaccine introduced

*** Indicate actual wastage rate obtained in past years

.....**** Insert the necessary lines

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004..... (indicate forthcoming year)

Table 4: Estimated number of doses of YF vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Number of children to receive new vaccine		*189 038
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	70 %	
C	Number of doses per child	1	
D	Number of doses	$A \times B/100 \times C$	132 327
E	Estimated wastage factor	(see list in table 3)	1,52
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	201 136
G	Vaccines buffer stock	$F \times 0.25$	50 284
H	Anticipated vaccines in stock at start of year		60 000
I	Total vaccine doses requested	$F + G - H$	191 420
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	136 098

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.

L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	21 248
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1 747

- **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 1.*

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

Table 6.1: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	2004	2005	2006	2007
A	Target of children for BCG vaccination) ¹	#	216 198	256 229	287 478	309 182
B	Number of doses per child	#	1	1	1	1
C	Number of BCG doses	A x B	216 198	256 229	287 478	309 182
D	AD syringes (+10% wastage)	C x 1.11	239 980	284 414	319 101	343 192
E	AD syringes buffer stock ²	D x 0.25	0	0	0	
F	Total AD syringes	D + E	239 980	284 414	319 101	343 192
G	Number of doses per vial	#	20	20	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	13 997	14 221	15 955	17 160
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2 998	3 315	3 719	4000

Table 6.2: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	2004	2005	2006	2007
A	Target of children for DTP vaccination ⁴	#	142 100	176 642	203 312	227 883
B	Number of doses per child	#	3	3	3	3
C	Number of DTP doses	A x B	426 300	529 926	609 936	683 649
D	AD syringes (+10% wastage)	C x 1.11	473 193	588 218	677 029	758 850

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 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).

E	AD syringes buffer stock ⁵	$D \times 0.25$	0	0	0	0
F	Total AD syringes	$D + E$	473 193	588 218	677 029	758 850
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>				
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5 252	6 529	7 515	8 423

Table 6.3: Estimated supplies for safety of vaccination for the next two years with measles

		Formula	2004	2005	2006	2007
A	Target of children for measles vaccination ⁷	#	154 193	189 038	216 019	237 649
B	Number of doses per child	#	1	1	1	1
C	Number of measles doses	$A \times B$	154 193	189 038	216 019	237 649
D	AD syringes (+10% wastage)	$C \times 1.11$	171 154	209 832	239 781	263 790
E	AD syringes buffer stock ⁸	$D \times 0.25$	0	0	0	0
F	Total AD syringes	$D + E$	171 154	209 832	239 781	263 790
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>				
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	17 115	20 983	23 978	26 379
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	2 090	2 562	2 928	3 221

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.

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 6.4: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	2004	2005	2006	2007
A	Target of pregnant women ¹⁰	#	151 170	185 939	212 842	234 394
B	Number of doses per woman	#	2	2	2	2
C	Number of TT doses	A x B	302 340	371 878	425 684	468 788
D	AD syringes (+10% wastage)	C x 1.11	335 597	412 785	472 509	520 355
E	AD syringes buffer stock ¹¹	D x 0.25	0	0	0	0
F	Total AD syringes	D + E	335 597	412 785	472 509	520 355
G	Number of doses per vial	#	10	10	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6				
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$				
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3 725	4 582	5 245	5 776

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.