



Partnering with The Vaccine Fund

May 2004

Progress Report

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

by the Government of

COUNTRY:	Federal Democratic Republic of Ethiopia
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Date of submission: ...May 30,2004.....

Reporting period:.....**2003**..... (Information provided in this report

MUST

refer to the previous calendar year)

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	✓
Third annual progress report	ρ
Fourth annual progress report	ρ
Fifth annual progress report	ρ

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.

The total amount of money received was 964,000USD and all was distributed to regions and nothing was left at the central level. Distribution of GAVI/Vaccine Fund and injection materials was prepared by the Federal MOH based on the number of surviving infants of each region targeted for routine immunization and presented to the ICC, the technical advisory body to the Ministry of Health. The plan was accepted and endorsed by the ICC with due consideration for strict follow up and accountability. Distribution was done to regions with clear information on how to use the fund and to report the activities and expenditure accordingly. The fund is utilised for per diem for out reach and mobile activities, kerosene for refrigerators, fuel for vehicles, transport cost for public transport in some of the outreach sites, maintenance of refrigerators, vehicles and motor cycles, for social mobilization like dry cell battery and payment for the local announcer, training of health workers for stationary and per diem. Fund utilization by the regions was confirmed from the information gathered during supervision and the statement of expenditure sent to the finance service of the Federal Ministry Of Health. The detail is in table 1.1.2 and 1.3.3.

The fund was available on time thus the distribution was done timely.

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 964,000 USD

Remaining funds (carry over) from the previous year none

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	NA				
Injection supplies	2,281,300.00**	-	-		
Personnel	187,952.03	-	-		
Transportation	59,209.91	-	-		
Maintenance and overheads	NA	-	-		
Training	9,884. 57	-	-		
IEC / social mobilization	7099.48	-	-		
Outreach		-	-		
Supervision	NA				
Monitoring and evaluation	NA				
Epidemiological surveillance	NA				
Vehicles	75,229.38 (maintenance)		-		
Cold chain equipment	7,221.24 (for Kerosene)				
Other. (Specify)	-		-		
Total:	2,627,896.61***	-	-		
Remaining funds for next ear:	NA	None	None	None	

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

*** The amount indicated was Value for total supply of injection safety for 2002 and 2003.the supply for this value was received for both years from GAVI*

**** The amount of fund indicated is a complete report from the statement of expenditure of 29% of the districts. The financial report from the remaining districts is on process*

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.

With the utilization of GAVI/VF support, newly opened fixed sites and the previously opened outreach sites are strengthened. In addition to the integrated planning and utilization of available resources, preparation of micro planning by woredas EPI managers and training of health workers on EPI were done. To increase DPT3 coverage and decrease drop out rate, modular trainings were given by the big regions for Mid Level EPI Managers. Cold chain users and safe injection training were given at peripheral level. A cold chain technician training was conducted at central level for cold chain technicians. Advocacy meeting on new vaccine introduction was done by the FMOH. Annual EPI Review on the performance of the year 2003 was done at national level. High turn over of trained human resource, lack of means of communication facilities (telephone and radio), lack of adequate transport remained to be the problems in remote part of the country. High defaulter rate and high vaccine wastage rate were still the main problems observed. No progress is made in the availability of proper sharp waste disposal from the previous years.

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.

Although the plan is not yet developed, serious consideration on the importance of immunization reporting has been given in all the trainings and micro planning for RED approach to improve the recording and reporting system.

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).

None

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.

None

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.

Selection of the vaccines formulations, organization of cold chain system to accommodate all traditional and new EPI vaccines at all levels, sensitization advocacy for higher officials and health workers are some of the activities that took place in 2003.

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

In 2003 the approved amount of injection safety material was received in two shipments. No problem was encountered.

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
No of Districts phased out reusable syringes	All the districts in the country	100%		Same
No of facilities with 2 trained persons	1000	100%	High turnover of trained human resource	Same
No of facilities with proper disposal of sharps	Health centres with underused incinerators and clinics without incinerator	All Health centres* and 15% of the clinics	Presence of health facilities without the proper incinerators	Health centres and clinics without proper sharp disposal.

*All health centres and an estimated 15% of the clinics have proper sharp disposal facilities but some of the incinerators are not used for incineration at all for reasons not related to its functionality

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:

No injection safety support was received in the form of cash contribution, however To strengthen the Routine EPI at Static and Out Reach sites in all the regions, 964,000 USD was used as operational cost, including for training of health workers on injection safety and transportation of safe injection materials

Perdiem.....	187,953 USD
Transport and cold chain Maintenance.....	82,229.62 USD*
Training	9,884.57 USD
Social mobilization.....	7,099.48 USD

* Includes only the maintenance of vehicles and cold chain

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.gavinfo.org> under FSP guidelines and annexes).
Highlight assistance needed from partners at local, regional and/or global level

Recently (May4-7/04), a team has attended the orientation on Financial Sustainability Planning held in Pretoria and this will further strengthen the efforts of the regional governments in the country who have started allocating budget to the immunization program in their respective regions.

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	2,804,561	2,607,469	2,711,403	2,780,157	3,144,318	3,235,503	3,329,333	
Infants' deaths	272,042	255,802	304,552	311,651	304,999	3,138,444	322,945	
Surviving infants	2,532,519	2,351,667	2,406,851	2,468,506	2,839,319	2,921,659	3,006,387	
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	1,147,973	1,340,768	1,223,373	1,292,780	1,703,591	1,899,078	2,104,471	
NEW VACCINES								
Infants vaccinated with ___ * (use one row per new vaccine)	-	-	NA	NA				
Wastage rate of ** (new vaccine)	-	-	NA	NA				
INJECTION SAFETY								
Pregnant women vaccinated with TT	896,729	1,196,737	659,682	907,473	1,423,735	1,758,027	2,110,512	
Infants vaccinated with BCG	1,369,044	1,462,323	1,485,164	1,582,344	1,918,034	2,135,432	2,363,826	
Infants vaccinated with Measles	1,010,201	943,283	1,009,027	1,092,599	1,354,355	1,519,263	1,897,720	

* Indicate actual number of children vaccinated in past years and updated targets. Subsequent years' figures are subject for change

** 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.

Generally the base line figures are projections of the 1994 census. The figures for targets are compiled from the regional reports where these figures are taken as the denominator in the reported year.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) **for the year 2003** (indicate forthcoming year)

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

A request to introduce tetravalent (DTP-HepB) vaccine had been sent in 2002. In 2003 information on the options of the formulations with the merits and demerits of these formulations in terms of volume, cost and sustainable availability was provided for the FMOH and further thoroughly discussed by the ICC and reached agreement to introduce monovalent HepB in 2005 and switch to pentavalent form in 2006

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 ...BCG... (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2004	For year ...2005...
A	Target of children for <u>BCG</u> vaccination (for TT : target of pregnant women)¹	#	1,918,034	2,135,432
B	Number of doses per child (for TT woman)	#	1	1
C	Number of BCG doses	$A \times B$	1,918,034	2,135,432
D	AD syringes (+10% wastage)	$C \times 1.11$	2,129,018	2,370,330
E	AD syringes buffer stock ²	$D \times 0.25$	532,255	592,583
F	Total AD syringes	$D + E$	2,661,273	2,962,913
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	212,902	237,033
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	31,904	35,520

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

		Formula	For year 2004	For year ...2005...
A	Target of children for <u>DTP</u> vaccination (for TT : target of pregnant women)⁴	#	1,703,591	1,899,087
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DTP doses	$A \times B$	5,110,773	5,698,773
D	AD syringes (+10% wastage)	$C \times 1.11$	5,672,958	6,325,638
E	AD syringes buffer stock ⁵	$D \times 0.25$	141,824	1,581,410
F	Total AD syringes	$D + E$	5,814,782	7,907,048
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	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)	$(F + I) \times 1.11 / 100$	64,544	87,763

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 6: 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 2004	For year ...2005...
A	Target of children for <u>Measles</u> vaccination (for TT: target of pregnant women) ⁷	#	1,354,355	1,519,263
B	Number of doses per child (for TT woman)	#	1	1
C	Number of measles doses	A x B	1,354,355	1,519,263
D	AD syringes (+10% wastage)	C x 1.11	1,503,334	1,686,382
E	AD syringes buffer stock ⁸	D x 0.25	375,834	421,596
F	Total AD syringes	D + E	1,879,168	2,107,978
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	300,667	337,276
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	24,197	27,143

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 7 : 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 2004	For year ...2005...
A	Target of pregnant women for TT vaccination (for TT: target of pregnant women) ¹⁰	#	1,423,735	1,758,027
B	Number of doses per child (for TT woman)	#	2	2
C	Number of <u>TT</u> doses	A x B	2,847,470	3,516,054
D	AD syringes (+10% wastage)	C x 1.11	3,160,692	3,902,820
E	AD syringes buffer stock ¹¹	D x 0.25	790,173	975,705
F	Total AD syringes	D + E	3,950,865	4,878,525
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 ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	43,855	54,152

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

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	2,661,273	2,962,913	
	for other vaccines	11,644,815	24,908,577	
Total of reconstitution syringes		513,569	574,309	
Total of safety boxes		164,500	204,578	

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

The population in the GAVI letter of approval was taken from the long-term projection of the census. The 2004 and 2005 forecast are done using the adjusted figure of census for 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
Number of districts phased out reusable syringes	All the districts in the country	100%	Shortage of BCG-AD syringe	75%
Number of facilities with 2 trained persons	2000	75%	High turnover of trained manpower	
No of facilities with proper disposal of sharps	Health Centres and clinics	100% of the health centres* and 15% of the Clinics	Lack of awareness and low demand for the service by the community	

*All health centres and an estimated 15% of the clinics have proper sharp disposal facilities but they are not utilized properly.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	05/24/04	Draft 1
Reporting Period (consistent with previous calendar year)	2003	
Table 1 filled-in	x	
DQA reported on		Plan of action on process
Reported on use of 100,000 US\$		The support not received
Injection Safety Reported on	x	
FSP Reported on (progress against country FSP indicators)	x	
Table 2 filled-in	x	
New Vaccine Request completed	2004	Under process
Revised request for injection safety completed (where applicable)	x	
ICC minutes attached to the report	x	
Government signatures	x	
ICC endorsed		

6. Comments

→ ICC comments:

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7. Signatures

For the Government ofEthiopia.....

Signature:

Title:

Date:April 19, 2004.....

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

~ End ~