



Partnering with The Vaccine Fund

Progress Report

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

by the Government of

COUNTRY:	THE GAMBIA
-----------------	-------------------

Date of submission: 30th September 2003

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

First 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*

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use if GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

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

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

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

5. Checklist

6. Comments

7. Signatures

1. Report on progress made during the year 2002

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 ISS funds are in a special government account under the central bank. All activities to be funded from ISS funds are presented, discussed and approved by ICC members.

As this is a government account, government financial procedures have to be followed to access funds in the account. Therefore, the approved activities are sent to the permanent secretary for endorsement and then forwarded to the principal accountant. The accountant prepares supporting documents for the financial transaction to the government treasurer to prepare the cheques. The delay is usually in the process between the treasury and the Accounts Department.

1.1.2 Use of Immunization Services Support

In the year 2002 the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year 2002 is US \$ US \$ 100,000.00

Remaining funds (carry over) from the previous year 2001 is US \$32,000.00

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation (Fuel)	3334.00	3334.00			
Maintenance and overheads	19,716.00	11,829.6		7886.4	
Training					
IEC / social mobilization					
Outreach					
Supervision	4566.00			4566.00	

Monitoring and evaluation	3334.00	3334.00			
Epidemiological surveillance					
Vehicles (motorcycles)	22,233.00			22,233.00	
Cold chain equipment	50,014.00			50,014.00	
Other (specify)					
Total:	103,197	18,497.6		84,699.4	
Remaining funds for next year:	29,103.00				

**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.*

*Training of 190 Health staff on vaccine monitoring in all 6 health districts.
Two Monitoring and Supportive Supervision and "hands on" training of health facility staff in 6 districts.
Refrigerators (5 Dulas) are being procured to strengthen the cold chain system.
New monitoring tools for vaccines have been developed and are being printed*

1.1.3 Immunization Data Quality Audit (DQA) (NOT IMPLEMENTED BY THE GAMBIA)

→ *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.*

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

Coverage evaluation survey (EPI Cluster)was conducted for 2002. The data is being analysed at this point and is expected to available towards the end of October this year.

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

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

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

The Gambia received the following vaccines and quantities from GAVI: in 2002.

- Hib --- 70,000 doses , May 2002
65,000 doses in August 2002
- Hepatitis B --- 252,600 doses, (85,000 doses September) and (167,600 doses December 2002)

No problems were encountered.

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.*

Major Activities expected to be undertaken to strengthen the new vaccine introduction are outlined below:-

- ▶ Procurement of 5 additional cold chain equipment.
- ▶ Increased monitoring and supervision of EPI activities at divisional and health facility levels.
- ▶ Introduction of revised vaccine monitoring tools.
- ▶ Training of health staff on monitoring of vaccines
- ▶ Revision of vaccine ledgers
- ▶ Procurement of motor cycles to improve immunization services

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.

The new and under-used vaccines introduced in The Gambia are Hepatitis B, Hib and Yellow Fever. The US\$100,000.00 for the introduction of new vaccines is being utilized to strengthen the EPI Programme in the following areas:

- Cold chain equipment: US \$ 50,014.00
- Vehicles (motorcycles): US \$ 22,233.00
- Transportation (Fuel): US \$ 3,334.00

76% of the US\$100,000 has so far been used.

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

The approved quantities for injection equipment have all been received in November 2002.

- BCG Syringes 80,184 pieces
- AD Syringes 464,631 pieces
- Reconstitution syringes (BCG) 6,415 pieces
- Reconstitution syringes (Measles) 9,197 pieces
- Reconstitution syringes (Yellow Fever) 18,393 pieces
- Safety Boxes 6,425 pieces

No problems encountered so far

--

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.

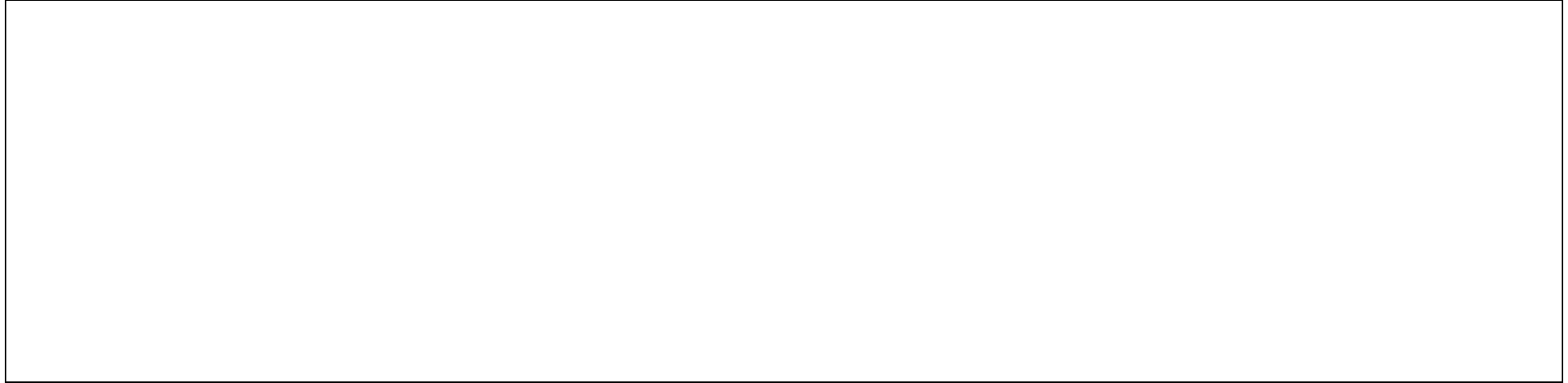
No	Indicators	Targets	Achievements	Constraints	Updated Targets
1	Proportion of health facilities visited quarterly	Visit all health facilities and divisions quarterly	All facilities visited quarterly	Delays in accessing funds	Visit all facilities and divisions quarterly
2	Forecasted needs and shipping plan finalised and sent to UNICEF	Adequate stocks of supplies available in all health facilities	Most facilities monitor injection equipment Distribution schedule of equipment developed for divisions	A few facilities do not regularly monitor injection equipment	All facilities to institute proper monitoring of all equipment
3	No. of health personnel from health facilities trained on injection safety	Train at least two people from each health facility on injection safety	190 staff including nurses, public health officers and divisional supervisors trained on injection safety		All trained staff to practice injection safety. More staff to be trained on injection safety and focal points identified.

4	11 incinerators constructed	Construction of eleven De'Montfort incinerators	Consultant identified but materials are yet to be ordered.	Materials not locally available	Construction of 11 De'Mont Fort incinerators
5	Communication and advocacy plan on injection safety developed	Develop communication and advocacy plan on injection safety	Consultant and funds identified for development of plan from UNICEF Regional funds	EPI team busy with FSP and preparations for measles campaign	Availability and implementation of communication plan
6	Revised training modules on injection safety	Training modules included in pre-service curricula	Some pre-service schools have revised their curriculum to include injection safety	Limited staff trained on injection safety	Some pre-service schools trained on injection safety

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 cash was received, the support was in the form of supply.



2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

No.	Activity	Time Frame						
		May	Jun	Jul	Aug	Sep	Oct	Nov
1	Weekly taskforce meeting	X	X	X	X	X	X	X
2	Breif ICC, partners and Stake holders	X						
3	Identify task force members and train		X					
4	Develop data collection tools			X				
5	Identify Technical assistance		X					
6	Draft FSP plan sections 1 - 4			X	X			
7	Submit to ICC for comments				X			
8	Incoporate comments and send to GAVI					X		
9	Incoporate GAVI comments and draft section 5 and 6						X	
10	ICC/Stakeholders breifing							X
11	Insert comments from ICC							X
12	Finalise and get ICC signatures							X
13	Submission to GAVI							X

3. Request for new and under-used vaccines for year 2004 (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the **year 2004**.

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	55,385	57,711	60,135	62,661	65,292	68,035	70,892	73,870
Infants' deaths	3,545	3,694	3,849	4,010	4,179	4,354	4,537	4,728
Surviving infants	51,840	54,018	56,286	58,650	61,114	63,681	66,355	69,142
Infants vaccinated with DTP3 *	38,569	51,749	54,035	56,891	59,892	63,449	65,691	68,451
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form								
NEW VACCINES								
Infants vaccinated with Hib *	38,569	51,749	54,035	56,891	59,892	63,449	65,691	68,451
Wastage rate of ** Hib		1.14	1.14	1.13	1.12	1.11	1.11	1.11
Infants vaccinated with Hep. B	45,049	45,537	50,658	52,785	58,058	60,496	63,037	67,068
Wastage rate of ** Hep. B		2.34	1.33	1.25	1.18	1.11	1.11	1.11
INJECTION SAFETY								
Pregnant women vaccinated with TT	41,816	45,015	48,108	51,382	54,193	57,149	60,258	62,789

Last Updated 30 June 2003 11:00

Infants vaccinated with BCG	53,225	55,460	57,790	60,217	62,746	65,381	68,127	71,654
Infants vaccinated with Measles	47,538	49,696	51,783	53,957	58,058	60,496	63,037	67,068

* 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 number of children immunized with DPT and Hib, 51749 (95.8%), respectively exceeded the target set for 2001, 40513 (75%). Therefore the targets for the following years have been revised accordingly – from 45,029 to 54,035 for 2002; from 52,785 to 56,891 for 2003; from 58,058 to 59,892 for 2004; from 60,496 to 63,449 for 2005 from 63,037 to 65,691 for 2006; and from 67,068 to 68,451 for 2007.

The 2001 wastage rate for Hib (has fell below the 2000-estimated wastage target wastage. Therefore, Hib wastage rates for the following years have been revised.

The high wastage rate for Hepatitis B is attributed to the late introduction of the Open multi Vial Policy

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

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

Shipment Plan for 2004 sent to UNICEF supply division and we await their comments.

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

		Formula	For year 2004
A	Number of children to receive new vaccine (DPT/Hib)		59892
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	179676
E	Estimated wastage factor	(see list in table 3)	1.12
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	201237
G	Vaccines buffer stock	$F \times 0.25$	50309
H	Anticipated vaccines in stock at start of year		40160
I	Total vaccine doses requested	$F + G - H$	211386
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	210706
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	23464
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2599

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. For vaccine in single or two-dose vials the maximum wastage allowance is 5%. 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.*

		Formula	For year 2004
--	--	---------	---------------

Remarks

A	Number of children to receive new vaccine (Hep.B)		58058
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	174174
E	Estimated wastage factor	(see list in table 3)	1.12
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	195075
G	Vaccines buffer stock	$F \times 0.25$	48769
H	Anticipated vaccines in stock at start of year		86072
I	Total vaccine doses requested	$F + G - H$	157772
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	151926
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	17513
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	1881

- **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. For vaccine in single or two-dose vials the maximum wastage allowance is 5%. 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

3.3 Confirmed/revised request for injection safety support for the year **2004** (*indicate forthcoming year*)

Table 4: Estimated supplies for safety of vaccination for the next two years with DPT-Hib (*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 DPT-Hib vaccination (for TT : target of pregnant women)¹	#	59892	63449
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DPT-Hib doses	A x B	179676	190347
D	AD syringes (+10% wastage)	C x 1.11	199440	211285
E	AD syringes buffer stock ²	D x 0.25	49860	52821
F	Total AD syringes	D + E	249300	264106
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 ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	39888	42257
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3210	3401

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for DPT-Hib	249300	264106	
	for other vaccines	0	0	
Total of reconstitution syringes		39888	42257	
Total of safety boxes		3210	3401	

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

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

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

³ Only for lyophilized vaccines. Write zero for other vaccines

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

Table 4: Estimated supplies for safety of vaccination for the next two years with Hep. B (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 Hep.B vaccination (for TT : target of pregnant women) ⁴	#	58058	60496
B	Number of doses per child (for TT woman)	#	3	3
C	Number of Hep. B doses	A x B	174174	181488
D	AD syringes (+10% wastage)	C x 1.11	193333	201452
E	AD syringes buffer stock ⁵	D x 0.25	48333	50363
F	Total AD syringes	D + E	241666	251815
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
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)	$(F + I) \times 1.11 / 100$	2682	2795

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for Hep. B	241666	251815	
	for other vaccines	0	0	
Total of reconstitution syringes		0	0	
Total of safety boxes		2682	2795	

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

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 4: 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 children for TT vaccination (for TT : target of pregnant women)⁷	#	54193	57149
B	Number of doses per child (for TT woman)	#	2	2
C	Number of TT doses	$A \times B$	108386	114298
D	AD syringes (+10% wastage)	$C \times 1.11$	120308	126871
E	AD syringes buffer stock⁸	$D \times 0.25$	30077	31718
F	Total AD syringes	$D + E$	150386	158588
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1669	1760

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

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	for TT	150386	158588	
	for other vaccines	0	0	
Total of reconstitution syringes		0	0	
Total of safety boxes		1669	1760	

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

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 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 BCG vaccination (for TT : target of pregnant women)¹⁰	#	62746	65381
B	Number of doses per child (for TT woman)	#	1	1
C	Number of BCG doses	A x B	62746	65381
D	AD syringes (+10% wastage)	C x 1.11	69648	72573
E	AD syringes buffer stock ¹¹	D x 0.25	17412	18143
F	Total AD syringes	D + E	87060	90716
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 ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	13930	14515
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1121	1168

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	87060	90716	
	for other vaccines	0	0	
Total of reconstitution syringes		13930	14515	
Total of safety boxes		1121	1168	

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

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 4: 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 Measles vaccination (for TT : target of pregnant women)¹³	#	58058	60496
B	Number of doses per child (for TT woman)	#	1	1
C	Number of Measles doses	A x B	58058	60496
D	AD syringes (+10% wastage)	C x 1.11	64444	67151
E	AD syringes buffer stock ¹⁴	D x 0.25	16111	16788
F	Total AD syringes	D + E	80555	83938
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 ¹⁵ syringes (+10% wastage)	$C \times H \times 1.11 / G$	10311	10744
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1009	1051

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for Measles	80555	83939	
	for other vaccines	0	0	
Total of reconstitution syringes		10311	10744	
Total of safety boxes		1009	1051	

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

--

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.

Table 4: Estimated supplies for safety of vaccination for the next two years with Yellow fever (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 Yellow fever vaccination (for TT : target of pregnant women) ¹⁶	#	58058	60496
B	Number of doses per child (for TT woman)	#	1	1
C	Number of Yellow Fever doses	A x B	58058	60496
D	AD syringes (+10% wastage)	C x 1.11	64444	67151
E	AD syringes buffer stock ¹⁷	D x 0.25	16111	16788
F	Total AD syringes	D + E	80555	83938
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 ¹⁸ syringes (+10% wastage)	$C \times H \times 1.11 / G$	10311	10744
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1009	1051

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 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for Yellow fever	80555	83938	
	for other vaccines	0	0	
Total of reconstitution syringes		10311	10744	
Total of safety boxes		1009	1051	

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

¹⁶ 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).

¹⁷ 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.

¹⁸ 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

Please refer to 1.3.2 of this report for the above.

5. Checklist

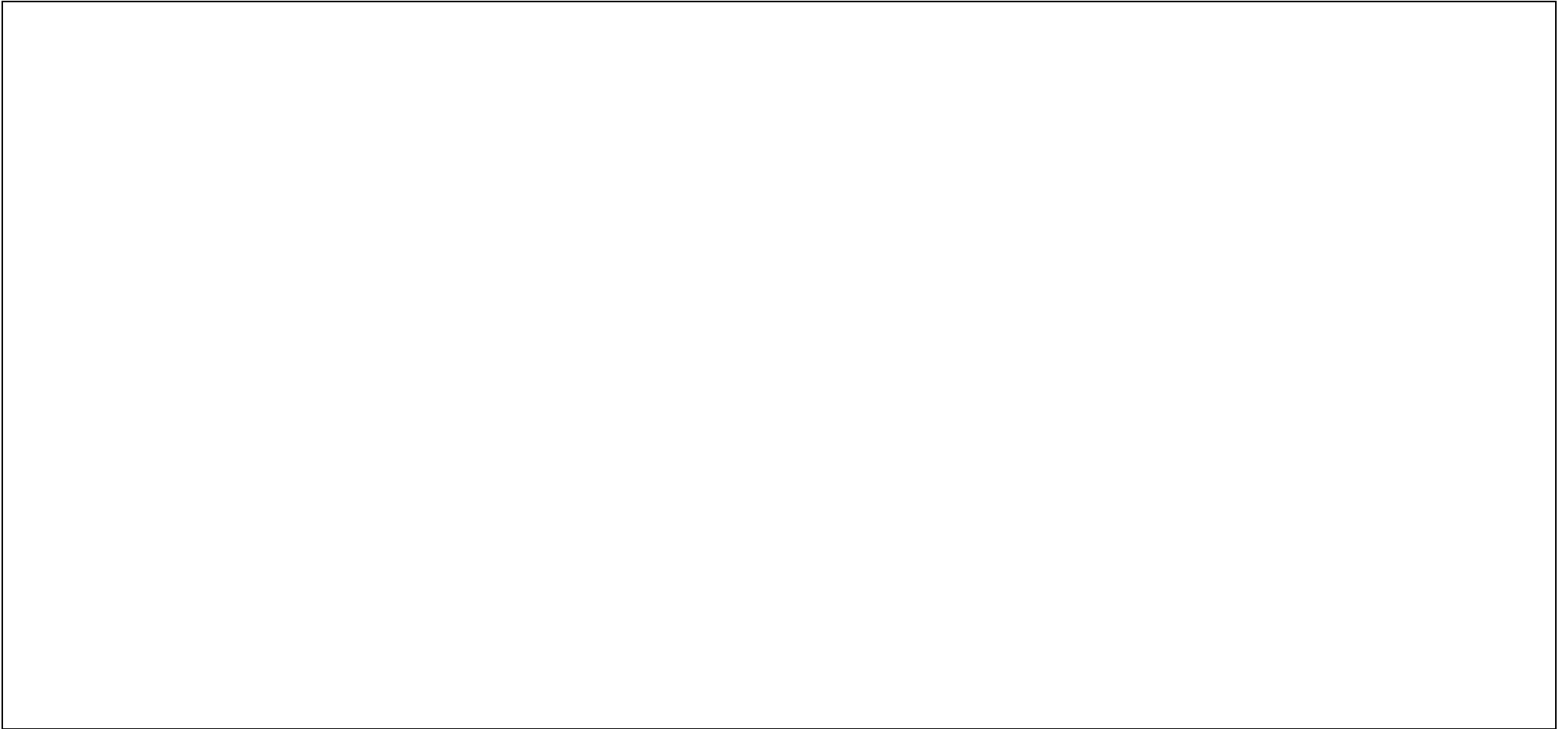
Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Yes	
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	Yes	
DQA reported on	No	
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	No	Plan under development
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	No	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

→ ICC comments:

Last Updated 30 June 2003 11:00



7. Signatures

For the Government of

Signature:

Title:

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	Agency/Organisation	Name/Title	Date	Signature
WHO	Dr. James Mwanzia WHO Representative			Dept. of State for Health	Mr. Abdoulie Mam Njie Permanent Secretary		
WHO	Dr. Dodji Tagodoe MO/WHO/EPI			Christian Children Fund	Mrs. Bintou Kunjo Programme Officer		
UNICEF	Dr. Ayo Palmer Basic Services			Catholic Relief Services	Mrs. Bertha M'boge Health Officer		
UNICEF	Mr. Mathew Baldeh EPI Officer						
Dept. of State for Health	Mr. Yankuba Kassama Sec. of State for Health						
Dept of State for Health	Dr. Omar Sam Director of Health Services						

~ End ~