



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: THE GAMBIA

Date of submission: **28th May 2004**

Reporting period: **Jan – Dec 2003** (*Information provided in this report **MUST** refer to the previous calendar year*)

Second 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***

5.. 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 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 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 monies in the account. Therefore, the approved activities are sent to the permanent secretary for the endorsement and then forwarded to the principal accountant. The accountant prepares a supporting document for the government treasurer to prepare the cheques. Great improvement has been made in the accessing of GAVI funds since the last annual progress report to GAVI.

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 US \$ 32, 300

Remaining funds (carry over) from the previous year US \$ 29, 103

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					
Injection supplies					
Personnel					
Transportation	1,315.00	1,315.00			
Maintenance and overheads	12,062.60	12,062.60			
Training					
IEC / social mobilization					
Outreach					
Supervision	3,480.00	2,520.00	1,320.00		
Monitoring and evaluation	1,113.33			1,113.33	
Epidemiological surveillance					
Vehicles	1,071.60	1,071.60			
Cold chain equipment					
Other (Printing and stationery)	1,126.60	1,126.60			
Total:	20,529.30	18,095.96	1,320.00	1,113.33	
Remaining funds for next year:	40,873.70				

**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 divisions.

Four Monitoring and Supportive Supervision and “hands on” training of health facility staff in 6 divisions

The Department of State has procure under the HIPC funds 20 solar refrigerators, the Italian project procure 6 solar sets of refrigerators and the Taiwanese provided 23 full sets of solar refrigerator, 4 procured using GAVI funds. All these will strengthen the cold chain system.

The new tally sheet booklet and vaccine management tool have been printed and is being used at field level with minimal problems, which are being solved during our supervision.

Unicef is trying to procure a 40m³ Cold room and vaccine carriers for the Central EPI Unit. This will alleviate the problems of ordering vaccines on quarterly basis.

Two 30KVA generators were also purchased for two divisions in the country as back up for the cold chain system. Plans are well in advance for the procurement of additional three for the remaining ones.

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

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

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.

The new and under-used vaccine have been introduced in The Gambia for a very long time after successfully carried out vaccines trials in The Gambia

The Gambia received the following vaccines and quantities from GAVI in 2003.

- DPT/Hib --- 58,530 doses , January 2003
64,220 doses in February 2003
122, 750 doses in October 2003
- Hepatitis B --- This vaccine was not requested from GAVI for the year 2003, since the Programme had a good stock of the said vaccines
-
- 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 outline below:-

- ▶ Increased monitoring and supervision of EPI activities at divisional and health facility levels.
- ▶ Training of health staff on monitoring of vaccines
- ▶ Procurement of motor cycles to improve immunization services on yearly basis as a means of sustainability of delivery EPI services
- ▶ Conduct of National Measles campaign 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.

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 was and is still being utilized to strengthen the EPI Programme, including expansion of the cold chain system and introduction of new monitoring tools.

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 \$ 23,304.00 |
| • Transportation (Fuel): | US \$ 4,649.00 |
| • Maintenance: | US \$ 12,062.60 |
| • Supervision, monitoring and Evaluation | US \$3,480.00 |
| • Printing and Stationery | US \$1,126.00 |

94.63% 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 2003.

- *AD Syringes 261,600 pieces*
- *Reconstitution syringes (2ml) 7,500 pieces*
- *Safety Boxes 4,650 pieces*

No problems encountered so far

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

No	Indicators	Targets	Achievements	Constraints	Updated Targets
1	No. of monitoring visits	Visit all health facilities and divisions quarterly	All facilities visited quarterly	Delays in accessing funds due to bureaucratic bottle necks	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 instituted proper monitoring of all equipment
3	Number and type of health personnel 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	High staff turn over	All trained staff to practice injection safety More staff to be trained on injection safety and focal points identified
4	Construction of incinerators	At least 4 staff to be trained in construction of De'Montfort incinerators	Consultant identified and materials being prepared	Materials not local available	Construction of 11 De'Mont Fort incinerators
5	No. of radio/TV spots on injection safety	Develop communication and advocacy plan on injection safety	Consultant and funds identified for development of plan	EPI team busy with FSP and EPI Communication Plan	Availability and implementation of communication plan
	No. of advocacy meetings held				
6	Revised training modules on injection safety	Training modules included in pre-service curricula	Most pre-service schools to include injection safety in their curricula	Limited staff trained on injection safety	All pre-service school 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 2003/2004											
		May	Jun	Jul	Aug	Sep	Oct	Nov	Feb	Mar	Apr	May	
1	Weekly taskforce meeting												
2	Brief ICC, partners and Stakeholders												
3	Identify taskforce members and train												
4	Develop Data Collection tools												
5	Identify Teachnical assistance												
6	Draft FSP plan sections 1 - 4												
7	Submit to ICC for comments												
8	Incoporate comments and send to GAVI												
9	Incoporate GAVI comments and draft section 5 and 6												
10	ICC/Stakeholders breifing												
11	Insert comments from ICC												
12	Finalise and get ICC Signatures												
13	Submission to GAVI												
14	GAVI Clarifications received												
15	FSP taskforce meetings												
16	Issues for GAVI clarification discuss with the ICC												
17	ICC endorses the clarifications												
18	Re-submission to GAVI												

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.

NOT APPLICABLE

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 (%)			NOT APPLICABLE							
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 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 3 : Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
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 / to be vaccinated with 1st dose of DTP (DTP1)*	38,569	40,513	48,689	51,525	59,892	63,449	65,691	68,451	
Infants vaccinated / to be vaccinated with 3rd dose of DTP (DTP3)*	38,569	40,513	45,080	47,726	53,902	59,642	63,063	65,712	
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1st dose of Hib (new vaccine)	38,569	40,513	48,689	51,525	59,892	63,449	65,691	68,451	

Infants vaccinated / to be vaccinated with 3 rd dose of Hib (new vaccine)	38,569	40,513	45,080	47,726	53,902	59,642	63,063	65,712	
Wastage rate of *** (new vaccine)									
NEW VACCINES **									
Infants vaccinated / to be vaccinated with 1 st dose of Hep. B (new vaccine)	45,049	46,995	52,296	50,679	58,058	60,496	63,037	67,068	
Infants vaccinated / to be vaccinated with 3 rd dose of Hep. B (new vaccine)	45,049	46,995	46,478	44,967	53,413	56,866	59,254	67,068	
Wastage rate of *** (new vaccine)									
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	41,816	45,015	42,352	42,043	54,193	57,149	60,258	62,789	
Infants vaccinated / to be vaccinated with BCG	41,816	45,015	52,675	50,653	62,746	65,381	68,127	71,654	
Infants vaccinated / to be vaccinated with Measles	47,538	49,696	46,850	41,161	58,058	60,496	63,037	67,068	
Infants vaccinated/ to be vaccinated with Yellow Fever	47,071	49,696	47,881	41,419	53,902	59,642	63,063	65,712	
Infants vaccinated/ to be vaccinated with OPV3	47,589	49,588	39,666	56,982	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.

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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

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 2005
A	Number of children to receive new vaccine (DPT/Hib)		63,449
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	$A \times B/100 \times C$	190,347
E	Estimated wastage factor	(see list in table 3)	1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	224,610
G	Vaccines buffer stock	$F \times 0.25$	56,153
H	Anticipated vaccines in stock at start of year		28,640
I	Total vaccine doses requested	$F + G - H$	252,122
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	241,821
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	27,986
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2,995

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 2005
A	Number of children to receive new vaccine (Hep.B)		60,496
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	$A \times B/100 \times C$	181,488
E	Estimated wastage factor	(see list in table 3)	1.18
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	192,164
G	Vaccines buffer stock	$F \times 0.25$	48,041
H	Anticipated vaccines in stock at start of year		28,640
I	Total vaccine doses requested	$F + G - H$	211,565
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	270,844
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	23,484
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	3,473

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

3.3 Confirmed/revised request for injection safety support for the year **2005** (*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 2005	For year 2006
A	Target of children for DPT-Hib vaccination (for TT : target of pregnant women)¹	#	63,449	65,691
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DPT-Hib doses	A x B	190,347	197,073
D	AD syringes (+10% wastage)	C x 1.11	211,286	218,752
E	AD syringes buffer stock ²	D x 0.25	52,822	54,688
F	Total AD syringes	D + E	264,107	273,439
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)	$C \times H \times 1.11 / G$	42,258	43,751
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3,401	3,520

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 2005	For the year 2006	Justification of changes from originally approved supply:
Total AD syringes	for DPT-Hib	264,107	273,439	
	for other vaccines	0	0	
Total of reconstitution syringes		42,258	43,751	
Total of safety boxes		3,401	3,520	

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

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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 2005	For year 2006
A	Target of children for Hep.B vaccination (for TT : target of pregnant women) ⁴	#	63,449	65,691
B	Number of doses per child (for TT woman)	#	3	3
C	Number of Hep. B doses	A x B	190,347	197,073
D	AD syringes (+10% wastage)	C x 1.11	211,286	218,752
E	AD syringes buffer stock ⁵	D x 0.25	52,822	54,688
F	Total AD syringes	D + E	264,107	273,439
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)	$C \times H \times 1.11 / G$	42,258	43,751
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	3,401	3,520

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	264,107	273,439	
	for other vaccines	0	0	
Total of reconstitution syringes		42,258	43,751	
Total of safety boxes		3,401	3,520	

→ 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 2005	For year 2006
A	Target of children for TT vaccination (for TT : target of pregnant women)⁷	#	57,149	60,258
B	Number of doses per child (for TT woman)	#	5	5
C	Number of TT doses	A x B	285,745	301,290
D	AD syringes (+10% wastage)	C x 1.11	317,177	334,432
E	AD syringes buffer stock⁸	D x 0.25	79,295	83,608
F	Total AD syringes	D + E	396,472	418,040
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor⁴	Either 2 or 1.6	2	2
I	Number of reconstitution⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	31,718	33,444
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	4,753	5,012

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	396,472	418,040	
	for other vaccines	0	0	
Total of reconstitution syringes		31,718	33,444	
Total of safety boxes		4,753	5,012	

→ 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 2005	For year 2006
A	Target of children for BCG vaccination (for TT : target of pregnant women) ¹⁰	#	65,381	68,127
B	Number of doses per child (for TT woman)	#	1	1
C	Number of BCG doses	A x B	65,381	68,127
D	AD syringes (+10% wastage)	C x 1.11	72,573	75,621
E	AD syringes buffer stock ¹¹	D x 0.25	18,144	18,906
F	Total AD syringes	D + E	90,717	94,527
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	7,257	7,563
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	1,087	1,134

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	90,717	94,527	
	for other vaccines	0	0	
Total of reconstitution syringes		7,257	7,563	
Total of safety boxes		1,087	1,134	

→ 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 2005	For year 2006
A	Target of children for Measles vaccination (for TT : target of pregnant women)¹³	#	60496	63,037
B	Number of doses per child (for TT woman)	#	1	1
C	Number of Measles doses	A x B	60496	63,037
D	AD syringes (+10% wastage)	C x 1.11	67,151	69,971
E	AD syringes buffer stock ¹⁴	D x 0.25	16,788	17,493
F	Total AD syringes	D + E	83,939	87,464
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ¹⁵ syringes (+10% wastage)	C x H x 1.11 / G	13,431	13,995
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	1,081	1,127

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	83,939	87,464	
	for other vaccines	0	0	
Total of reconstitution syringes		13,431	13,995	
Total of safety boxes		1,081	1,127	

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

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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 2005	For year 2006
A	Target of children for Yellow fever vaccination (for TT : target of pregnant women) ¹⁶	#	59,642	63,063
B	Number of doses per child (for TT woman)	#	1	1
C	Number of Yellow Fever doses	A x B	59,642	63,063
D	AD syringes (+10% wastage)	C x 1.11	66,203	70,000
E	AD syringes buffer stock ¹⁷	D x 0.25	16,551	17,500
F	Total AD syringes	D + E	87,754	87,500
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ¹⁸ syringes (+10% wastage)	$C \times H \times 1.11 / G$	6,621	7,000
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	993	1,049

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	87,754	87,500	
	for other vaccines	0	0	
Total of reconstitution syringes		6,621	7,000	
Total of safety boxes		993	1,049	

➔ 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

Indicators	Targets	Achievements	Constraints	Updated targets

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	
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

→ *ICC/RWG comments:*

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

~ End ~