



Partnering with The Vaccine Fund

February 2004

Progress Report

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

by the Government of

COUNTRY: INDONESIA

Date of submission: 28 May 2004

Reporting period: January-December 2003 *(Information provided in this Report MUST refer to the previous calendar year)*

(Tick only one):

Inception report	<input type="radio"/>
First annual progress report	<input type="radio"/>
Second annual progress report	<input checked="" type="radio"/>
Third annual progress report	<input type="radio"/>
Fourth annual progress report	<input type="radio"/>
Fifth annual progress report	<input type="radio"/>

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 first instalment of the ISS funds amounting USD 1,567,500 has been received by the treasurer of the Director General Director General of Center for Disease Control and Environmental Health (CDC & EH) in August 2003 (year 0). The second tranche amounting USD 1,657,500 was received on the 3rd of March 2004.

A proposed strategy for the management of the ISS fund was developed and discussed with the ICC in September 2003:

ISS funded activities are in place to support the other sources' funded activities

1. Re-empower or revitalize the existing procedures and system that once had been proven to be effective to improve coverage.
2. Explore specific strategies or activities, based on local specific problem(s).
3. Follow the principles of autonomy and decentralization

Budget is managed according to the existing rules and regulations applicable to both central state budget (APBN) and foreign loan. A detailed plan and a proposal guideline were then developed with the Operational sub unit of the ICC, as a guide for the province in developing the proposal. During the Heb B birth dose annual review meeting early September 2003, the use of ISS fund to improve routine immunization was discussed with all the 30 province CDC and EPI managers. Provinces were requested to submit the ISS proposal by the end of October 2003. Each province developed the proposal with district managers, assisted by the central facilitators. The central facilitators consist of the central EPI and several provincial staffs.

For the first year, central level decided the allocation of ISS funds, which was proportional to the number of children not immunized in fiscal year 2002, or USD 6,650 which ever the highest. The facilitators reviewed all the submitted proposals in November and sent it back to each province for improvements. Based on the approved proposals, a National Work Plan was finalized in early January (annex I).

At the central level, the Secretary of the CDC & EH is the authority responsible in managing the ISS funds, run by the financing unit. The ISS funds sent to the provincial treasurer assigned by the Head of Provincial Health Office. The ISS Fund, as well the other GAVI/Vaccine fund require regular government audit. The funds received are automatically audited and accounted for according to standard government or partner requirements.

➔ **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 USD 1,567,500

Remaining funds (carry over) from the previous year n.a

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					
Maintenance and overheads					
Training	2,952	2,952			
IEC / social mobilization	3,518	3,518			
Outreach					
Supervision	1,218	1,218			
Monitoring and evaluation	25,760	25,760			
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:	33,388	33,388			
Remaining funds for next year:	1,534,090				

**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.*

Problems identified in relation with the goals stated in the multi-year plan:

Goal I Meet UCI target in 90% villages : problem high turn over rate of government staffs at local level, lack of training during the past 10 years -> need training & supervision
Major activities related to ISS funds explained below.

Goal II Meet Global and regional commitment : Polio eradication, Measles reduction and Maternal and Neonatal Tetanus Elimination
-> Problem : lack of funding for School-based measles catch up campaign and MNTE -> need fund raising for external support and advocacy for local government funding
-> Not related to GAVI

Goal III Institutionalize safe injection, reduce vaccine wastage and perinatal HB transmission -> problem: poor coordination among providers in the field -> need support from Professional organization and NGOs
Major activities -> see page 7 and page 13

Major activities identified to strengthen routine immunization (Goal I) as discussed with the ICC (see Annex 2, note for the record 26 September 2003) were:

Central level : Develop training materials
 Develop supervisory checklist
 Facilitate mid level management training
 Monitoring and evaluation

Province Level situation analysis
 midlevel management training
 supervision

District level Situation analysis
 training on LAM
 supervision
 data validation

Health Center LAM
 microplanning
 sweeping based on LAM

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.*

DQA will be conducted in 2005.

→ *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).

Not available

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.*

Indonesia received from GAVI VF:

- on 22 July 2002, USD 2,510,500 for the purchase of 3,100,000 hep B Vaccine in uniject, and 34,000 safety boxes (1.25 L)
- on June 2003 USD 3,436,778 for the purchase of 4,247,100 hep B vaccine in uniject and 42,470 safety boxes (0.25L)
- on the 3rd of March 2004, USD 2,124,000 for the purchase of hep B vaccine in uniject and safety boxes (0.25 L) was received

Note:

- Indonesian fiscal year = calendar year
- The NVS fund is used to support the provision of the first dose of Hep B vaccine in uniject, given as a birth dose. The government supplied the requirements of the second and third dose of hep B vaccine also in uniject. Due to the late disbursement of NVS funds from GAVI in 2002 and 2003, the EPI should borrow the Hep B uniject provided by the government for doses 2 and 3. Earlier receipt of the fund in 2004 would simplify the vaccine management.

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.

Activities that have been conducted:

- a. Develop training Modules for The Introduction of the Hb-vaccine at birth and Safety Injection: completion : May 2002
- b. Conduct Cascade Training during July 2002 – May 2003 (delayed, due to late disbursement of the Injection safety training fund):
 - at Central level for provincial CDC managers, MCH managers and EPI managers (30 provinces)
 - at each of the 30 Provinces for District EPI managers and MCH managers(365 districts)
 - At each of the 365 districts for: Head of Health Centre, EPI supervisor and MCH supervisor, hospital staffs
 - At each Health Centre : all paramedics and village midwives
- c. Conduct coordinating meeting with relevant stakeholders: MCH division, Hospitals, Professionals.
- d. Conduct supervisions, monitoring
- e. Conduct annual review meeting, 9 – 12 September 2003

Activities planned to be conducted:

- a. Conduct advocacy meeting with related sectors : Local Government, Local Parliament, Family Planning,
- b. Develop integrated service package with MCH, in which hep B birth dose to be given as part of
 - maternal service delivery package or
 - neonatal first-visit package
- c. Develop field guide with PKK / Women Association (for cadres) and Midwives association IBI (for midwives)

Problem :

The target coverage of hepatitis B birth dose for the year 2003 could not be achieved partly because of the delay of the implementation of the cascade training and lack of awareness of Hep B perinatal transmission.

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.

Indonesia received the fund amounting USD 100,000 on 22 July 2002.

In line with the objective of the use of VF financial support of US \$100,000, several activities (introduction of new vaccine integrated with injection safety) have been implemented:

Budget needed for the introduction of Hep B birth dose vaccine in 2002 was taken from the Injection Safety Training fund (due to the late disbursement of the VF financial support from the GAVI secretariat) to:

- Revise EPI guidelines to incorporate HB uniject at birth and injection safety, develop training module, conduct series of meetings among Central Staff to develop strategies to introduce Hep B at birth and injection safety (integrated with Injection Safety training)
- Socialize the new strategy among provincial EPI and MCH managers and professionals at central level

In 2003, the Vaccine Fund financial support of USD 100,000 was used to:

- Conduct a National review meeting, to evaluate the program, on September 2003.
- Develop strategic planning
- Procure computer and printer
- Socialize Hep B birth dose through meetings at province and district level
- Supervision for provincial staff (integrated with Injection Safety training)
- Follow up meetings among Health Services Institution at province and district level, and among health providers at Health Center level

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

Training and preparation for injection safety was implemented in 2002.

The GAVI Injection Safety Support for the first year (2003) amounting USD 3,384,000 was received in the form of supplies through UNICEF during April – July 2003 in three shipments.

5,793,400 ADS (0.05 ml)

28,560,000 ADS (0.5ml)

1,366,400 ADS (5 ml)

472,625 safety boxes (5 L)

The goods were released from the port three months later after receiving the “Certificate of Gift” from the GAVI secretariat.

The central government allocated USD 319,032 (fiscal year 2003) to distribute the equipments above to the 30 provinces.

Since the central government had to cover USD198, 000 for the 3-month demurrage of the above equipments at the Jakarta seaport, 40% of the equipments had to wait for the 2004 fiscal budget for distribution. Distribution of the 60% of the total equipments was implemented in November and early December. Most of the equipments delivered to the province are still in the province warehouse. Districts need to wait for the 2004 fiscal budget to collect the goods from province warehouse to distribute it further down to the health centre.

The injection safety training support amounting USD 1,105,000 was received on 30 December 2002.

Activities funded by that fund during 2003 were:

1. Develop Training Modules for the injection safety (integrated with the introduction of new vaccine)
2. Conduct cascade training for injection safety (integrated with the introduction of new vaccine at):
 - a. 30 Provinces, 365 Districts, more than 7000 Health Centres.
 - b. A total of more than 80,500 personnel were trained.
 - c. About 20% of the training conducted at provinces level were assisted by the central staffs
3. Supervision.

The second instalment for training on INS of USD 1,175,000 has been received on the 3rd of March 2004. The plan and usage of the fund will be reported in the next annual report.

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

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
Safe injection practices: The no. of AD syringes + the no. of UniJects issued for use by the district to health facilities / the total number of injections given for immunization in the same period.	≥ 1	-	AD syringes have not been distributed to health facilities	The no. of UniJects issued for use by the district to health facilities / the total number of Hep B injections given for immunization in the same period
Safe disposal management: N A	N A	Review will be made on suitable models tested in province of Jogjakarta		

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:

n.a

2. Financial sustainability

- Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Report : Report progress on steps taken and update timetable for improving financial sustainability

- Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- 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.gaviftf.org> under FSP guidelines and annexes).
- Highlight assistance needed from partners at local, regional and/or global level

The GAVI Financial Task Force has been visiting Indonesia 2 times, First visit in early March 2004, was to assist the country in developing the Proposal (see Annex 3 Note for the Record of ICC Meeting 1 April 2004). The FSP proposal has been submitted to GAVI secretariat in on the 17th of April 2004.

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 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							
	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS								
Births		4,532,159	4,723,611	4,716,928	4,716,055	4,669,780	4,656,870	4,643,996
Infants' deaths		176,754	162,965	153,693	144,626	138,731	133,885	129,208
Surviving infants		4,355,405	4,560,646	4,563,235	4,571,429	4,531,049	4,522,985	4,514,788
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form		3,296,853	4,288,611	4,339,574	4,385,931	4,389,593	4,424,027	4,411,796
NEW VACCINES								
Infants vaccinated with _Hep B birth dose_ * < 7 days		540,575	1,481,050	2,830,157	3,066,003	3,301,850	3,537,696	3,773,543
Total HB 1		2,398,022	4,642,702	4,636,134	4,635,275	4,589,793	4,577,105	4,564,451
Wastage rate of ** (new vaccine)		.0052	.02	.05	.05	.05	.05	.05
INJECTION SAFETY	2001	2002	2003	2004	2005	2006	2007	2008
Pregnant women vaccinated with TT		3,828,401	4,226,798	4,306,556	4,409,511	4,520,347	4,610,302	4,699,724
Infants vaccinated with BCG		3,654,895	4,616,946	4,610,414	4,609,560	4,564,331	4,551,712	4,539,129
Infants vaccinated with Measles		3,093,834	4,270,398	4,292,405	4,338,770	4,342,895	4,377,458	4,411,796

* 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.

There is marked differences between data on births between 2002 and 2003. Data used in 2002 were based on population estimate derived from the National Bureau of Statistics. Data used for this report (and also the 2003 JRF) is based on data reported from the 30 provinces, which is higher than the population estimate provided by the National Bureau of Statistics. Validation of coverage data and Data quality self assessment will be implemented this year. Further discussion is planned with National Bureau of Statistics and follow up action with Provincial Bureau of Statistics

The reported coverage of 2003 is used as the baseline data.

By the end of 2003,
total Hep B1 coverage was 98.4 %
while those received < 7 days was only 31.4%

Assuming the planned strategy implemented in 2004 would be effective, the updated target for years 2004 will be 60% for Hep B 1 <7 days coverage

As planned in the Proposal, we expect 5% annual increase, and the increasing proportion of Hep B <7 days will be

65% in 2005	}	
70% in 2006	}	with 99% coverage for total HB 1
75% in 2007	}	

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2005 (indicate forthcoming year)

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

Note: Bio Farma is the vaccine supplier

Table 3: Estimated number of doses of Hep B birth dose 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	Remarks
A	Number of children to receive new vaccine		4,635,275	<ul style="list-style-type: none"> ▪ 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, <u>excluding</u> 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
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%	
C	Number of doses per child		1 (one)	
D	Number of doses	$A \times B/100 \times C$	4,635,275	
E	Estimated wastage factor	(see list in table 3)	1.05	
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	4,867,039	
G	Vaccines buffer stock	$F \times 0.25$	0	
H	Anticipated vaccines in stock at start of year 2004		200,000	
I	Total vaccine doses requested	$F + G - H$	4,667,039	
J	Number of doses per vial		1	
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	0	
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0	
M	Total of safety boxes (+ 10% of extra need)	$I/10 \times 1.11$	518,041	

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 2004 (*indicate forthcoming year*)

Table 4.1: Estimated supplies for safety of vaccination for the next two years with BCG

		Formula	For year 2005
A	Target of children for BCG vaccination	#	4,609,560
B	Number of doses per child	#	1
C	Number of BCG doses	A x B	4,609,560
D	AD syringes (+10% wastage)	C x 1.11	5,116,612
E	AD syringes buffer stock ¹	D x 0.25	0
F	Total AD syringes	D + E	5,116,612
G	Number of doses per vial	#	20
H	Vaccine wastage factor ⁴	20/3.5	6
I	Number of reconstitution ² syringes (+10% wastage)	$C \times H \times 1.11 / G$	1,461,889
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	73,021

¹ 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.

² 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 4.2: Estimated supplies for safety of vaccination for the next two years with DPT

		Formula	For year 2005
A	Target of children for DPT vaccination ³	#	4,609,560
B	Number of doses per child (for TT woman)	#	3
C	Number of DPT doses	A x B	13,828,681
D	AD syringes (+10% wastage)	C x 1.11	15,349,836
E	AD syringes buffer stock ⁴	D x 0.25	0
F	Total AD syringes	D + E	15,349,836
G	Number of doses per vial	#	10
H	Vaccine wastage factor ⁴	10/6	1.67
I	Number of reconstitution ⁵ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	170,383

Table 4.3: Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	For year 2005
A	Target of children for Measles vaccination	#	4,338,770
B	Number of doses per child	#	1
C	Number of Measles doses	A x B	4,338,770
D	AD syringes (+10% wastage)	C x 1.11	4,816,035

³ 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).

⁴ 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.

⁵ 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.

E	AD syringes buffer stock ⁶	$D \times 0.25$	0
F	Total AD syringes	$D + E$	4,816,035
G	Number of doses per vial	#	10
H	Vaccine wastage factor ⁴	$10/3.5$	3
I	Number of reconstitution ⁷ syringes (+10% wastage)	$C \times H \times 1.11 / G$	1,376,010
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	68,732

Table 4.4: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2005
A	Target of children for TT vaccination (for TT : target of pregnant women) ⁸	#	4,409,511
B	Number of doses per woman)	#	2
C	Number of TT doses	$A \times B$	8,819,022
D	AD syringes (+10% wastage)	$C \times 1.11$	9,789,115

⁶ 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.

⁷ 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.

⁸ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

E	AD syringes buffer stock ⁹	$D \times 0.25$	0
F	Total AD syringes	$D + E$	9,789,115
G	Number of doses per vial	#	10
H	Vaccine wastage factor ⁴	10/6	1.67
I	Number of reconstitution ¹⁰ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	108,659

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	Justification of changes from originally approved supply:
Total AD syringes	for BCG	5,116,612	
	for other vaccines	29,954,985	
Total of reconstitution syringes		2,837,899	
Total of safety boxes		420,795	

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

Adjusting with the new census data, and coverage results from the provinces

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

⁹ 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.

¹⁰ 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.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	yes	28 May 2004
Reporting Period (consistent with previous calendar year)	Yes	Jan – Dec 2003
Table 1 filled-in	Yes	
DQA reported on	No	Due year 2005
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	No	Due November 2004
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	Changes of target
Revised request for injection safety completed (where applicable)	Yes	Changes of target
ICC minutes attached to the report	Yes	26 Sept 2003, 1 April 2004, 27 May 2004
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

ICC comments:

- Concern with the safety injection problems due to low awareness of the health provider. It is about the right time to conduct training and social mobilization on safety injection. Currently, not many posters could be seen on this issue, UNICEF would like to support on this important matter.