



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

REPUBLIC OF KENYA

Date of submission: 30th September 2003

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

(Tick only one) :

- | | |
|-------------------------------|--------------------------|
| Inception report | ☐ |
| First annual progress report | ☐ |
| Second annual progress report | ✓ |
| Third annual progress report | ☐ |
| Fourth annual progress report | ☐ |
| Fifth annual progress report | ☐ |

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

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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 second tranche of ISS funds were disbursed to all health administrative levels in the country, i.e. National, Provincial and District Levels.
- Allocations to national and provincial levels were primarily to facilitate supervision of EPI service delivery and conducting stakeholders' meetings (provincial level).
- All 77 districts received ISS funds based on three allocations criteria. 1. The target population to be immunized; 2. The cost of immunizing a child in the district based on the measles campaign experience; 3. Reward based on proportionate improvement made in DPT coverage from 2001.
- Although the final use of funds allocated to a district was left to the District Health Management Team (DHMT), guidelines were issued from the National Level on priority areas to be addressed. These included support for better data management at health facility and district headquarter levels , well rationalised and cost-effective outreach activities, advocacy and social mobilization activities.
- The ISS funds were disbursed late due to the preparations for and implementation of the national mass measles immunization campaign.
- Once districts received the funds the money was used for vaccine distribution, gas procurement for refrigerators in areas without electricity, staff training and advocacy activities.
- As expected, there is always a short sharp increase in overall immunization coverage following ISS disbursement.

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\$ 645,000 divided into two parts of US\$345,000 & US\$ 300,000

Remaining funds (carry over) from the previous year _____

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			PRIVATE SECTOR & Other
		PUBLIC SECTOR			
		Central	Region/State/Province	District	
Vaccines	No allocation				Allocations to private sector immunization service providers is done at district level & varies from district to district
Injection supplies					
Personnel					
Transportation	237,217	11,702	15,515		
Maintenance and overheads					
Training				210,000	
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other:- REWARDS for increased DPT coverage	45,000	nil	nil	45,000	
Total:	300,000				
Remaining funds for next year:	362,783				

**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.

- Increased supervision of immunising facilities by District Health Management Teams, Provincial & National level teams
- Development of National EPI Performance monitoring guidelines
- Development of Vaccine Management Guidelines

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.

- National level review of districts awareness of GAVI DQAs and preparedness for the next DQA was conducted in February 2003.
- National EPI Review Meeting of senior health managers from all provinces & districts held in June 2003 specifically to discuss concerns relating to our poor performance in two subsequent DQAs.
- EPI operational level trainings currently in progress to update health workers skills in target setting, immunization performance monitoring, vaccine management including controlling wastage etc.

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).

National Mass Measles Campaign Evaluation – August 2002

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.

Pentavalent vaccine (DPT+HepB+Hib) received as expected; no major problems in the year under review.

- 24th Jan. 2003 - 942,000 doses
- 12th April. 2002 - 757,000 doses
- 17th July 2002 - 557,000 doses
- 30th Oct. 2002 - 756,800 doses
- Total = 3,012,800 doses

Yellow fever vaccines received in 2002

- 21st March 2002 - 20,400 doses
- 12th Sept. 2002 - 20,400 doses
- Total = 40,800 doses

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.

➤ No major activities in the year under review.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

→ Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

➤ Not applicable for the year in review.

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

- *Auto-disable syringes, reconstitution syringes and safety boxes for the Pentavalent vaccine were received in good condition and adequate quantities. This was appreciated.*
- *However this resulted in an immunization programme utilizing two types of injection equipment, with a guaranteed availability bias for one vaccine only (DPT/HepB/Hib).*
- *To avoid confusion/suspicious/disaffection/missed opportunities during immunizing sessions many health workers would **not** restrict the use of the available AD syringes to Pentavalent alone, but used them for measles/tetanus toxoid as well.*

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
➤ National Policy on use of ADs & Safety boxes in EPI routine & SIAs ➤ Bundling of vaccines ADs & safety boxes ➤ Progressive construction of low-cost incinerators ➤ Training on injection safety & immunization waste management ➤ Specific legislation on waste management	➤ Policy maker ➤ National, regional & district vaccine stores ➤ All districts hospitals & immunizing facilities ➤ Policy makers	➤ Being implemented in all public health facilities ➤ Being implemented in all public health facilities ➤ 70% Districts covered ➤ Currently in progress in 32 poor-performing districts ➤ First draft document ready in collaboration with National Environment Management Authority (NEMA)	➤ ADs initially for selected vaccines even within EPI ➤ Limited availability of ADs within the open market ➤ Little or no motivation to switch to ADs within the private sector immunization service providers, as reuse of syringes is rare. ➤ Limited funding available + bureaucracy	➤ Sustain use of ADs for all injectable EPI vaccines in public sector ➤ Advocate for use of ADs for all vaccinations in the country (both EPI & non-EPI) within the private sector.

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

→ The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

➤ Not applicable for year in review

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	Report progress on steps taken and update timetable for improving financial sustainability <u>Submit</u> completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
Second Annual Progress Report :	Append financial sustainability action plan and describe any progress to date. Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
Subsequent reports:	Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible. Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values. Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gavittf.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

- See attachment of draft EPI-FSP Implementation plan for details

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							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	1147464	1214982	1250217	1266473	1323781	1362170	1401673	1442322
Infants' deaths	43753	56708	60533	64324	66189	68108	70083	72116
Surviving infants	1103711	1158274	1189684	1222149	1257592	1294062	1331590	1370206
Infants vaccinated with DTP3/HepB/Hib *								
Infants vaccinated with DTP3/HepB/Hib: administrative figure reported in the WHO/UNICEF Joint Reporting Form	619715	775897	790647	892169 (73%)	1006074 (80%)	1099953 (85%)	1198431 (90%)	1301696 (95%)
NEW VACCINES								
Infants vaccinated with Yellow fever vaccine * (used in only four districts in the country)	2329	1901	5113	20813 (68%)	23014 (73%)	25328 (78%)	28095 (84%)	31004 (90%)
Wastage rate of ** Yellow fever vaccine. (new vaccine)	Unknown	Unknown	Unknown					

INJECTION SAFETY								
Pregnant women vaccinated with TT ₁ – TT ₂ ⁺	623260	409263	382915	857763 (70%)	946602 (75%)	1040000 (80%)	1138150 (85%)	1172295 (85%)
Infants vaccinated with BCG	627940	950107	980905	1183555 (92%)	1231200 (93%)	1280440 (94%)	1331589 (95%)	1413476 (98%)
Infants vaccinated with Measles	581751	659759	669991	831061 (68%)	918042 (73%)	1009368 (78%)	1118636 (84%)	1233185 (90%)

* 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.

- All data provided is per the Injection Safety application of 2002
- Data of actual numbers immunized in the year 2002 has changed in some places due to updating of data bank with late reports from districts
- Target coverages for Pentavalent vaccine for 2003-2007 have been adjusted due to improvements in coverages with this vaccine noted this year (2003).
- Number of target population children reached in 2002 with yellow fever vaccine increased probably due to publicity created by a mass campaign held in the four high-risk districts in the same year.

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.

Table 3.1: Estimated number of doses of DPT/HepB/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	<i>80% of 1257592</i>	1006074
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	$A \times B / 100 \times C$	3018222
E	Estimated wastage factor	<i>(see list in table 3)</i>	1.11
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	3350226
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		20000
I	Total vaccine doses requested	$F + G - H$	3330226
J	Number of doses per vial		2
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	3328026
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	1848475
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	57459

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 1.*

Table 3.2: Estimated number of doses of Yellow fever 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	73% of surviving infants in the four districts	23014
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	23014
E	Estimated wastage factor	(see list in table 3)	1.11
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	38433
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		8000
I	Total vaccine doses requested	$F + G - H$	30433
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	16666
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	3378
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	222

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year... ..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

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 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	% of all births	1231200	1280440
B	Number of doses per child	#	1	1
C	Number of BCG doses	$A \times B$	1231200	1280440
D	AD syringes (+10% wastage)	$C \times 1.11$	1366632	1421288
E	AD syringes buffer stock ¹	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	1366632	1421288
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ² syringes (+10% wastage)	$C \times H \times 1.11 / G$	136663	142129
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	16687	17354

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 5: 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	% of surviving infants	918042	1009368
B	Number of doses per child	#	1	1
C	Number of Measles doses	$A \times B$	918042	1009368
D	AD syringes (+10% wastage)	$C \times 1.11$	1019027	1120399
E	AD syringes buffer stock ³	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	1019027	1120399
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 ⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	163044	179264
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	13121	14426

³ 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.

⁴ Only for lyophilized vaccines. Write zero for other vaccines

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

Table 6: Estimated supplies for safety of vaccination for the next two years with Tetanus Toxoid (*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 WOMEN for TT vaccination	% of pregnant women	946602	1040000
B	Number of doses per WOMAN	#	2	2
C	Number of TT doses	$A \times B$	1893204	2080000
D	AD syringes (+10% wastage)	$C \times 1.11$	2101456	2308800
E	AD syringes buffer stock ⁵	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	2101456	2308800
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1.6	1.6
I	Number of reconstitution ⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	23326	25628

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 7: 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 (in four high-risk districts)	% of surviving infants	23014	25328
B	Number of doses per child	#	1	1
C	Number of Yellow fever doses	$A \times B$	23014	25328
D	AD syringes (+10% wastage)	$C \times 1.11$	25546	28114
E	AD syringes buffer stock ⁷	$D \times 0.25$	0	0
F	Total AD syringes	$D + E$	25546	28114
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 ⁸ syringes (+10% wastage)	$C \times H \times 1.11 / G$	4087	4498
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	329	362

⁷ 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.

⁸ Only for lyophilized vaccines. Write zero for other vaccines

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

Table 8: Estimated supplies for safety of vaccination for the next two years with DPT/HepB/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/HepB/Hib vaccination	% of surviving infants	1006074	1099953
B	Number of doses per child	#	3	3
C	Number of DPT/HepB/Hib doses	A x B	3018222	3299859
D	AD syringes (+10% wastage)	C x 1.11	3350226	3662844
E	AD syringes buffer stock ⁹	D x 0.25	0	0
F	Total AD syringes	D + E	3350226	3662844
G	Number of doses per vial	#	2	2
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution ¹⁰ syringes (+10% wastage)	$C \times H \times 1.11 / G$	2680181	2930275
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	66938	73184

Table 9: 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	1366632	1421288	
	for other vaccines	6496255	7120157	
Total of reconstitution syringes		2983975	3256166	
Total of safety boxes		120401	130954	

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

➤ Increase in requirements for injection equipment occasioned by an expectation of increased coverage for pentavalent vaccine, based on improvements in coverage of all antigens noted this year (2003)

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.

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
➤ Improvement in accessibility & utilization of immunization services ➤ Reduction in morbidity & mortality due EPI target diseases ➤ Improved reporting of immunization activities	➤ 80% full immunization coverage ➤ Reduction of drop-out to < 10% (Penta-1 - Measles) ➤ Measles mortality reduced to less than 5% ➤ 80% Completeness of reports & 80% timeliness of all reports	➤ 57% full immunization coverage ➤ 28.8% drop-out rate ➤ Measles morbidity reduced to only 1 per every 6 suspected cases & no further deaths after campaign ➤ >80% completeness but only 67% timeliness	➤ competing socio-economic priorities of clients ➤ Limited advocacy for routine immunization ➤ none ➤ shortages of staff with high work loads	➤ increase in immunization coverage of 10% or more per district ➤ elimination of measles through sustained high routine immunization coverage

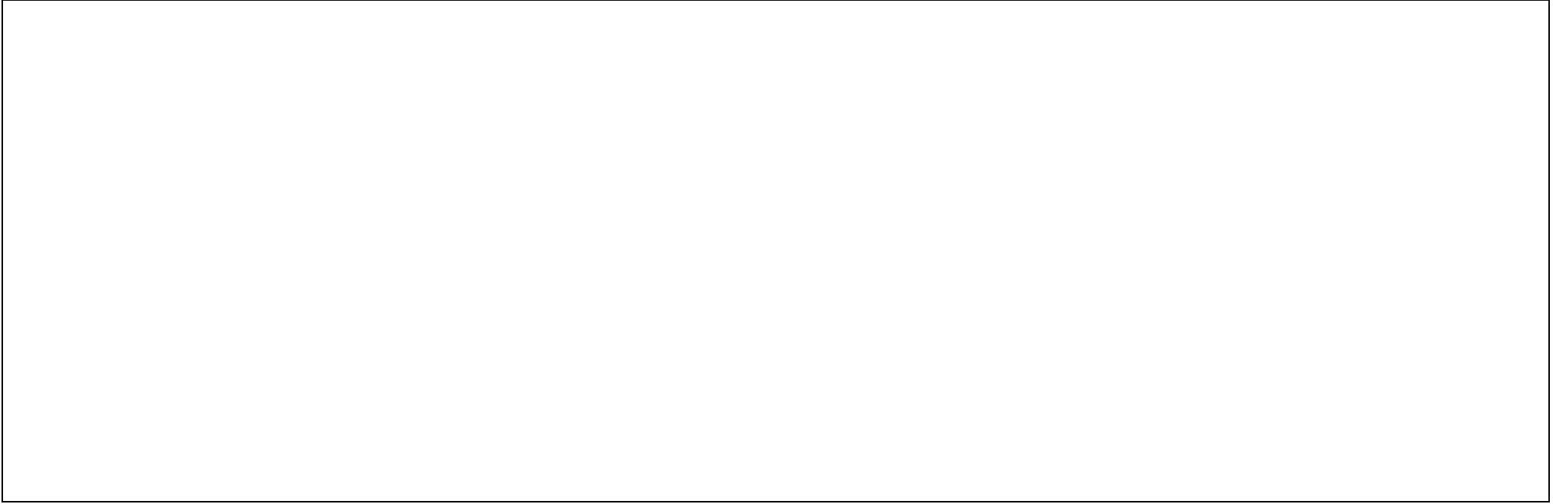
5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	30 th Sept 2003	
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	Yes	
DQA reported on	Yes	
Reported on use of 100,000 US\$	Not applicable	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	
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	Pending	
ICC endorsed	Pending	

6. Comments

→ ICC 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 ~