



Partnering with The Vaccine Fund

September 2003

Progress Report

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

By the Government of

COUNTRY:	ZIMBABWE
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Date of submission: 26 September 2003

Reporting period: 2002-2003. (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 foreign currency account with Standard Chartered Bank, opened in 2002, by Ministry of Health and Child Welfare to ensure accountability of GAVI funds is still being maintained.*
 - *ICC Chairperson is a signatory to the GAVI bank account together with the Finance Director, Chief Accountant and Executive Officer (Aid Section) funding in the Ministry of Health and Child Welfare.*
 - *Meetings were convened to inform the ICC about receipt of both the first and second tranches of GAVI funds.*
 - *The plan of action to increase immunisation coverage, endorsed by the ICC is in place and being implemented.*
 - *ICC approves use of all funds on EPI related activities as reflected in the ICC work plan for 2003 and monitors implementation of EPI activities.*
 - *Due to the current shortage of foreign currency in the country, Ministry of Health and Child Welfare with ICC concurrence had to transfer the second tranche of GAVI funds to UNICEF for vaccine procurement. The vaccines have already been procured.*
 - *Local currency allocated for procurement of vaccines by the Government of Zimbabwe, was used for carrying out other activities necessary for increasing vaccination coverage.*
 - *As happening in other developing countries, Zimbabwe is experiencing high staff attrition rate*
 - *The EPI programme is experiencing transport and fuel shortages.*
- WHO, UNICEF and ROTARY INTERNATIONAL have provided assistance with vehicles and fuel.*

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 October 2002 to September 2003

Remaining funds (carry over) from the previous year __US\$ 318 500__

Table 1: Use of funds during reported calendar year October 2002 to September 2003, The country received the second tranche of USD318 500.00 in March 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines and Syringes	US\$149 164.00 (47%)	US\$149 164.00 (100%)	N/A	N/A	
Vaccines	US\$318 500.00	US\$159 725.43			
Injection supplies	NIL				
Personnel	NIL				
Transportation	NIL				
Maintenance and overheads	NIL				
Training & social mobilisation	\$169 336.00 (53%)	\$40 336.00 (24%)	\$10 000.00 (6%)	\$90 000.00 (53%)	\$29 336.00 for cities (17%)
IEC / social mobilization					
Outreach	NIL				
Supervision	NIL				
Monitoring and evaluation	NIL				
Epidemiological surveillance	NIL				
Vehicles	NIL				
Cold chain equipment	NIL				
Other (specify)	NIL				
Total:	637 000.00	189 500.00	10 000.00	90 000.00	
Remaining funds for next year:	158,774.57	Nil	Nil	Nil	Nil

**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.

**USE OF GOVERNMENT FUNDS FOR IMPLEMENTING EPI ACTIVITIES ;
OCTOBER 2002 TO SEPTEMBER 2003.**

ACTIVITY	TOTAL COST US\$
Training of health workers on EPI management (EPI GAVI micro-planning, introduction of Hep B monovalent, cold-chain) including IEC and social mobilisation.	\$7 535 601 .82
Monitoring and evaluation	\$7 281.55
Cold chain equipment such as spare parts for EPI refrigerators	\$14 563.11
Other	
Total:	\$7 557 446 .48

Exchange Rate US\$1 =Z\$55 for last year

Exchange Rate US\$1 =Z\$824 for this year

→ Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

- National EPI coverage survey (combined with nutrition survey) conducted in February 2003
- National EPI planning and review meeting with all provinces and cities held in March, May and July 2003
- Training of health workers on re-introduction of Hep B monovalent and social mobilisation conducted in all provinces, cities and districts
- National training of cold chain technicians in March 2003.
- National EPI review conducted in April 2003
- Application for Pentavalent vaccine and injection safety prepared and submitted to GAVI in May 2003
- Middle Level Management (MLM) training for post –basic nursing students

- *Measles mop –up and vitamin A supplementation conducted in 16 low coverage districts (July 2003)*
- *Quarterly National polio expert committee (NPEC) and National Task Force on Laboratory containment for polio infectious material (NTF) committee meetings convened.*
- *Procurement of vehicles for EPI service delivery and surveillance at district level by Rotary (WHO) and UNICEF (3 from Rotary and 6 from UNICEF)*

MAJOR PROBLEMS

Socio-economic constraints such as;

- High staff attrition rate leading to loss of institutional memory which has implications for continuous training.
- Transport and fuel shortage, affecting distribution of vaccines and gas as well as EPI outreach activities.
- Difficult to reach the hard to reach and there is increased demand for outreach services especially in resettled population
- Difficulties in accessing religious refusals (Apostolic Faith) for immunisation activities

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 ☐

N/A ☒

→ *If yes, please attach the plan and report on the degree of its implementation.*

The Data Quality Audit had been planned for August 2003 but has been deferred for 12 months - rescheduled for June 2004

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 EPI coverage survey (combined with nutrition survey) conducted in February 2003
- National EPI review conducted in April 2003
- National transport assessment on the use of the EPI surveillance vehicles conducted in July 2003

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.

NOT APPLICABLE

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.

NOT APPLICABLE

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.

N/A

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

N/A

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
<i>Injection Safety policy adopted as an addendum to EPI policy guide by Government of Zimbabwe</i>	<i>Signed policy document by Ministry of Health And Child Welfare</i>	<i>Policy document signed by the Secretary for Health and Child Welfare and endorsed by the ICC.</i>	<i>Nil</i>	<i>N/A</i>
<i>Submit clarifications requested by GAVI secretariat by the 29th of August 2003</i>	<i>Approval of GAVI support for Injection Safety</i>	<i>Clarifications submitted before the deadline</i>	<i>Nil</i>	<i>N/A</i>
<i>Proportion of health workers trained in EPI Injection safety at all levels</i>	<i>80% of health workers trained by December 2003</i>	<i>Health workers from 16 districts that conducted measles mop-up campaigns were trained on use of AD syringes and new disposal Boxes for the first time.</i>	<i>AD syringes not yet available for use during training of the other health workers</i>	<i>80% Of health workers trained by end of first quarter 2004 pending availability of the AD syringes.</i>

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

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

The Government of Zimbabwe (GOZ) has a budget for EPI/vaccines, but due to the prevailing economic constraints, that budget cannot be easily converted to hard currency needed for vaccine procurement. Efforts are being made to obtain the necessary foreign currency from international partners/donors. For 2003, a total budget of Z\$1billion (Z\$600 million initially and supplementary budget for another Z\$400million) was allocated. All the funds that are allocated for EPI are being used for EPI related activities such as training of health workers on the provision of EPI services, training of cold chain technicians, social mobilisation and procurement of spares for cold chain equipment.

The Financial Sustainability Plan will be completed by end of first quarter 2004.

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

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

3.1. Up-dated immunization targets

- Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10). Targets for future years **MUST** be provided.

Table 2

Number of								
	2002	2003	2004	2005	2006	2007	2008	2009
DENOMINATORS								
Under one year population	360675	364642	368653	372708	376808	380953	385143	389380
Infants' deaths (Information not yet available)								
Surviving infants (Information not yet available)								
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	246059	255249	265430	275804	286374	297143	308115	319292
NEW VACCINES								
Infants vaccinated with _____ * (use one row per new vaccine)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Wastage rate of ** (new vaccine)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
INJECTION SAFETY								
Pregnant women vaccinated with TT (Including women of child bearing age)	255903	266139	276785	287856	299390	311345	323799	336751
Infants vaccinated with BCG	347302	354248	361333	368560	375931	383449	391118	398941
Infants vaccinated with Measles	248066	253027	258088	263250	268515	273885	279363	284950

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

Please note in table above - page 7

→ 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.

- According to the 1992 census, Zimbabwe had a total projected population of 14,3 million in 2002, but after the 2002 census the population had gone down to 11,6 million with a growth rate of 1.1%.
- Based on the 2002 population census the population under one year is now 360 675. This figure was calculated using a proportion of 3.1% under one year. The assumption was that this proportion does not change much. New rates for calculating births and deaths are not yet available.
- Currently we are using under one year as a target for vaccine coverage for all the antigens and **not** surviving infants
- Once the census figures are available (growth rate, births and deaths), this table will be updated.
- EPI coverage reflected in the 2002 WHO/UNICEF Joint Reporting Form is lower because the denominator used was surviving infants from the 1992 population projections.

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

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

NOT APPLICABLE

Table 3: Estimated number of doses of vaccine (specify for one presentation only): (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund)
NOT APPLICABLE

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

Remarks

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

Table 3: Wastage rates and factors

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

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

3.3 Confirmed/revised request for injection safety support for the year 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	#	368 653	405 518
B	Number of doses per child	#	1	1
C	Number of doses	$A \times B$	368 653	405518
D	AD syringes (+10% wastage)	$C \times 1.11$	409 205	450125
E	AD syringes buffer stock ¹	$D \times 0.25$	102 301	112531
F	Total AD syringes	$D + E$	511 506	562656
G	Number of doses per vial	#	20	20
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ² syringes (+10% wastage)	$C \times H \times 1.11 / G$	409 20	45012
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	6132	6745

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 factors will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

Table 5: Estimated supplies for safety of vaccination for the next two years with DTP

		Formula	For year 2004	For year 2005
A	Target of children for DTP vaccination ³	#	368653	405518
B	Number of doses per child	#	4	4
C	Number of DTP doses	A x B	1474612	1622072
D	AD syringes (+10% wastage)	C x 1.11	1636819	1800500
E	AD syringes buffer stock ⁴	D x 0.25	409205	450125
F	Total AD syringes	D + E	2046024	2250625
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 ⁵ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	22711	24982

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 factors 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 Hepatitis B

		Formula	For year 2004	For year 2005
A	Target of children for Hep B vaccination ⁶	#	368653	405518
B	Number of doses per child	#	3	3
C	Number of Hep B doses	$A \times B$	1105959	1216554
D	AD syringes (+10% wastage)	$C \times 1.11$	1227614	1350375
E	AD syringes buffer stock ⁷	$D \times 0.25$	306904	337594
F	Total AD syringes	$D + E$	1534518	1687769
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 ⁸ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	17033	18734

⁶ 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).

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 factors 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 DT

		Formula	For year 2004	For year 2005
A	Target of children for DT vaccination ⁹	#	368653	405518
B	Number of doses per child	#	1	1
C	Number of DT doses	$A \times B$	368653	405518
D	AD syringes (+10% wastage)	$C \times 1.11$	409 205	450125
E	AD syringes buffer stock ¹⁰	$D \times 0.25$	102 301	112531
F	Total AD syringes	$D + E$	511 506	562656
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 ¹¹ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	5678	6245

⁹ 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).

¹⁰ 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.

¹¹ 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 Measles

		Formula	For year 2004	For year 2005
A	Target of children for Measles vaccination ¹²	#	368653	405518
B	Number of doses per child	#	1	1
C	Number of Measles doses	A x B	368653	405518
D	AD syringes (+10% wastage)	C x 1.11	409 205	450125
E	AD syringes buffer stock ¹³	D x 0.25	102 301	112531
F	Total AD syringes	D + E	511 506	562656
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 ¹⁴ syringes (+10% wastage)	$C \times H \times 1.11 / G$	81841	90025
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	6586	7245

¹² 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).

¹³ 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.

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

		Formula	For year 2004	For year 2005
A	Target of children for TT vaccination (for TT: target of pregnant women) ¹⁵	#	475681	523248
B	Number of doses per child (for TT woman)	#	3	3
C	Number of TT doses	A x B	1427043	1569744
D	AD syringes (+10% wastage)	C x 1.11	1584018	1742416
E	AD syringes buffer stock ¹⁶	D x 0.25	396004	435604
F	Total AD syringes	D + E	1980022	2178020
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 ¹⁷ syringes (+10% wastage)	$C \times H \times 1.11 / G$		
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	24791	27270

Table 10: Summary of total supplies for safety of vaccinations with BCG, DTP, Hep B, DT, 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	511506	562656	
	For other vaccines	6583576	7241726	
Total of reconstitution syringes		81841	90025	
Total of safety boxes		82931	91221	

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

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

NOT APPLICABLE

¹⁵ 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).

¹⁶ 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.

¹⁷ 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/IF support

Indicators	Targets	Achievements	Constraints	Updated targets
Proportion of Immunisation coverage for BCG, DTP3, measles, Hep B and TT ²⁺	Increase immunisation coverage for BCG, DTP, measles, Hep B By 2% every year and TT ²⁺ immunisation coverage by 4% every year	BCG coverage increased from 52% in 2001 to 76% in 2002, DTP3 from 52% in 2001 to 58% in 2002 and OPV3 from 52% in 2001 to 74% in 2002	Staff shortage, shortage of transport and erratic fuel supplies, shortage of gas	Increase immunisation coverage for BCG, DTP, measles, Hep B By 2% every year and TT ²⁺ immunisation coverage by 4% every year
Proportion of stool adequacy and number of AFP cases detected per 100 000 children <15 years)	Attain polio free certification standard by June 2003(80% stool adequacy and AFP detection rate of >1/100 000 children <15 years) met by June 2003.)	Target of 80% AFP cases with adequate stools and detection rate of 1/100 000 children <15 years met	Staff shortage, transport shortage and erratic fuel supplies	Maintain polio free certification standard (80% stool adequacy and AFP detection rate of >1/100 000 children <15 years).
Proportion of districts conducting local immunisation campaigns (including vitamin A supplementation) within at risk areas	Conduct local immunisation campaigns (including vitamin A supplementation) for all antigens in at risk areas	16 low coverage districts conducted measles mop-up campaigns including vitamin A supplementation with coverage of 94 % for measles and 78% for vitamin A.	Some Apostolic Faith religious sectors refused vaccinations.	Conduct local immunisation campaigns within districts with low routine measles coverage.
Proportion of suspected measles case investigated for measles IgM (Blood sera sent to national virology lab)	Implement measles case-based surveillance and investigate every suspected measles case for measles IgM	90% of measles cases investigated and blood sera sent to the laboratory	Staff shortage, shortage of transport and erratic fuel supplies, shortage of gas affected EPI service provision	Sustain measles case-based surveillance and investigate every suspected measles case for measles IgM

Proportion of neonatal tetanus cases reported and investigated	Report and investigate 100% of neonatal tetanus cases	100% of reported neonatal cases investigated	Problems encountered with calculation of TT2+ coverage, since the country used WCBA as denominator yet only pregnant women are covered.	100% of neonatal tetanus cases reported and investigated
Proportion of districts with less than 1 NNT case per 1000 live deliveries.	Maintain MNT elimination status (less than one NNT case per 1000 live deliveries per district)	MNT elimination status maintained	Incomplete data reporting resulting in incomplete information at national level	Maintain MNT elimination status (less than one NNT case per 1000 live deliveries per district)
Proportion of health facilities with functioning cold chain equipment	Adequate supplies of cold chain equipment available at all levels	100% of health facilities have functioning refrigerators, but erratic LP gas supply	Inadequate foreign currency for gas procurement and inadequate fuel for gas distribution	Proportion of health facilities with functioning cold chain equipment available LP gas.
Comprehensive EPI review and survey reports available	Conduct national EPI coverage survey and review	Draft reports available	-	Asses low EPI performing districts and establish reasons for low coverage
Number of health workers trained on EPI management including diseases surveillance	Train 80 health workers on EPI management including EPI disease surveillance as well as laboratory surveillance	More than 80 health workers trained	Inadequate staff to expand and sustain the training	Train health workers on EPI management including EPI disease surveillance as well as laboratory surveillance
Number of NPEC, NTF, NCC committee meetings convened	Quarterly secretarial services offered to NPEC, NCC and NTF committee meetings	NPEC and 2 NTF committee meetings held	Planned NCC committee meeting was cancelled due to inadequate quorum	Quarterly secretarial services offered to NPEC, NCC and Quarterly secretarial services offered to NPEC, NCC and NTF committee meetings

Number of institutional meetings conducted to sensitise clinicians on EPI disease surveillance	Conduct at least 5 institutional meetings to sensitise clinicians on EPI disease surveillance	Four institutional meetings convened		Conduct at least 5 institutional meetings to sensitise clinicians on EPI disease surveillance
Number of provincial visits conducted	Quarterly provincial visits conducted	Four provincial visits conducted		Conduct provincial visits conducted
Number of districts conducting social mobilization activities for both routine and supplementary immunization activities	Conduct at least two social mobilization activities per year within all the 58 districts for routine immunization and conduct social mobilization activities for supplementary activities	58 districts conducted at least one social mobilization activity for routine immunization and social mobilization for measles and vitamin A supplementation conducted within 16 low coverage districts	Staff shortages within all districts and shortage of fuel and transport affecting social mobilization activities	Development of national EPI IEC materials and translation of those materials into common local languages

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	26/09/03	
Reporting Period (consistent with previous calendar year)	Oct 2002 – Sep 2003	
Table 1 filled-in	Yes	
DQA reported on	N/A	
Reported on use of 100,000 US\$	N/A	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	N/A	
Table 2 filled-in	Yes	
New Vaccine Request completed	N/A	
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 comments:*

- During the course of the year, the ICC has monitored the progress of EPI activities. This has been done through formal meetings with representatives from Donor and Government agencies and NGOs.
- In addition, the ICC Chairman, who represents Rotary, and the WHO and UNICEF representatives, have maintained a close relationship with the EPI unit and with the Secretary for Health & Child Welfare and the Director for Technical services.
- A major ICC meeting was held in February to look at the key problem areas.
- In view of all the problems highlighted, the Secretary for Health and Child Welfare, established an action task force to address the problems
- The ICC Chairman attended some of the meetings and was kept fully informed of progress.
- The ICC has constantly monitored EPI progress against action plans.
- Where necessary, individual members have been asked to assist in problem resolution where this has been within their particular area of expertise.
- The ICC has monitored disbursement decisions in respect of GAVI provided funds to help ensure that usage is prioritised and optimised.
- Throughout the year, individual ICC members have provided considerable assistance to the EPI unit in particular and the Ministry of Health in general. Examples of support are:
 - UNICEF provided funds for the purchasing of vaccines, gas for the refrigerators and fuel.
 - UNICEF provided technical support in writing GAVI proposal and procured six vehicles for outreach work.
 - In addition the agency funded measles mop-up and vitamin A supplementation as well as providing ongoing technical assistance and has seconded one officer to EPI.
- WHO provided funds for gas for refrigerators and fuel for transport. The Organisation fully funded the surveillance programme and has provided fuel for supplementary measles immunisation and Vitamin A needs. In addition, ongoing technical support has been provided.
- In conjunction with Rotary, the Organisation has helped provide 11 vehicles for surveillance and Polio Plus outreach programmes.
- Rotary has provided 3 vehicles for surveillance, with specific support from Californian Rotarians. The ICC Chairman represents Rotary on the Committee.
- In addition, Rotary has supported the Ministry of Health and Child Welfare by availing volunteer health professionals to help alleviate staff shortages and to assist with training.
- Other agencies, which have provided support to the Ministry of Health and Child Welfare, include the Governments of Japan and Italy, who provided vehicles for the malaria outreach programme, and UNFPA, which provided funds and vehicles for the reproductive health programme.
- The ICC acknowledges with thanks the support received from its members and from the Ministry of Health and Child Welfare. It endorses this progress report, particularly in respect of the disbursement of GAVI funds and the actions taken by the Ministry. The ICC is satisfied with the progress, which has been made in what is currently a most difficult operating environment.

A Donald MacDonald FCA
Chairman

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 ~