



Partnering with The Vaccine Fund

Updated February 2004

# Progress Report

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

by the Government of

**COUNTRY:** **CONGO Brazzaville**

Date of submission: [May 2003](#)

Reporting period: 2004 (*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.*

*GAVI funds are managed under the supervision of the Inter-Agency Co-ordinating Committee (ICC), which adopts the annual plan of action. Funds for each activity described in the plan of action are made available on the basis of the technical forms approved by the ICC Chair. Withdrawal of funds requires two signatures (EPI Director and the Director of Disease Control).*

*The funds for 2004 were made available in December 2003, but their effective use, which depended on the plan being prepared and adopted, only began in March 2004. Field activities, which are based on district micro plans, will commence in April 2004, because the micro plans are still being drawn up.*

### 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: **82,600 CFA**

Remaining funds (carry over) from the previous year: **00**

**Table 1 : Use of funds during reported calendar year 2004 (planned):**

Area of Immunization Services Support	Total amount in (CFA) US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	147,000 US\$	0	0	147,000 US\$	
Injection supplies	83,000 US\$	0	0	83,000 US\$	
Personnel	0	0	0	0	
Transportation	0	0	0	0	
Maintenance and overheads	3,600,000 CFA	1,000,000 CFA	500,000 CFA	2,100,000 CFA	
Training	3,000,000 CFA	0	1,000,000 CFA	2,000,000 CFA	
IEC/social mobilization/Comm.	3,000,000 CFA	0	1,000,000 CFA	2,000,000 CFA	
Outreach	7,500,000 CFA	0	0	7,500,000 CFA	
Mobile strategies	5,000,000 CFA	0		5,000,000 CFA	
Supervision	12,000,000 CFA	7,000,000 CFA	1,000,000 CFA	4,000,000 CFA	
Monitoring and evaluation	5,750,000 CFA	750,000 CFA	1,500,000	3,500,000 CFA	
Epidemiological surveillance	500,000	0	0	500,000 CFA	
Vehicles	11,000,000 CFA	0	11,000,000 CFA	0	
Cold chain equipment	10,000,000 CFA	0	0	10,000,000 CFA	
Other ( <i>specify:</i> )					
- Construction incinerators	3,000,000 CFA	0	0	3,000,000 CFA	
- Introduction new vaccines	1,000,000 CFA	0	0	1,000,000 CFA	
- Improvement working cond.	3,000,000 CFA	3,000,000 CFA	0	0	
- Computer and educ. mat.	5,000,000 CFA	5,000,000 CFA	0	0	
- Purchase motorcycle	8,250,000 CFA	0	0	8,250,000 CFA	
- EPI micro planning in routine districts	2,000,000 CFA	0	0	2,000,000 CFA	
<b>Total:</b>	<b>82,600,000 CFA</b>	<b>16,750,000 CFA</b>	<b>16,000,000 CFA</b>	<b>49, 850,000 CFA</b>	

<b>Remaining funds for next year:</b>					
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*\*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.*

*The first activity concerned the adoption of the national plan of action.*

*The second was the implementation of EPI district micro plans. These workshops were organized with the support of the central team. When the plans are adopted at the next ICC meeting (April 2004), the funds will be released and sent to the districts for the implementation of their plans.*

*Because the resources allocated by GAVI were insufficient, the programming was done on the basis of other sources of funding (WHO, UNICEF, local resources and other partners).*

**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.*

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**Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.**

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

*No specific plan of action for DQA.  
No survey conducted.*

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

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

**Start of vaccinations with the new and under-used vaccine:      MONTH: JANUARY    YEAR: 2004**

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

*No vaccines were received.*

## 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.*

*Reinforced service enhancement (working conditions and computer equipment at central level).  
Implementation of micro plans in the districts with support from central level.  
Implementation of outreach and mobile strategies (support for the purchase of petrol, motorcycle and spare parts).  
Refrigerator for the re-opening of closed **CFV**.  
Heighten community and staff awareness in connection with the introduction of the yellow fever vaccine.  
Support for training and use of community relays for active tracing of immunization drop-outs.  
Participation in the organization of the quarterly meetings of EPI/AFP supervisors.*

## 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 received to date.

## 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*

*Not received to date.*

**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.*

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
<b>No funds received.</b>				

**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:*

<i>No funds.</i>
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## 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 Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Not yet applicable, as this is the first year.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five years of GAVI/VF support that is planned to be spread-out to ten years and co-funded with other sources.

**Table 2 : Sources (planned) of financing of new vaccine AGAINST YELLOW FEVER (*specify*)**

Proportion of vaccines supported by	Annual proportion of vaccines									
	2004									
Proportion funded by GAVI/VF (%)	100%									
Proportion funded by the Government and other sources (%)	0									
Total funding for the ( <i>new vaccine</i> ) *	147,000 US									

\* Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values

for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviff.org> under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

### 3. Request for new and under-used vaccines for year ( 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 - approved with country application:* 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 12). Targets for future years **MUST** be provided.

**Table 3 : Update of immunization achievements and annual targets**

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>DENOMINATORS</b>									
Births (4.32%)					163,339	169,007	174,872	180,940	187,218
Infants' deaths (81 / 1,000)					13,230	13,690	14,165	14,656	15,165
Surviving infants (4%)					151,240	156,488	161,918	167,537	173,350
Infants vaccinated / to be vaccinated with 1 <sup>st</sup> dose of DTP (DTP1)*					101,331	114,236	126,296	137,380	147,348

Infants vaccinated / to be vaccinated with <b>3<sup>rd</sup> dose</b> of DTP (DTP3)*					101,331	114,236	126,296	137,380	147,348
<b>NEW VACCINES **</b>									
Infants vaccinated / to be vaccinated with <b>1<sup>st</sup> dose</b> of yellow fever vaccine..... ( <i>new vaccine</i> )					98,306	109,542	124,677	137,380	147,348
Infants vaccinated / to be vaccinated with <b>3<sup>rd</sup> dose</b> of yellow fever vaccine ( <i>new vaccine</i> )					98,306	109,542	124,677	137,380	147,348
Wastage rate of *** ..... ( <i>new vaccine</i> )					25	20	15	10	10
<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated / to be vaccinated with TT					105,490	117,953	131,154	145,129	156,015
Infants vaccinated / to be vaccinated with BCG					138,838	152,106	160,882	170,083	179,729
Infants vaccinated / to be vaccinated with Measles					98,306	109,542	124,677	137,380	147,348

\* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)

\*\* Use 3 rows for every new vaccine introduced

\*\*\* Indicate actual wastage rate obtained in past years

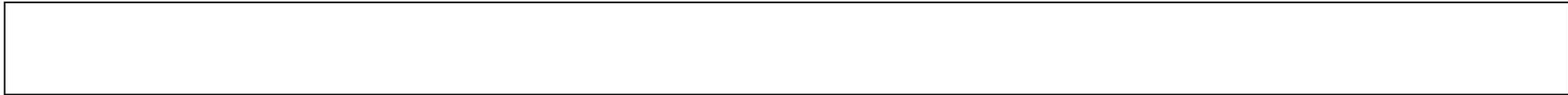
\*\*\*\* Insert any row as necessary

*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.*

*No changes in baseline, targets, wastage rate, vaccine presentation to date.*

**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 4: 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

		<b>Formula</b>	<b>For year 2004</b>
<b>A</b>	Infants vaccinated / to be vaccinated with 1 <sup>st</sup> dose of yellow fever ( <i>new vaccine</i> )		98,306
<b>B</b>	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
<b>C</b>	Number of doses per child		1
<b>D</b>	Number of doses	$A \times B / 100 \times C$	98,306
<b>E</b>	Estimated wastage factor	(see list in table 3)	1.33
<b>F</b>	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	131,000
<b>G</b>	Vaccines buffer stock	$F \times 0.25$	32,700
<b>H</b>	Anticipated vaccines in stock at start of year ....		0
<b>I</b>	Total vaccine doses requested	$F + G - H$	163,500
<b>J</b>	Number of doses per vial		10
<b>K</b>	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	181,900
<b>L</b>	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	18,190
<b>M</b>	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	2,200

**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:** Countries are expected to plan for a maximum of: 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial; 10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **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

\*Please report the same figure as in table 3.

**Table 5: 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 years 2005 - 2006 (*indicate forthcoming year*)

**Table 6: Estimated supplies for safety of vaccination for the next two years with BCG** (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

		Formula	For year 2005	For year 2006
<b>A</b>	<b>Target of children for BCG vaccination<sup>1</sup></b>	#	152,106	160,882
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of BCG doses</b>	A x B	255,000	231,000
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	280,830	254,190
<b>E</b>	<b>AD syringes buffer stock<sup>2</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	280,900	254,200
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor<sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.67	1.43
<b>I</b>	<b>Number of reconstitution<sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	14,100	12,800
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	3,300	3,000

**Table 6: Estimated supplies for safety of vaccination for the next two years with ... ..** (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

		Formula	For year 2005	For year 2006
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<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

<b>A</b>	Target of children for vaccination DTP <sup>4</sup>	#	114,236	126,296
<b>B</b>	Number of doses per child	#	3	3
<b>C</b>	Number of ..... doses	A x B	429,000	448,000
<b>D</b>	AD syringes (+10% wastage)	C x 1.11	476,000	496,000
<b>E</b>	AD syringes buffer stock <sup>5</sup>	D x 0.25	0	0
<b>F</b>	Total AD syringes	D + E	476,000	496,000
<b>G</b>	Number of doses per vial	#	20	20
<b>H</b>	Vaccine wastage factor <sup>4</sup>	Either 2 or 1.6	1.25	1.18
<b>I</b>	Number of reconstitution <sup>6</sup> syringes (+10% wastage)	C x H x 1.11 / G	0	0
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	5,300	5,500

**Table 6: Estimated supplies for safety of vaccination for the next two years with MEAS** (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2005	For year 2006
<b>A</b>	Target of children for vaccination MEAS <sup>7</sup>	#	109,152	124,677
<b>B</b>	Number of doses per child	#	1	1
<b>C</b>	Number of MEAS doses	A x B	137,000	148,000
<b>D</b>	AD syringes (+10% wastage)	C x 1,11	152,000	164,300

<sup>4</sup> 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).

<sup>5</sup> 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.

<sup>6</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

<sup>7</sup> 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).

<b>E</b>	<b>AD syringes buffer stock</b> <sup>8</sup>	$D \times 0,25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	152,000	164,300
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor</b> <sup>4</sup>	2 or 1,6	1.25	1.18
<b>I</b>	<b>Number of reconstitution</b> <sup>9</sup> <b>syringes (+10% wastage)</b>	$C \times H \times 1,11 / G$	15,200	16,340
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1,11 / 100$	1,900	2,000

**Table 6: 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)

		<b>Formula</b>	<b>For year 2005</b>	<b>For year 2006</b>
<b>A</b>	Target of pregnant women <sup>10</sup>	#	117,953	131,154
<b>B</b>	<b>Number of doses per woman</b>	#	2	2
<b>C</b>	<b>Number of TT doses</b>	$A \times B$	295,000	310,000
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1,11$	327,320	343,570
<b>E</b>	<b>AD syringes buffer stock</b> <sup>11</sup>	$D \times 0,25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	327,320	343,570
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor</b> <sup>4</sup>	2 or 1,6	1.25	1.18
<b>I</b>	<b>Number of reconstitution</b> <sup>12</sup> <b>syringes (+10% wastage)</b>	$C \times H \times 1,11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1,11 / 100$	3,630	3,820

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

<sup>8</sup> 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.

<sup>9</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

<sup>10</sup> 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).

<sup>11</sup> 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.

<sup>12</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

<sup>1</sup> 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).

<sup>1</sup> 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.

<sup>1</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

*No difference.*

#### 4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets

#### 5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Table 1 filled-in	X	
DQA reported on		Not applicable
Reported on use of 100,000 US\$		Not received
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)		Not applicable
Table 2 filled-in	X	
New Vaccine Request completed	X	

Revised request for injection safety completed (where applicable)		Not applicable
ICC minutes attached to the report	X	3 sets of minutes
Government signatures	X	
ICC endorsed	X	

## 6. Comments

→ *ICC/RWG comments:*

We thank GAVI for the support provided, which will help enhance the health of Congolese children. We nevertheless deplore the late arrival of the yellow fever vaccine (April 2004), which considerably hampers our efforts to meet the objectives set in 2004.

Furthermore, no action has been taken to date on support for safe injections, because we have received no material relating to that support. This may make it difficult to continue providing vaccinations free of charge in the health units (obstacle to vaccination).

We would like the GAVI secretariat to take account of this when evaluating and monitoring the activities conducted to meet objectives.

## 7. Signatures

For the Government of Dr. Damase BODZONGO

Signature: (signed and stamped)

Title: Director General of Health, Vice-Chairman of the ICC

Date: 25 June 2004

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
WHO	Dr. Adamou A. Yada	25 June 2004	(signed and stamped)				
UNICEF	Emmanuel GASINZIGWA	25 June 2004	(signed and stamped)				