



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: **DEMOCRATIC REPUBLIC OF THE CONGO**

Date of submission:**9 August 2002**.....

Reporting period: ...**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 mechanism designed and implemented has 3 main components:

a) Approval procedure

1. The macro plan for the EPI is prepared each year by the staff of the Ministry working with the partners on the ICC
2. Expenditure is distributed as follows: 65% for activities at the operational level, 20% for activities at the intermediate level (11 provinces and 36 EPI branches) and 15% for activities at the level central.
3. Health Area (District) microplans identify requirements for implementation of the EPI;

b) Payment procedure

1. The decision to commit expenditure is taken at the quarterly meeting of the ICC at which the plan for the use of funds for immunisation services support is approved.
2. A bank account is opened for the GAVI funds at the Union des Banques Congolaises. All cheques and payment orders issued in accordance with the payments plan approved by the ICC are signed by three people, of which 2 are staff of the Ministry of Health (EPI), in this case the Director of the EPI and the Head of the Administrative and Financial Division of the EPI, and also the Inter-Agency representative designated for that purpose by the ICC from among the EPI partners other than the Chairman of the ICC. The advantage of this procedure is that it provides effective and transparent monitoring of GAVI funds by the ICC.

3. The preferred channel for payments is through the bank. Separate GAVI fund accounts are maintained in the Expanded Program of Immunisation for funds from the Global Alliance for Vaccines and Immunisation (GAVI) using 11 different management tools: quarterly payments plans, daily payments plans, funds request notes, daily movement sheets, cash-desk receipts, Bank expenditure ledgers, cash-desk expenditure ledgers, bank reconciliation sheets, cash-desk tally sheets, receipt of funds reports, and payment vouchers.

c) Control procedures

Each quarter, the Director of the EPI submits his progress report on the activities of the Expanded Program of Immunization to the ICC meeting. The report has two components: the technical component (work done and results) and the financial component (amount budgeted, implemented and justified).

The ICC financial Sub-Committee checks at its various monthly meetings that financial implementation matches the activities and headings approved by the ICC. It reviews financial documents before approving the (monthly, quarterly and annual) reports. It plans and provides the briefing of provincial financial sub-committees on management mechanisms.

It monitors the application of the financial management procedures in the provinces.

The ICC financial Sub-Committee prepares a financial statement on the use of the funds allocated to the EPI, for inclusion in the annual report to GAVI endorsed by the ICC.

The central EPI is given a maximum of 60 days to send its financial report to the incumbent Chairman of the ICC. A copy of the executive summary of that report is sent to all members of the ICC with a cover letter.

An external audit decided on by the ICC verifies the procedures instituted and also the reliability of the financial implementation of GAVI funds. The report of the external audit is submitted to the Chairman of the ICC for disposition utile.

MAIN PROBLEMS ENCOUNTERED

1. Delay in obtaining the first tranche for 2003, received at the end of June 2003 instead of November 2002;
2. The banking circuit between the provincial and central levels was not working properly;
3. Delays in justifying funds disbursed to provincial coordination bodies, agencies and health areas for implementation of activities;

4. Difficulties in transferring funds to certain localities (towns) that lack banking structures.

SOLUTIONS APPLIED

1. Contacts were made with commercial and private banks for currency transfer operations
Monitoring of financial reports, feed-back in writing, financial supervision, periodic meetings in agencies and coordination bodies and at the national level, and also meetings of the ICC technical and financial committees mad it possible to identify bottlenecks (in particular, insufficient ability of the staff of EPI coordination bodies and agencies to use financial management tools, poor bookkeeping), to propose practical solutions (on-the-job training during supervision) and to recover the missing vouchers.

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 **2,030,100.00 USD**

Remaining funds (carry over) from the previous year **0 USD**

Table 1 : Use of funds during reported calendar year 2003

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	0.00	0.00	0.00	0.00	
Injection supplies	0.00	0.00	0.00	0.00	
Personnel	153,643.82	40,633.80	113,010.02	0.00	
Transportation (vaccine dispatch, vehicle fuel and maintenance)	293,68.23	5,819.65	30,373.89	257,490.69	
Maintenance and overheads	15,737.00	15,737.00	0.00	0.00	
Training	40,000.00	0.00	0.00	40,000.00	
IEC / social mobilization	5,970.00	5,970.00	0.00	0.00	
Outreach	1,991.00	1,991.00	0.00	0.00	
Supervision	136,730.00	0.00	64,130.00	72,600.00	
Monitoring and evaluation	25,000.00	25,000.00	0.00	0.00	
Epidemiological surveillance	0.00	0.00	0.00	0.00	
Vehicles (purchase)	148,620.00	32,192.00	107,160.00	9,268.00	
Cold chain equipment	0.00	0.00	0.00	0.00	
Supplies and consumables	7,806.00	2,806.00	5,000.00	0.00	
Office equipment	28,070.00	28,070.00	0.00	0.00	
Reproduction management tools	25,836.90	0.00	5,836.00	20,000.90	
Bank charges	4,733.11	4,733.11	0.00	0.00	
Total:	887,822.06	162,952.56	325,509.91	399,359.59	
		18%	37%	45%	
Balance for following year:	1,142,277.94				

**If no information is available because of block grants, please indicate under 'other'.*

The first tranche of funds did not arrive until June 2003. Planning for activities to cover the second half year was done in July. This situation meant that about 50% of the funds was used by the end of 2003.

It can be seen that the distribution of funds by level, i.e. 15% to the central level, 20% to the intermediate level and 65% to the districts was not maintained. This was simply because 4 vehicles were purchased for the intermediate level. The intermediate level has absorbed more funds than the other levels.

Some of the expenditure (payment of suppliers and hauliers) from 2003 continued until February 2004.

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.*

1. STRATEGIES/ACTIVITIES

1.1. Institutional support for the EPI

At the central level

- Annual review of the memorandum of understanding 2003;
- Extension of the computing network and Internet sharing;
- Acquisition of one 4x4 vehicle for Management;
- Fuel supplies and maintenance;
- Provision of office equipment (computers, printers, photocopiers);
- Office supplies and computing consumables;

At the intermediate and operational levels

- Office supplies and computing consumables in 11 EPI provincial coordination bodies and 33 agencies;
- Acquisition of 4 4 x 4 vehicles for 1 coordination body and 3 agencies;
- Fuel supplies and maintenance;

1.2. Improvement of capabilities

- 3 training sessions in EPI management for Provincial Coordinating Physicians and the Heads of Agency of the 4 Eastern and North-Equatorial provinces;

- Drafting of the plan for the improvement of capabilities and the inclusion of EPI modules in the curricula of medical schools;
- Organisation of MCZ, IS, IT and RC training sessions in EPI management for the health areas supported.
- One training session for EPI logistics staff and Data Managers

1.3. Supervision

- Reproduction and distribution of the supervision outline at various levels
- Organisation of a series of supervisory missions to provincial coordination bodies and agencies to all the 161 health areas targeted;
- Monthly organisation of a supervision visit to health centres / community relays by the BCZS in the 161 health areas targeted;

1.4. Improvement of logistics

- Regular supply to EPI agencies and health areas of vaccines and other EPI inputs
- Acquisition of additional cold-chain equipment for the health areas targeted
- Regular maintenance of cold-chain equipment and vehicles (preventive maintenance, spare parts)
- Regular supplies of paraffin, petrol or diesel for the operation of the cold chain
- Acquisition of 46 bicycles and 2 motorcycles for the health areas

1.5. Improvement of coordination at various levels

- Creation and/or activation of the technical ICC at the provincial and district/health area level moderated by the MCP, MCA and MCZ
- Two-way sharing of information between the national, provincial, district, and area levels

1.6. Improvement of monitoring

- Distribution of monitoring tools to health areas
- Monthly meetings at the health area level
- Annual internal meeting of the EPI with all MCPs, some MCAs and agency supervisors

1.7. Support for communication activities

- Distribution of educational material (MERC cards, and picture boxes) to ITs and RCs
- IT and RC training in the use of educational material
- Training of central and intermediate level staff in communication for behaviour change

1.8. Motivation of staff

In order to improve the performance of the EPI teams in the field, 15% of the overall amount of the budget was allocated to motivating the staff of the program structures. Like the practice used by certain of the EPI's partners, 200 \$US was allocated each month to the foundation teams of 57 health area Central Offices for training supervision missions under a performance contract.

2. Support measures

- 1) Revitalisation of the ICC at all levels
 - Monthly meetings of the technical ICC at all levels

- Linkage between the national/provincial technical ICCs
- Building MIP/ MCP/MCA/ MCZs awareness of the launch of the technical ICC meetings
- Regular feedback

- 2) Distribution of 3 feedback leaflets (January, February, March 2003)
- 3) Training supervision visits to coordination bodies and agencies
- 4) Follow-up of the monitoring reviews at various levels

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.*

NOT APPLICABLE

YES ☐

NO ☐

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

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

→ *Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).*

Survey of routine EPI vaccination coverage in the provinces of North Kivu and of Eastern Kasai (coupled with the assessment survey of vaccination coverage after the anti-measles campaign in the two provinces)

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 vaccination with new and under-used vaccines: MONTH: May YEAR 2003

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

For the 2003 exercise, GAVI supplied 716,200 doses of AAV in 20-dose packaging, with an expiry date of April 2005.

- There have been two deliveries for that stock, the first on 05/11/02 of 477,600 doses and the second on 19/03/03 of 238,600 doses instead of 238.800.
- The vaccines were received in good cold-chain conditions, but the supplier, AVENTIS PASTEUR,
has never made available so far the certificates of conformity of various batches (W5783-1, W5827-1)
- Packaging the vaccine in ampoules with the solvent in vials was not appreciated by users in the field because of the dilution method.
- Packaging of AAV in 20-dose vials, when MEAS - which is given at the same time - is packed in 10-dose vials, did not facilitate vaccination. There were missed vaccination opportunities because people were afraid of wasting too much vaccine. This situation caused a great difference between the doses of MEAS administered and those of AAV.
- The late arrival of funds meant that distribution could not be made on time even though the vaccines had been delivered on time. The first EPI structure (Mbandaka agency) in the provinces was supplied in February 2003 and the last (Kisangani depot) in April 2003.

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.

The following activities were conducted in connection with the introduction of AAV in 2003:

- Of the 716,200 doses of AAV ordered, 588,440 doses were distributed in 97 health areas.
- The official launch of the introduction of AAV into the EPI by the Minister of the Health and the Partners
- The review of data management tools
- the supply of vaccines
- The training of the area Chief Medical Officers and Supervising Nurses in EPI management in training pools
- Awareness building among clinical practitioners (Hospital Medical Directors, paediatricians...)
- Awareness building of the public
- Adaptation of educational media
- Close supervision of vaccination sessions for areas that will be introducing yellow-fever vaccination.

208,658 children under one year old were vaccinated from May to December 2003.

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

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

The 100,000 \$ were used for the following activities:

1. Social Mobilisation:	8,375 \$
2. Training of Area Chief Medical Officers in 26 pools:	47,753 \$
3. Logistics:	27,285 \$
4. Institutional Support:	5,000 \$
5. Bank charges:	958.74 \$

Balance at the end of 2002: 628,26 \$
These funds arrived 4 months late in D.R. of Congo (Union des Banques Congolaise) because a bank transfer was made in error to the Congo Brazzaville (Union Congolaise des Banques).

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

GAVI supplied the EPI via UNICEF with syringes for the new vaccine and for the usual vaccines.

The quantities received are:

SYRINGES	0.05ml:	2,320,600
SYRINGES	0.5 ml:	9,642,500
DIL. SYRINGES	2 ml:	232,000
DIL. SYRINGES	5 ml:	314,200
SAFETY BOXES:		138,850

Additional quantities were supplied for the administration of yellow-fever vaccine. They are not included above.

Problems encountered:

The syringes and safety boxes arrived late i.e. in February 2003.

The EPI and its Partners had enormous difficulties in getting them to the provinces. (High transport cost, often by air)

The syringes were badly packaged for the simple reason that the combinations took no account of the different types of syringe.

Furthermore, the Program is still having difficulties in establishing a reliable waste management system (incinerator type) where vaccination activities are conducted.

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>a) Availability indicators</i>				
<i>1) No. of HAs with a policy document on injection safety and that have distributed it to staff</i>	<i>360</i>	<i>360</i>		<i>515 HAs</i>
<i>2) No. of HCs with working incinerators</i>	<i>1,000</i>	<i>NA</i>		<i>1000</i>
<i>3) Proportion of health workers trained in injection safety</i>	<i>30%</i>	<i>20%</i>		<i>50%</i>
<i>b) Use indicators</i>				
<i>1) Percentage of medical establishments using AD syringes</i>	<i>70%</i>	<i>NA</i>	<i>The injection safety survey was not made in 2003. The EPI staff need technical support. A consultation meeting was requested for that purpose</i>	<i>The injection safety survey is planned for 2004</i>
<i>2) No. of HCs using incinerators correctly</i>	<i>1,000</i>	<i>NA</i>		
<i>3) Proportion of members of Health Committees active in monitoring and building community awareness of IS</i>	<i>30%</i>	<i>NA</i>		
<i>4) Number of post-vaccinal injection abscesses reported</i>	<i>NA</i>	<i>NA</i>		

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

NOT APPLICABLE

→ 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:

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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 Report : Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

To prepare the financial sustainability plan, the Democratic Republic of the Congo will need assistance for the training of at least 11 national staff in financial sustainability planning techniques. In addition, the presence of a consultant to support the country in this planning is essential.
Processes under way: sharing of information at the level of the ICC financial sub-committee; constitution of the working party and request for a consultant.

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.

NOT APPLICABLE

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

3. Request for new and under-used vaccines for year ...2005..... (indicate forthcoming year)

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

3.1. Up-dated immunization targets

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

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

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS								
Births		2858222	2943969	3032288	3123257	3216955	3313463	3412867
Infants' deaths		360135	370940	382068	393530	405336	417496	430021
Surviving infants		2498087	2573029	2650220	2729727	2811619	2895967	2982846
Infants vaccinated with 1 st dose of DTP3*		1162814	1358588	1619579	1907874	2219699	2438709	2668862
Infants vaccinated with 3 rd dose of DTP3*	751851	951760	1100481	1457621	1774323	2108714	2316774	2535419
NEW VACCINES**								
Infants vaccinated with 1 st dose of AAV			208658	1722643	1910808	2108714	2316773	2535419
Wastage rate of* ** AAV (new vaccine)				30%	25%	20%	20%	15%

INJECTION SAFETY****								
Pregnant women vaccinated with TT2+			1246936	1364530	1717991	2091021	2319424	2559650
Infants vaccinated with BCG			1752807	1855154	2047295	2249295	2461571	3071580
Infants vaccinated with Measles			1207736	1722643	1910808	2108714	2316773	2535419

* 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.

In this report, we have used the denominator figures of the plan approved by GAVI, because, up to 2003, we do not have a proper denominator. The denominator data used in the joint WHO/UNICEF form were estimated from the microplans of the health areas for 2003.

In 2004, with the ACZ approach, all health areas were invited to count the population in their area. The results of the count will give us a better denominator and thereby enable us to update the baseline data.

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

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

For 2005, UNICEF/RDC confirms the availability of the new volume of supplies requested.

Table 3: Estimated number of doses of vaccine: 10 doses (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
A	Infants vaccinated with 1 st dose of AAV (new vaccine)		1,910,808
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	$A \times B/100 \times C$	1,910,808
E	Estimated wastage factor	(see list in table 3)	1.43
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	2,732,455
G	Vaccines buffer stock	$F \times 0.25$	0
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	2,732,455
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	2,120,997
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	303,303
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	26,910

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 2005 (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 2005	For year 2006
A	Target of children for BCG vaccination (for TT : target of pregnant women)	#	2,047,295	2,249,295
B	Number of doses per child (for TT woman)	#	1	1
C	Number of BCG doses	A x B	2,047,295	2,249,295
D	AD syringes (+10% wastage)	C x 1.11	2,272,497	2,496,717
E	AD syringes buffer stock	D x 0.25	0	0
F	Total AD syringes	D + E	2,272,497	2,496,717
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage)	C x H x 1.11 / G	454,499	499,343
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	30,270	33,256

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

		Formula	For year 2005	For year 2006
A	Target of children for DTP vaccination (for TT : target of pregnant women)	#	1,774,323	2,108,714
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DTP doses	A x B	5,322,969	6,326,142
D	AD syringes (+10% wastage)	C x 1.11	5,908,496	7,022,018
E	AD syringes buffer stock	D x 0.25	0	0
F	Total AD syringes	D + E	5,908,496	7,022,018
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	65,584	77,944

Table 6: Estimated supplies for safety of vaccination for the next two years with MEAS

		Formula	For year 2005	For year 2006
A	Target of children for MEAS vaccination (for TT : target of pregnant women)	#	1,910,808	2,108,714
B	Number of doses per child (for TT woman)	#	1	1
C	Number of MEAS doses	A x B	1,910,808	2,108,714
D	AD syringes (+10% wastage)	C x 1.11	2,120,997	2,340,673
E	AD syringes buffer stock	D x 0.25	0	0
F	Total AD syringes	D + E	2,120,997	2,340,673
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	339,360	374,508
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	27,310	30,138

Table 7: Estimated supplies for safety of vaccination for the next two years with TT

		Formula	For year 2005	For year 2006
A	Target of pregnant women for TT vaccination	#	1,717,991	2,091,021
B	Number of doses per woman	#	2	2
C	Number of TT doses	A x B	3,435,982	4,182,042
D	AD syringes (+10% wastage)	C x 1.11	3,813,940	4,642,067
E	AD syringes buffer stock	D x 0.25	0	0
F	Total AD syringes	D + E	3,813,940	4,642,067
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor	Either 2 or 1.6	1.6	1.6
I	Number of reconstitution syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	42,335	51,527

Table 8: Summary of total supplies for safety of vaccination with BCG, DTP, TT and measles for the next two years.

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	for BCG			
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

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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
Children given 3 doses of DTP	1,157,863	1,100,481	- Insufficient funding of the EPI. - No stock of DTP at the national level for 108 days. - Staff not trained	1,401,258
DTP wastage	45 %	19 %	Low level of reporting of vaccine management data (23%)	35 %
MEAS wastage	19 %	24 %	Low level of reporting (23 %)	30 %

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	yes	
Reporting Period (consistent with previous calendar year)	yes	
Table 1 filled-in	yes	
DQA reported on	NO	Not applicable
Reported on use of 100,000 US\$	yes	
Injection Safety Reported on	yes	
FSP Reported on (progress against country FSP indicators)	NO	Not applicable
Table 2 filled-in	yes	
New Vaccine Request completed	yes	
Revised request for injection safety completed (where applicable)	yes	
ICC minutes attached to the report	yes	
Government signatures	yes	
ICC endorsed	yes	

6. Comments

→ ICC comments:

With regular meetings of the ICC Technical, Financial and Logistics Committees being held, the RDC restructured the ICC Vaccination Committee in 2003, thus creating a better framework for discussion for the routine EPI. 12 meetings of the ICC Technical Committee were held in 2003. One of the strengths of the committee is the mid-term review of the EPI, which led to a decision to hold an EPI re-planning workshop in July 2003. The GAVI strategy for support to the health areas was reoriented. Efforts were refocused on the health areas already being supported. Some of the success achieved by the EPI in 2003 is due to this reorientation, to effective monitoring and to the assessment of EPI activities, and also to the ICC's right to scrutinise the management of GAVI funds. A Memorandum of Understanding on the EPI drafted at the end of the 2003 annual review was signed between the Minister for Health and the Partners.

7. Signatures

For the Government of ... **THE DEMOCRATIC REPUBLIC OF THE CONGO** ...

Signature:

Title: **For the Minister for Health on detachment,
The Vice Minister
AZIZ KUMBI KIA-LYNDZJILE NGANSIE**

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
WHO	Dr Léonard Tapsoba Representative						
UNICEF	Dr Gianfranco Rotigliano Representative						
CNPP, ROTARY	Mr Ambroise Tshimbalanga President						
USAID	Mr Anthony Gambino Director						

~ End ~