June 2003

Progress Report

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

by the Government of

COUNTRY: REPUBLIC OF DJIBOUTI

Date of submission: ……19 October 2003……

Reporting period: 2002/2003* *(Information provided in this report MUST refer to the previous calendar year)*

(Tick only one) :

Inception report ☒

** We were approved for GAVI support in May 2002, but the first installment was received only in February 2003; this inception report also includes the state of progress on implementation of our multi-annual action plan (2002-2006) and the use of the first tranche of GAVI funds in 2003.*

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*

Progress Report Form: Table of Contents

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 Coordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for program use.

The Republic of Djibouti was approved in May 2002 for support after a second submission. However the first installment (immunization services support and injection safety support) was transferred to the bank account of the Expanded Program of Immunization (account N° 01712000110 BNCI) in February 2003.
Use of the funds started in March 2003 in close collaboration with the Inter-Agency Coordinating Committee, including the members most involved in vaccination activities: WHO and UNICEF.
The areas covered so far by the GAVI support funds (see details in table 1) are mainly cold-chain maintenance, transport (fuel and vehicle maintenance), staff training, staff motivation, and improvement of data quality.
Withdrawals of money from this account require two signatures (Administrative and Financial Director of the Ministry of Health, Director of Prevention and Public Hygiene, and Coordinator of the National Immunization Program), who each keep a copy of the vouchers for use of the funds.

1.1.2 Use of Immunization Services Support

In the current year(2003), the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the current year 6,946,598 FDJ or 39,246 US $ at an exchange rate of 1/177 (Immunization services support and injection safety support) .

Table 1 : Use of funds during <u>reported</u> calendar year 2003

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	3,650	1,420		2,230	
Transportation	4,300	1,800		2,500	
Maintenance and overheads	980	980			
Training	2,800	960		1,840	
IEC / social mobilization	650	650			
Outreach					
Supervision	1,200			1,200	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	8,500	8,500			
Other ……. *(specify)*	1,350			1,350	
Total:	23,430	14,310		9,120	
Remaining funds for next year:	**15,816**				

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

<u>Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed</u>.

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

The following activities were carried out during the period January 2002-September 2003, as part of the improvement of the National Immunization Program and in accordance with the multi-annual action plan:

Improvement of vaccination coverage of children under 1 year of age with both DTP3 and MEAS: as we mentioned in the 2002 joint WHO/UNICEF report, DTP3 vaccination coverage rose from 48.92% in 2001 to 61.71% in 2002, and measles coverage from 49.05% to 62.07%. It should be made clear that for the first time for 10 years, vaccination coverage of over 50% was attained in all districts of the country. This progress was achieved by a combination of complementary actions:

- Improvement of vaccination activities in stationary health centers by continuous training of staff of all categories (focal points of districts and urban health centers, providers of services),
- Reduction of dropouts by the introduction of a schedule system;
- Improvement of the system of vaccine and vaccination equipment supply and management at all levels (central, intermediate and peripheral), which on the one hand made it possible to avoid days when medical structures were out of stock of vaccines or vaccination equipment, and on the other hand to reduce vaccine (DTP) wastage from 35% in 2001 to 25% in 2002.
- Organization of 3 rounds of multi-antigen campaigns in 2002 and 2 rounds in 2003, during which all children under 5 years old living in the country were vaccinated systematically against poliomyelitis and measles regardless of their previous vaccination status and received the doses of DTP that they were missing.
- Regular supervision of vaccination activities in health centers with the help of a planned supervision schedule;
- To maintain the momentum of 2002 in the districts (DTP3 vaccination coverage above 50%) and to improve vaccination activities further, a micro-planning workshop was organized and a plan of activities by district was adopted and is being applied;
- Improved accessibility to vaccination services by the introduction of mobile teams; 4X4 vehicles (5 - 1 per district) were acquired out of World Bank funding and 5 integrated mobile teams headed by a doctor were appointed; it should be mentioned that these teams, which were set up on the initiative of the National Immunization Program, are and will be entirely supported at least until the end of the year by the program budget;
- Improvement of data quality by the production and introduction of standardized data collection tools.

CONSTRAINTS:

The vaccination of children and women is one of the components of basic health care that is supposed to be dispensed by basic health centers, the operation of which, despite the reforms started by the Ministry of Health in 2002, leaves much to be desired (insufficient quantity and quality of human resources, frequent shortages of medicines), which is why they are under-used by the population. In the coming years, therefore, particular attention will be given to the quality of service provision (the whole minimum package of activities) and to improving the use of services by the community through information, community awareness-building and involving the community actively and effectively in the management of the health service.

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* [X]

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

There are no plans to carry out a vaccination data quality audit in the immediate future (at least not before 2005). However, to prepare for it on the one hand and as part of the improvement of the national medical information system on the other hand, we have prepared an action plan to improve the quality of EPI data: the plan makes provision, after a brief assessment of the system, for the introduction of standardized EPI management tools at all levels, staff training, monitoring of the introduction of the system and, at the end of the 1st quarter of 2004, a self-assessment of the system in accordance with the WHO protocol.

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).

The following EPI-related studies were made during the period covered by this report:

- Assessment of the NIP in Djibouti, (March 2002 by WHO)
- Economic assessment of the EPI (Feb-March 2002 World Bank)
- Assessment of the medical information system (May-June 2003 NIP,DPHP)

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.

No new vaccines were or will be introduced in 2002-2003 and it will be not be possible to introduce them until 2006 even though introduction was initially planned for 2004.

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.

As part of preparations for the introduction of new vaccines in 2005, the following activities are planned:

- In order to document the incidence of hepatitis B and haemophilus influenza in Djibouti, two studies will be made: one on the incidence of hepatitis B and the extent of vertical transmission and one on the frequency and consequences of Haemophilus influenza infections;
- Assessment of cold-chain capacity and program performance;
- Preparation of a plan for the introduction of vaccines.

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 program use.

The country has received no funds for the introduction of new vaccines.

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

An amount of was obtained as injection safety support; this amount was supposed to cover the following requirements:

- BCG syringes: 39,942
- Auto-destruct syringes for other antigens (DTP, TT and MEAS): 125,100
- Reconstitution syringes (2.0 ml BCG): 3,195
- Reconstitution syringes (5.0 ml Measles): 1,557
- Safety boxes: 1,885

Since this equipment was given free of charge by UNICEF, the amount allocated for the purpose was received as a cash contribution, and its use is detailed below.

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
1. Provision of a continuous and regular supply of injection safety equipment to medical establishments	1. Introduce an information system enabling definition of requirements and management of injection	Done		Since a country-wide medical waste management project involving the actors in the public sector (Ministry of Health,

	equipment safety both nationally and in health centers. 2. To have sufficient stocks of injection equipment and safety boxes available at the central level and in the principal towns of inland districts to meet the needs of/ medical establishments. 3. Ensure a regular supply of injection safety equipment to medical structures. 4. Ensure that donors supply vaccines with syringes and safety boxes	Done Done Done		Ministry of the Environment) and in the private sector is in its initial phase, some objectives, including those relating to waste collection and disposal, awareness-building and community involvement, may change.
Improved injection-safety skills and practices among health professionals.	1. Ensure wide distribution of the ministerial circular on injection safety policy. 2. Schedule and hold training and information sessions for all health professionals. 3. Include injection safety in the supervision list. 4. Appoint one focal point per district who will be responsible for keeping a watch over injection safety, 5. Introduce a course on injection safety into the training curriculum for all health professionals	Done Done Done Not done Not done	A national focal point is being designated to supervise injection safety activities that will extend beyond the EPI program and cover the whole health system. As part of the reform of the system, the training curriculum for health professionals is being brought up to date and injection safety is one of items	

			jection safety is one of items proposed for inclusion.	
Introduction of a system for the surveillance of post-vaccinal adverse reactions.	1. Appoint a committee of experts. 2. Design the surveillance system taking into account WHO recommendations, 3. Chose the sentinel sites for establishment, 4. Provide the necessary staff training. 5. Assess the experiment. 6. Extend to all structures.	Done (Since surveillance of post-vaccinal adverse reactions has been integrated with the surveillance of target diseases, it was not felt necessary to appoint a new committee; instead, this task was added to those of the existing epidemiological surveillance committee. The same applies for sentinel sites The staff training has been given		
Provision of proper collection and disposal of medical waste from vaccination activities	1. Make an inventory of the various types of incineration used and of medical establishments without facilities. 2. Choose a type of incinerator best suited to local conditions. 3. Complete the construction of some incinerators. 4. Organize a seminar on the collection and destruction	This component of the action plan has not yet been carried out Being done	Since the problem of injection safety is not limited to vaccination activities alone but concerns all vaccination activities, and since the HIV/AIDS epidemic situation in the country is worrying, the Ministry of Health has decided to develop a national action plan for medical waste management (collection and disposal). This plan has been finalized and	

	of medical waste involving all health structures, and hospitals in particular.		adopted, some of the funding has been secured, and implementation should start in January 2004.	
Provision of community awareness-building	1. Develop educational messages aimed at the general population for distribution through the mass media. 2. Organize educational sessions in medical establishments. 3. Organize meetings with local authorities. 4. Schedule a meeting of the ICC to take up this issue.	Not done Being done Not done Not done	The same arguments as for the previous component prevented implementation	

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:*

The sectors of activities funded by GAVI under the heading of injection safety are:

- Scheduling and holding training and information sessions for all health professionals,
- Introduction of a system for the surveillance of post-vaccinal adverse reactions (training of staff, preparation and printing of data collection tools),
- Renovation of some incinerators in health centers,
- Organization of educational sessions in medical establishments

2. Financial sustainability

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

In accordance with the action plan, preparation of the financial sustainability plan for the immunization program is planned for 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 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	27,134	27,948	28,787	29,650	30,540	31,456	32,400	33,371
Infants' deaths	3,093	3,186	3,282	2,965	3,054	2,988	3,078	3,170
Surviving infants	24,041	24,762	25,505	26,685	27,486	28,468	29,322	30,201
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	10,947	12,133	15,303	18,680	21,989	24,197	24,923	26,275
NEW VACCINES								
Infants vaccinated with ____ * (use one row per new vaccine)	NA	NA	NA	NA	NA			
Wastage rate of ** …….. *(new vaccine)*								
INJECTION SAFETY								
Pregnant women vaccinated with TT	4,212	8,105	10,075	11,860	15,270	18,874	21,060	23,360
Infants vaccinated with BCG	9,367	10,900	14,393	17,790	19,851	22,019	24,300	26,030
Infants vaccinated with Measles	11,955	12,381	14,028	17,345	20,614	22,774	23,457	25,067

* 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.*

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.*

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*

		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 x B/100 x C*	
E	**Estimated wastage factor**	*(see list in table 3)*	
F	**Number of doses (incl. wastage)**	*A x C x E x B/100*	
G	**Vaccines buffer stock**	*F x 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) x 1.11*	
L	**Reconstitution syringes (+ 10% wastage)**	*I / J x 1.11*	
M	**Total of safety boxes (+ 10% of extra need)**	*(K + L) / 100 x 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 …… *(indicate forthcoming year)*

Table 4.1: Estimated supplies for safety of vaccination for the next two years with DTP *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2003	For year 2004
A	**Target of children for DTP vaccination[1]**	#	18,680	21,989
B	**Number of doses per child**	#	3	3
C	**Number of …… doses**	A x B	56,040	65,967
D	**AD syringes (+10% wastage)**	C x 1.11	62,204	73,223
E	**AD syringes buffer stock [2]**	D x 0.25		
F	**Total AD syringes**	D + E	62,204	73,223
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*		
I	**Number of reconstitution [3] syringes (+10% wastage)**	*C x H x 1.11 / G*		
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	690	813

Table 4.2: 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 2003	For year 2004
A	**Target of children for BCG vaccination[4]**	#	29,650	30,540
B	**Number of doses per child**	#	1	1
C	**Number of …… doses**	A x B	29,650	30,540
D	**AD syringes (+10% wastage)**	C x 1.11	32,912	33,899

[1] 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).

[2] 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.

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

E	**AD syringes buffer stock** [5]	D x 0.25		
F	**Total AD syringes**	D + E	32,912	33,899
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*		
I	**Number of reconstitution** [6] **syringes (+10% wastage)**	*C x H x 1.11 / G*	3,291	3,390
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	402	414

Table 4.3: 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 2003**	**For year 2004**
A	**Target of children for MEAS vaccination**[7]	#	17,345	20,614
B	**Number of doses per child**	#	1	1
C	**Number of …… doses**	A x B	17,345	20,614
D	**AD syringes (+10% wastage)**	C x 1.11	19,253	22,882
E	**AD syringes buffer stock** [8]	D x 0.25		
F	**Total AD syringes**	D + E	19,253	22,882
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*		
I	**Number of reconstitution** [9] **syringes (+10% wastage)**	*C x H x 1.11 / G*	1,925	2,288
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	235	279

[5] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[6] Only for lyophilized vaccines. Write zero for other vaccines

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

[7] 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).

[8] 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.

[9] Only for lyophilized vaccines. Write zero for other vaccines

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

Table 4.4: 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 2003	For year 2004
A	**Target of pregnant women for TT vaccination[10]**	#	11,860	15,270
B	**Number of doses per woman**	#	3	3
C	**Number of …… doses**	A x B	35,580	45,810
D	**AD syringes (+10% wastage)**	C x 1.11	39,494	50,849
E	**AD syringes buffer stock [11]**	D x 0.25		
F	**Total AD syringes**	D + E	39,494	50,849
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*		
I	**Number of reconstitution [12] syringes (+10% wastage)**	*C x H x 1.11 / G*		
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	438	564

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year …	For the year …	**Justification of changes from originally approved supply:**
Total AD syringes	for BCG	32,912	33,899	
	for other vaccines	120,951	146,954	
Total of reconstitution syringes		5,216	5,678	
Total of safety boxes		1,765	2,070	

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

[10] 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).

[11] 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.

[12] Only for lyophilized vaccines. Write zero for other vaccines

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

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

Indicators	Targets	Achievements	Constraints	Updated targets
1. DTP3 coverage	60%	61.77%		
2. Dropout rate	25%	14%		
3. Wastage	35%	25%		

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	19 0ctober 2003	
Reporting Period (consistent with previous calendar year)	January 2002-September 2003	
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US$	X	
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)	X	
Table 2 filled-in	X	

New Vaccine Request completed	X	
Revised request for injection safety completed (where applicable)	X	
ICC minutes attached to the report	X	
Government signatures	X	
ICC endorsed	X	

6. Comments

ICC comments:

7. Signatures

For the Government of …… DJIBOUTI ……..……

Signature: …… Dr Mohamed Ali Kamil …….

Title: ……..... Director of Prevention and Public Hygiene

Date: ……19 October 2003…….

We, the undersigned members of the Inter-Agency Coordinating 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 ~