



Partnering with The Vaccine Fund

June 2003

Progress Report

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

by the Government of

MADAGASCAR

Date of submission: 30 September 2003

Reporting period: Jan – Dec 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.

Under the Ministry of Health, the fund is jointly managed by the Director of Family Health (previous Director of preventive treatment) and the Head of Immunisation Services, both signatories of the account allocated exclusively to the EPI/GAVI.

Every outflow of funds is preceded by a request followed by a letter of commitment from the recipients for every transfer of funds. Funds used for the benefit of central outlets receive the approval of both those in charge according to an annual working plan elaborated in advance.

The supporting documents are filed at the office of the department after verification. Requests from provincial management of health and districts are submitted either to the Director of Family Health or the SDV. Funds are transferred directly to the bank accounts of the addressees. For those who do not have a bank account (landlocked SSD's), funds are paid into the bank accounts of the DPS, or are handed directly to the heads of the SSD's by means of a cheque. Subsequently, supporting documents must be forwarded no later than 3 months after the completion of activities.

A financial report is disseminated on a quarterly basis by the Immunisation Service of the Ministry of Health, and is also presented to the members of the ICC during the quarterly meetings. An internal audit of the Ministry regarding the operational budget of the state and the financial contributions from EPI partners is carried out annually at the central, provincial, and district level.

An annual working plan with activities to be financed by the partners and the GAVI fund has been elaborated by the Immunisation Service. The activities to be financed by the GAVI fund only include those that are not financed by the other partners, or only partially.

Only part of the fund was used in 2002 due to the GAVI/EPI account being blocked by the Professional Association of Banks between March – July 2002 due to the political and social crisis and a change of leadership at both the central (DMP) and peripheral levels (provincial and district). However, it was possible to finance some activities during this period with the residue of the reserve fund paid into the EPI/BNI-CL account in November 2001 during absence of the DMP, one of the signatories of the GAVI/EPI account who took 3 months accumulated leave. The Head of the Immunisation Service and the accountant of the department are the signatories of the BNI/CL account.

The reserve fund was intended to finance the shipment of vaccines to the provincial storage centres and district distribution centres, as well as social mobilisation activities between November 2001 and January 2002.

The activities therefore financed by the fund consisted of:

- supplying all levels with vaccines and EPI material.
- Training health staff in some districts.
- IEC and social mobilisation
- Follow-up and supervision
- Maintenance and general costs
- Contributions to provincial reviews.
- The purchase of gasoline and storage material.

National Immunisation Days (NID / polio) were held throughout the country following the discovery of 4 cases of immunisation related polio cases in a southern district. The fund therefore provided support to the polio NID by funding the transport of vaccines and EPI material, management tools and helicopter transport for those in charge and members of the media.

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 : 1,613,993,051 Fmg i.e. US\$ 233,500
Remaining funds (carry over) from the previous year : 237,948,582 Fmg i.e. US\$ 36,607

Table 1 : Use of funds during reported calendar year 2002

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	2300	2,300			
Transportation	97,275	95,134	214		
Maintenance and overheads	5,519	5,519			
Training	4,046			4,047	
IEC / social mobilization	19,880	14,495		5,385	
Outreach					
Supervision					
Monitoring and evaluation	5,230	1,945	314	149	
Epidemiological surveillance					
Vehicles	4,944	2,614		2,330	
Cold chain equipment					
Other ; Printing of a guide for health staff. Guide to gain support from local authorities and Gazety.	1,794	1,794			
Regional reviews	1,358	1,358			
Total:	142,345	125,159	528	11,910	
Remaining funds for next year:	1,001,019, 862 Fmg (including interests of 2001 & 2002) i.e. US\$ 154,003				

**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. 09/04/02 – 25/04/02-23/05/02-13/08/02

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

Activities carried out in 2002

The health centres were able to continue with routine EPI activities in spite the political and social crisis that lasted until July 2002:

- Vaccines were forwarded directly from the central level to landlocked or remote SSD's, and from the DPS to the SSD's. The SSD's did not receive funds for transport in view of their accounts being blocked due to changes in leadership (first quarter). This fact brought about the centralisation of funds.
- Operation of the cold chain: petrol allowance (USAID/ UNICEF/GAVI), spare parts for refrigerators provided (UNICEF,Japan).
- Training of responsible provincial staff on EPI and on epidemiological surveillance of AFP.
- Training of staff at AFP focal points at all districts by the CDC Atlanta stop team (between September and December 2002).
- Refresher courses for health staff.
- Participation with provincial reviews.

5% of immunisation related polio cases were detected in Tolagnaro, province of Toliara. The immunisation coverage rate with polio3 in this SSD stands at 26%, which explains the decision to hold National Immunisation Days for polio FAV 2002 during the third quarter of 2002 with a door-to-door strategy and a rapid cold chain for effective NID's:

- Commitment from high levels of government
- Establishment of provincial, district, and communal steering committees at all levels.
- Community mobilisation.
- Logistical participation (Ministry of Defence, Ministry of Health and other public sectors, members of the national steering committee).

Commitment of various partners;

- Technical support provided by the WHO, UNICEF, USAID
- Financial support provided by the WHO, UNICEF, USAID, CDC Atlanta, Rotary International, and the private sector.

Active participation of the President of the Republic and members of government during the first phase of the NID FAV 2002.

Constraints:

- Problems with the availability of vaccines due to the absence and irregularities of international and national flights during the first quarter, and a shortage of fuel.
- Problems with the cold chain due to a shortage of fuel.

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.*

Please attach the minutes of the ICC meeting where the plan of action for the DOA 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).*

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: 22/03/02 (502,000 doses) Dtc/hepB 01/07/02 (1,004,000) doses, 14/12/02 (278,500 doses).**

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

2002 was a year of crisis for the routine EPI. The operation of the cold chain was almost paralysed In view of the shortage of fuel that the entire country experienced during the first and second quarters. More than 65% of immunisation centres were unable to provide an efficient immunisation service in an adequate manner.

The problems encountered with regard to vaccines and materials provided by the GAVI funds are as follows:

- Delayed receipt of vaccines for the second quarter due to irregular international air traffic. The situation normalised during the third quarter.
- The campaign planned to start December 2001 was delayed in some districts until the end of the first quarter of 2001 due to the closure of some health centres (no immunisation staff).
- Operational difficulties with the cold chain (shortage of gasoline).
- Delayed implementation in certain districts; those in charge had planned to introduce the new vaccine in January 2002, but the crisis brought about the closure of some health centres (shortage of gasoline, no immunisation staff).
- The storage volume had to be increased with each package containing 10 doses of vials with the tetravalent vaccine. Furthermore, supplies were forwarded to the peripheral centres on a quarterly basis instead of every four months.

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.

Information on GAVI, the fund, and regarding new vaccines intended for those in charge of health matters at all levels (central, regional, and health districts) during the reviews of the Ministry of Health, in the provinces of Fianarantsoa, Toamasina, Mahajanga (August to November).

- Sending of guidelines to all levels (provinces and districts), EPI guides, and the assisted self-learning module.
- Distribution of self-learning guides to the SSD who have needed these (additional requests) in view of changes in personnel.
- Printing of 6000 guides intended for health staff, and of 5000 guides to win over support from local authorities and 5000 Gazety.
- Information sessions for health staff during monthly reviews at the health districts of Antananarivo and Fianarantsoa.
- The funds for social mobilisation at district level have already been transferred to 4 provinces between November and December 2001. With regard to the remaining 2 provinces: neighbourhood based social mobilisation at the level of closely monitored districts together with JSI/USAID.
- Audio-visual information disseminated by private broadcasters at the central and peripheral levels.

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.

This fund was received in March 2002.

There was a stock shortage of vaccines in some districts of the northern and western regions in view of a shortage in fuel supplies throughout the entire country due to the political and social crisis during the first and second quarters of 2002. This was due to difficulties in supplying regional storage centres and distribution centres (by road and air transport), the gasoline needed to power refrigerators and generators to supply urban areas with electricity was very difficult to find or very expensive in many districts. This fact resulted in the creation of new distribution centres that provide the storage of vaccines, and where health centres can stock up on vaccines every week or two. The following decisions were therefore taken during the coordination meetings held by the ICC in April and May: 1) Supplying regional storage and distribution centres with vaccines by air transport under contract with a private air company, and/or by road transport under the “humanitarian reasons/ United Nations emergency via UNICEF” label.

2) supplying health centres and districts with gasoline, either through direct purchase at Antananarivo prior to delivery to the addressees (USAID/JSI) for the districts of Fianarantsoa and Antananarivo, or by sending funds corresponding to quarterly needs according to the number of operational refrigerators for the districts of 4 other provinces (UNICEF).

The situation subsequently improved, but the problem of supplying gasoline remained acute in many districts due to the difficulties of finding it. In order to improve matters, and to avoid harming the reactivation of the cold chain, those in charge at Ministry of health and members of the logistical sub-committee made a plea with a petroleum distribution company in July. An agreement was reached by this sub-committee and the company for the purchase of gasoline at gasoline stations owned by this company, in the capitol and the cities of the provinces. This gasoline was subsequently delivered from the capitol to the landlocked and remote districts of Mahajanga, Toliara, and Toamasina by air (either by helicopter or by plane), and by road to accessible provinces and districts. Gasoline vouchers were sent to the SSD in the large cities by the central level, given that the bank accounts of the SSD and DPS had been blocked by the Professional Association of Banks. The GAVI fund was therefore used to purchase gasoline and storage materials, and to pay for the transport of the latter to the districts of the 4 provinces of Mahajanga, Toliara, Toamasina, and Antsiranana. USAID/JSI took over the costs for the districts of Antananarivo and Fianarantsoa.

After consultation with the health authorities, the national authorities decided to hold National Immunisation Days (NID/polio) throughout the country following the discovery of 4 cases of immunisation related polio virus cases in a southern district during the first quarter of 2002. The financial support from GAVI therefore helped to back up the polio NID's by paying for air (private airplanes and helicopters) and land transport of vaccines, EPI materials, management tools, and for helicopter transport of high level government dignitaries and members of the press for high impact social mobilisation, UNICEF having financed part of these shipments of vaccines and EPI materials.

Immunisation services sectors

Total amount in US\$

Proportion of funds per level

Proportion of funds per level

Central

Province

District

services provided

Gasoline / 38076 / 100%

Storage material / 13914 / 30% / 70%

Social mobilisation / 630 / 100%

Transport / 47382 / 100%

TOTAL 100002

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*

3,744,000 auto-destruct syringes and 16,200 incineration boxes that arrived at the port of Toamasina on 16 August 2002 were forwarded to Antananarivo on 19 December 2002. However, 2 containers that arrived at the port of Toamasina on 07 January 2002 were blocked in the commerce transit room due to demurrage and insurance cost problems, and could not be collected until 2003 (2002 crisis).

Other problems encountered include:

- Dispatching problems between the provincial level and the districts, and between the central level and the provinces (air freight problems): The Air Mad company could not yet handle the forwarding of large size shipments.
- Staff that had not yet been trained on the use of auto-blocking syringes in some health centres.
- An insufficient number of incinerators or a total absence of these at basic health care centres. The existing incinerators at health centres were

installed by the sanitation and sanitary engineering service, and by the GTZ (in the province of Mahajanga).

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
Number of auto-destruct syringes used for the advanced strategy at immunisation centres. Number of auto-destruct syringes used for the fixed strategy at immunisation centres.	75% of all health centres are to use auto-destruct syringes for the fixed strategy by the end of 2002. 100% of all health centres are to use only auto-destruct syringes during advanced strategies and for mass campaigns by the end of 2002.	1. Use of auto-destruct syringes for the fixed strategy in the case of DTP/HepB, except for some CSB. 2. Use of auto-destruct syringes for the advanced strategy and proactive immunisation in most health districts in the provinces of Fianarantsoa and Antananarivo for the anti-measles and anti-tetanus vaccines.	1. Evaluation of indicators: There are no reports on the use of auto-destruct syringes at basic health care centres. 2. Regarding the use of auto-destruct syringes; Inadequate dispatching capacity in the provinces of Toliara, Mahajanga, and Antsiranana. 3. Shipment of auto-destruct syringes to the province of Antsiranana (north of the country) is difficult due to the poor condition of the road infrastructure and due to inadequate air cargo transport. Land transport has been included in the government budget for the	<ul style="list-style-type: none"> - 100% of health centres will use auto-blocking syringes for the advanced strategy and mass campaigny. - 90% of health centres providing immunisations will use auto-destruct syringes for the fixed strategy for TT, MEAS, and BCG.

			state.	
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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:

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 funding 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 funding 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

The financial feasibility plan of the country with the various sections will be submitted in November 2003.

financial feasibility is guaranteed by the participation of the Madagascar Government in funding immunisation activities, taking over costs of salaries and allowances of health staff, maintenance of health related infrastructures, daily management of the immunisation programme at all levels, the capacity mobilise additional resources in the framework of bilateral and multi-lateral cooperation with the private sector on a profit or non-profit basis. In the short to mid-term the Government will gradually take over costs for the purchase of vaccines and operating the cold chain with the objective of independent immunisation. This handling of costs is part of the operational budget allocated to the Immunisation Service for vaccines, and to the districts for gasoline. Thus, the following has been planned:

Purchase of vaccines

(Government in thousands of US\$)

2001

150

2002

250

2003

350

2004

450

2005

550

Operation of the cold chain

(Government in thousands of US\$)

250,5

275

300

300

300

Some of the costs from the purchase of vaccines and gasoline should be handled by the initiative for poor countries with very high debts. However, due to procedural difficulties regarding government commitment to spending, only part of the refund for the purchase of vaccines was paid to UNICEF for the 2002 business year. Indeed, only the share taken from the operational budget of the Immunisation Service was paid back. There were difficulties with commitment to expenses and their liquidation with regard to the purchase of gasoline.

A 2001-2003 strategic plan was signed between the Government and UNICEF in September 2000 for the EPI partners. The funding for the EPI outlined in this strategic plan is of US\$ 1,361,944 for 2001, US\$1,050,000 for 2002, with the funding for 2003 intended mainly for the purchase of vaccines and equipment, close range strategies focused on districts with low immunisation coverage, monthly reviews at district level, and quarterly reviews at provincial level. Support from USAID via the intermediary of JSI, who will continue working for the funding of the EPI until the second quarter of 2003, is primarily focused on the provinces of Fianarantsoa and Antananarivo. High priority districts (20) receive material and technical support through a strengthening of community strategies. The amount allocated to the EPI in 2001

Allocated to the EPI in 2001 is of US\$ 121,991, US\$ 261,893 in 2002., and US\$ 77205 in 2003.
 Japanese Cooperation has helped funding the purchase of vaccines, spare parts for refrigerators and other EPI materials since 1996. US\$ 90601,17 was allocated to the EPI in 2001, and a request for US\$ 261,893 was made by the Government for the 2002-2003 business period, with the same request for the 2003-2004 business period.
 The WHO is contributing to the technical and financial support of the EPI, particularly by strengthening national capacities and epidemiological monitoring of the main diseases targeted by the EPI. A biennial plan for 2003-2003 has been elaborated with the Ministry of Health for US\$ 50,000. For...

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	632337	651308	620105	690972	711701	733052	755043	777694
Infants' deaths	60704	62526	54569	66333	68323	70373	72484	74659
Surviving infants	571633	588782	565536	624639	643378	662679	682559	703035
Infants vaccinated with DTP3 *								

Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	474409	466767						
NEW VACCINES								
Infants vaccinated with DTP HepB * (use one row per new vaccine)		37993	349615	518229	569361	623094	641786	661040
Wastage rate of ** (new vaccine)			13,8					
INJECTION SAFETY								
Pregnant women vaccinated with TT	269916	251624	267651	647787	711702	778869	802234	826301
Infants vaccinated with BCG	603074	548343	454846	437247	450365	463875	484791	492124
Infants vaccinated with Measles	479843	478198	346303	518229	569361	623094	641786	661040

* 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.

There was a discrepancy in the transcription of figures regarding the number of surviving infants in our first proposal of 2000. It actually corresponds to the number of living births. In 2002, the estimated number of total population in our health management information system was calculated according to the annual growth rate that stands at 2.8% compared to the last general survey of 1993 (RGPH) (The readjusted growth rate calculated at 3% in previous years). The number of deaths of infants less than 1 year old was calculated according to the infant death rate that stood at 96 per 1000 in previous years. New calculations in the joint WHO/UNICEF 2002 form, corrected and forwarded on 4 August 2003, the infant death rate stands at 88 per 1000 according to the results of the MICS 2000.

The number of Infants that require immunisation with BCG is calculated according to targets relative to living births. The targets set with regard to surviving infants apply for other anti-genes.

SSD data is still missing in the 2002 report (the monthly basic health care centre activity reports have not yet reached the Health Information Management and Epidemiological Monitoring Service (HIMEMS) (SSEGIS), where the Immunisation service obtains the data. A general population survey will be carried out in 2003 by INSTAT, and a correction of the denominator will be possible with the results of the survey. Furthermore, we have not changed the numbers for the 2004-2007 time period.



3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004 (indicate forthcoming year)

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

Table 3: 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 2004
A	Number of children to receive new vaccine		569361
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B/100 \times C$	1708083
E	Estimated wastage factor	(see list in table 3)	1,18
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	2015538
G	Vaccines buffer stock	$F \times 0.25$	503885
H	Anticipated vaccines in stock at start of year		350000
I	Total vaccine doses requested	$F + G - H$	2169423
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	2066784

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.

L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	0
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	22941

- **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 (*Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8*)

		Formula	For year	For year
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#	569361	623094
B	Number of doses per child (for TT woman)	#	3	3
C	Number of doses	A x B	1708083	1869282
D	AD syringes (+10% wastage)	C x 1.11	1895972	2074903
E	AD syringes buffer stock ²	D x 0.25	473993	518726
F	Total AD syringes	D + E	2369965	2593629
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1,05	1,05
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	26307	28789

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			

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.

	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.

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
Coverage rate DTP3	2002: TCV DTP3=70%	2002: TCV DTP3=62%	Political & social crisis in 2002. Forwarding problems of vaccines and SBS. Cold chain problems & unavailability of gasoline at most immunising health centres. Many basic health care centres did not carry out immunisations during the first quarter of 2002, sometimes not even during the second quarter of 2002.	2003=TCV DTP3=75%

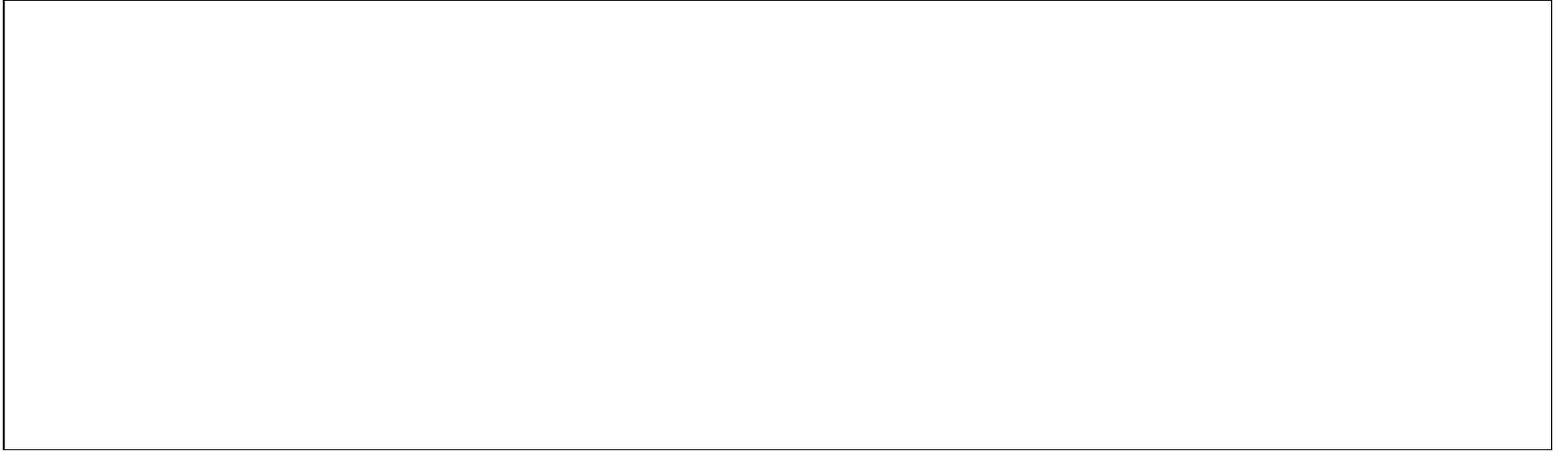
5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	30/09/2003	
Reporting Period (consistent with previous calendar year)	2002	
Table 1 filled-in	Yes	
DQA reported on	No	To be completed in July 2003
Reported on use of 100,000 US\$	yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	no	To be presented in November 2003
Table 2 filled-in	yes	
New Vaccine Request completed	yes	
Revised request for injection safety completed (where applicable)	no	
ICC minutes attached to the report	yes	
Government signatures	-	
ICC endorsed	-	

6. Comments

→ *ICC comments:*



7. Signatures

For the Government of

Signature:

Title:

Date:

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

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

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature

~ End ~