



Partnering with The Vaccine Fund

Updated in February 2004

# Progress Report

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

by the Government of

**COUNTRY: ISLAMIC REPUBLIC OF MAURITANIA**

Date of submission: ...APRIL 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.

*In accordance with the guidelines laid down by GAVI/The Vaccine Fund and to ensure transparency in the management of these funds, the Islamic Republic of Mauritania has submitted its plan for the use of GAVI funding to the ICC, which, after making some changes, approved the plan. The ICC is involved in planning activities and monitoring their implementation. Consequently, it is able to provide advice at any time with a view to ensuring that the best possible use is made of resources. This is how the first and second tranches have been administered. The GAVI fund management mechanism comprises several stages:  
The first phase is the submission, by the ICC's Technical Commission, of a fund utilization scheme on the basis of the multi-year plan of the National Immunization Programme.  
The second phase is the submission of this fund utilization scheme to the Inter-Agency Coordinating Committee which must discuss and approve the proposals made by the Technical Commission. A chronogram of activities is worked out at this same meeting.  
Once the ICC has approved the fund utilization scheme, the team for the immunization programme moves on to implementation. For each activity, a document is established that contains all necessary information including a timetable and a budget estimate. Cheques for advanced and mobile activities are made out to the Regional Health Director and are divided up into two tranches. The second tranche is only made available once the supporting documents for the first tranche have been produced. In order to be valid, account transactions require the signatures of both the EPI National Coordinator and the EPI accountant.*

## 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 2003

Remaining funds (carry over) from the previous year \_\_\_\_\_

**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					
Injection supplies					
Personnel					
Transportation	936.32	250,000 <i>UM</i>			
Maintenance and overheads					
Training	9363.29 + 4494.30	250,000 <i>UM</i>		1,200,000 <i>UM</i>	
IEC / social mobilization	5617	1,500,000 <i>UM</i>			
Outreach					
Supervision					
Monitoring and evaluation	6367	1,700,000 <i>UM</i>			
Epidemiological surveillance					
Vehicles	29,962	8,000,000 <i>UM</i>			
Distribution of data acquisition tools	7491	2,000,000 <i>UM</i>			
Acquisition of a laptop for EPI coordination	3370.30	900,000 <i>UM</i>			
Cold chain equipment					
Other ..... (specify)					
<b>Total:</b>	<b>93,820</b>	<b>16,850,000 <i>UM</i></b>	<b>7,000,000 <i>UM</i></b>	<b>1,200,000 <i>UM</i></b>	

<b>Remaining funds for next year:</b>					
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*1US\$ = 267 UM*

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

*Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.*

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

The main activities to strengthen immunization in 2003, in accordance with the multi-year plan for 2002-2006, focused on the following:

- Providing targeted assistance to under-performing *Moughataa* (districts) for advanced and mobile immunization activities
- Ensuring a regular supply of vaccines, fuel, syringes and safety boxes
- Ensuring stock monitoring and management
- Providing vaccinators with trickle-down training in EPI management
- Administering additional immunization activities in the field of measles control

The problems that have arisen in the implementation of the multi-year plan and the 2003 plan of action are tied to:

- Difficulties relating to the implementation of the supervisory programme (EPI has only a single liaison vehicle)
- The implementation of the additional immunization campaign for measles, which has made it hard to successfully conduct certain routine EPI activities in certain *Wilaya* (regions)
- The immunization coverage survey

### 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.*

Not applicable (the data quality audit has been scheduled for September 2004)

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

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

- *Study on the contribution of private health structures to routine immunization.*
- *Study on EPI funding*
- *National cold chain evaluation*

## 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.*

*In July 2004, GAVI notified the Islamic Republic of Mauritania that its last funding request for the introduction of new vaccines had been accepted. As a result, our country will receive its first batch of HepB vaccines in January 2005*

## 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.

Plans call for training sessions for vaccinators aimed at teaching them how to use and manage this new vaccine. Also planned are awareness-building sessions aimed primarily at administrative and local authorities but also targeting the general public. All awareness-building channels will be used in conjunction with the new tools (immunization sheets and registers, for HepB as well).

## 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 amount of USD 100,000 is expected to come in during 2004. These funds will be used to prepare the introduction of new vaccines (HepB) into routine EPI. A training and awareness-building programme aimed at the authorities, the community and health workers is to be launched.

## 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

*Some USD 66,000 for injection safety was received from GAVI in April 2004. This money will be used to build incinerators in the wilaya of Nouakchott and Trarza. A utilization scheme has been drawn up and a local operator identified, but implementation can only begin in September 2004.*

### **1.3.2 Progress of transition plan for safe injections and safe management of sharp waste.**

*Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.*

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
<p><i>1. Proportion of health training units that have not experienced any shortages of AD syringes</i></p> <p><i>2. Proportion of health training units with reliable systems for waste collection and disposal.</i></p>	<p><i>1. Ensure that vaccinating units have a regular supply of AD syringes</i></p> <p><i>2. Equip health training units with systems for waste collection and disposal (safety boxes, incinerators)</i></p>	<p><i>1. All vaccinating units enjoyed a regular supply of AD syringes during 2003</i></p> <p><i>2. All health training units enjoyed a regular supply of safety boxes</i></p>	<p><i>1. Construction of incinerators has not begun (choice and type of incinerators yet to be finalised)</i></p>	<p><i>1. Ensure that vaccinating units enjoy a regular supply of AD syringes</i></p> <p><i>2. Ensure that vaccinating units enjoy a regular supply of safety boxes</i></p> <p><i>3. Ensure that suitable incinerators are built in the Moughataa (districts) concerned</i></p>

### **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:*

*Funding for injection safety was received in the form of a cash contribution at the request of the Mauritanian government. The State budget includes a heading for the procurement of vaccines and injection supplies, in particular AD syringes, for all antigens as well as a sufficient number of safety boxes.*



## 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.

*The Islamic Republic of Mauritania took part in the workshop held from 28 June to 1 July 2004 in Cotonou (Republic of Benin) on the preparation of financial viability plans.*

*It has undertaken to submit its financial viability plan in January 2005.*

*A chronogram of activities has been drawn up and thematic working groups have been set up.*

- 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.gavifft.org> under FSP guidelines and annexes).  
Highlight assistance needed from partners at local, regional and/or global level

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

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

#### 3.1. Updated 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 3 : Updated immunization achievements and annual targets**

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>DENOMINATORS</b>	<i>119,138</i>	<i>121,997</i>	<i>124,925</i>	<i>127,923</i>	<i>130,993</i>	<i>134,137</i>	<i>137,356</i>	<i>140,653</i>	<i>144,028</i>
Births	8,816	9,028	9,244	9,466	9,693	9,926	10,164	10,408	10,658
Infant deaths	<i>110,321</i>	<i>112,969</i>	<i>115,680</i>	<i>118,457</i>	<i>121,300</i>	<i>124,211</i>	<i>127,192</i>	<i>130,244</i>	<i>133,370</i>
Surviving infants									
Number of infants vaccinated with <b>DTP1</b> *	<i>49,438</i>	<i>87,318</i>	<i>108,621</i>	<i>95,292</i>	<i>109,170</i>	<i>114,274</i>	<i>120,832</i>	<i>123,732</i>	<i>126,702</i>
Infants vaccinated with <b>DTP3</b> *	<i>34,221</i>	<i>64,907</i>	<i>90,736</i>	<i>79,808</i>	<i>97,040</i>	<i>105,579</i>	<i>114,473</i>	<i>117,220</i>	<i>120,033</i>
<b>NEW VACCINES</b>									
Infants vaccinated with <b>1<sup>st</sup></b> dose of HepB						<i>114,274</i>	<i>120,832</i>	<i>123,732</i>	<i>126,702</i>
Infants vaccinated with <b>3<sup>rd</sup></b> dose of HepB						<i>105,579</i>	<i>114,473</i>	<i>117,220</i>	<i>120,033</i>
Wastage rate of *** for HepB						<i>1.25</i>	<i>1.18</i>	<i>1.11</i>	<i>1.11</i>

<b>INJECTION SAFETY****</b>									
Pregnant women vaccinated with TT	21,799	37,724	49,487	45,777	65,497	80,482	96,149	98,457	100,820
Infants vaccinated with BCG	52,708	74,943	107,636	94,630	102,175	118,041	130,488	133,620	136,827
Infants vaccinated with measles	31,116	62,160	88,717	74,494	90,975	105,579	120,832	123,732	126,702

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

\*\* Use three lines for each new vaccine introduced

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

\*\*\*\* Insert the necessary lines

→ 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.

*The preliminary version of the General Population and Housing Census (GPHC 2000) estimated the country's overall population at 2,548,157 inhabitants in 2000, with a rate of increase of 2.6%.*

*The final version estimates the population at 2,508,159 in 2000, with a rate of increase of 2.4%. Consequently, using the updated data from the GPHC 2000 in our report has changed the basic population data.*

*The original immunization coverage targets contained in the application plan approved in 2002, and in accordance with the EPI Strategic Plan for 2002-2006, have been updated on the basis of EPI achievements. These updated targets are the same as the ones contained in the plan for the introduction of new vaccines (HepB) that was submitted to you in April 2004 and approved in July 2004.*

### 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.

*The vaccine supply circuit in the Islamic Republic of Mauritania, as well as annual orders and forecasts, are discussed with the UNICEF staff*

before official applications are sent to the representative office in Nouakchott.

**Table 4: Estimated number of doses of HepB..... vaccine (for one presentation only) :** (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2005
<b>A</b>	<b>Number of infants to receive 1<sup>st</sup> dose of HepB</b>		114,274
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	%	100
<b>C</b>	<b>Number of doses per child</b>		3
<b>D</b>	<b>Number of doses</b>	$A \times B/100 \times C$	342,822
<b>E</b>	<b>Estimated wastage factor</b>	(see list in table 3)	1.25
<b>F</b>	<b>Number of doses (incl. wastage)</b>	$A \times C \times E \times B/100$	428,527
<b>G</b>	<b>Vaccines buffer stock</b>	$F \times 0.25$	107,132
<b>H</b>	<b>Anticipated vaccines in stock at start of year ....</b>		
<b>I</b>	<b>Total vaccine doses requested</b>	$F + G - H$	535,659
<b>J</b>	<b>Number of doses per vial</b>		10
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	$(D + G - H) \times 1.11$	499,449
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage)</b>	$I/J \times 1.11$	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	$(K + L) / 100 \times 1.11$	5,544

#### 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 5 : Wastage rates and factors**

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

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

### 3.3 Confirmed/revised request for injection safety support for the year 2005

**Table 6.4: Estimated injection safety supplies for the next two years with BCG**

		Formula	For year 2005	For year 2006
<b>A</b>	<b>Target of children for tuberculosis vaccination<sup>1</sup></b>	#	118,041	130,488
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of BCG doses</b>	A x B	118,041	130,488
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	131,025	144,842
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	131,025	144,842
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	12,984	14,354
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$		

**Table 6.5: Estimated injection safety supplies for the next two years with DTP**

		Formula	For year 2005	For year 2006
<b>A</b>	<b>Target of children for DTP vaccination</b>	#	114,274	120,832
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#	3	3
<b>C</b>	<b>Number of ..... doses</b>	A x B	342,822	362,497

<sup>1</sup> GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

<sup>2</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

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

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

<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	380,532	402,372
<b>E</b>	<b>AD syringes buffer stock <sup>4</sup></b>	$D \times 0.25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	380,532	402,372
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.6	1.6
<b>I</b>	<b>Number of reconstitution <sup>5</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	4,224	4,466

**Table 6.6: Estimated injection safety supplies for the next two years with measles**

		<b>Formula</b>	<b>For year 2005</b>	<b>For year 2006</b>
<b>A</b>	<b>Target of children for measles vaccination</b>	#	105,579	120,832
<b>B</b>	<b>Number of doses per child</b>	#	1	1
<b>C</b>	<b>Number of measles doses</b>	$A \times B$	105,579	120,832
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	117,193	134,124
<b>E</b>	<b>AD syringes buffer stock <sup>6</sup></b>	$D \times 0.25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	117,193	134,124
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.6	1.6
<b>I</b>	<b>Number of reconstitution <sup>7</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	1,301	1,489

<sup>4</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>5</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

<sup>6</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

<sup>7</sup> Only for lyophilized vaccines. Write zero for other vaccines

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

**Table 6.7: Estimated injection safety supplies for the next two years with TT**

		Formula	For year 2005	For year 2006
<b>A</b>	<b>Target of pregnant women for TT vaccination</b>	#	80,482	96,149
<b>B</b>	<b>Number of doses per woman</b>	#	2	2
<b>C</b>	<b>Number of TT doses</b>	A x B	160,964	192,299
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	178,670	213,452
<b>E</b>	<b>AD syringes buffer stock <sup>8</sup></b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	178,670	213,452
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	<i>Either 2 or 1.6</i>	1.6	1.6
<b>I</b>	<b>Number of reconstitution <sup>9</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	0	0
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	1,983	2,369

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

*The reasons mentioned under chapter 3.1 tied to the changes made to the final version of the GPHC.*

**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
Immunization coverage rates for DTP3	Raise immunization coverage for infants aged 0-11 months and for pregnant women to 70% for DTP3 and 40% for TT2, respectively	Results obtained in 2003: - BCG: 84% - DTP3: 71% - Meas: 66%	Constraints are primarily tied to monitoring planned routine EPI activities at the regional level, which has led to a slight drop in immunization coverage when compared with 2002.	Raise immunization coverage for infants aged 0-11 months and for pregnant women to 80% for DTP3 and 50% for TT2, respectively, in 2004.

<sup>8</sup> The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

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

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

## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission	X	
Reporting Period (consistent with previous calendar year)	X	
Table 1 filled-in	X	
DQA reported on	NA	
Reported on use of 100,000 US\$	X	
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)	NA	
Table 2 filled-in	NA	
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:*

The GAVI initiative places the ICC at the centre of all EPI efforts (fund mobilization, plan for fund utilization and implementation of activities). The ICC takes part in the planning and implementation of all EPI activities. This approach facilitates coordination of the funds mobilized with a view to ensuring optimum use of all programme funding. The flexibility of the GAVI initiative with regard to fund utilization is another achievement. This flexibility makes it possible to use resources in areas not covered by other funding sources, thereby ensuring better programme implementation and effective revitalization of systematic EPI.



## 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
Mohamed Lemine Ould Abdi Ould Jyed	Secretary General of the MSAS						
Dr. Mohamed Idoumou Ould Mohamed Vall	Director of Health Protection, MSAS						
Dr. Ishagh Ould Khalef	EPI National Coordinator, MSAS						
Dr. Diallo Souleymane	UNICEF Representative						
Dr. Diallo Pathé	WHO Representative						

~ End ~