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

5. Checklist

6. Comments

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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

The first utilization of ISS funds occurred in 2002. A Master Plan for the use of ISS funding was developed for 2002-2004, and a 3-month workplan and budget was developed as the basis of an EPI request for receiving ISS funds from the MOH. On 29 August 2002 the MOH Steering Committee approved both the Master Plan and the 3-month workplan and budget. ISS funds were first made available to the EPI in September 2002. The ICC was not consulted previous to the submission of the plans to the Steering Committee. The approved plans were presented to the ICC at its September 2002 meeting.

In Feb/March 2003 a WHO consultant helped advance the management process. As of the end of September 2003, the process is as follows:

- A 3-monthly workplan and budget is developed by the Technical Working Group (TWG), which serves as the Secretariat for the ICC
- The completed workplan and budget is presented to the ICC for endorsement
- Once endorsed by the ICC, the workplan and budget is submitted to the Steering Committee of the Ministry of Health for approval
- With Steering Committee approval funds can be transferred from the MOH account to a separate account managed by EPI
 - Signators for the EPI account are the National EPI Manager and the Director of the MCH Center (in which the EPI is located organizationally). Either person can sign, it is not necessary for both to sign the same checks.
- At present the process for use of funds once they have been transferred to the EPI account is:
 - Detailed workplans for individual activities are developed, based on quarterly workplan
 - An internal EPI review of the workplans is conducted, individual plans are approved first by the MCH Center, and then by the Dept. of Hygiene and Prevention before checks can be prepared for signature
 - Once checks are cashed, receipts must be submitted to GAVI accountant to verify expenditure of funds

Problems/Issues:

- Accounting capacity within EPI. This person works very hard but is not a certified accountant. PWC was contracted in May 2003 to audit expenditures of GAVI funding as of the end of June and December 2003. It is planned that there will be a World Bank consultant in 2004 to identify support needs for developing financial management capacity.
- Delays in release of funding. Sometimes more than a month can pass from the time of ICC endorsement to Steering Committee approval.
- Expenditure accountability. This has improved greatly, but more improvement is needed
- Slow rate of expenditure. It is taking some time to work out the budgeting-expenditure cycle. Rates of expenditure have begun to increase in 2003 but are still low.

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 \$357,800 for ISS (20-5-02). In addition received \$100,000 for improving immunization coverage (21.02.02) and \$68,700 for injection safety (17.10.02). Total funding received = \$526,500. All funds are being managed together. Remaining funds (carry over) from the previous year \$0, because no cash funding was received before 2002

Table 1 : Use of funds during reported calendar year 2002 [these are amounts released for expenditure – total \$22,799]. Reported expenditures as of 31 December 2002 were \$9271.52. The amount budgeted for this period was \$50,767.

Area of Immunization Services Support	Total amount in US \$	Amount of funds			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Personnel					
Maintenance and overheads	1561	1561			
Training	13592	2186	11406		
IEC / social mobilization	838		838		
Monitoring and evaluation	1100	1100			
Other: Operational Costs	5630	4880	750		
Other: Meetings	78	78			
Total:	22799	9805	12995		
Remaining funds for next year:	434701				

*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. Meetings of September and December 2002

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

Activities: Lao PDR has decided to make the introduction of DTP/HepB and AD syringes part of a concerted effort to strengthen overall vaccination service delivery. Introduction is being conducted in a phased approach. Originally introduction was scheduled to be completed throughout the country by the end of 2003. It is now expected to be completed by mid-2004. In 2002 the new DTP/HepB vaccine, AD syringes and safety boxes were introduced into all districts of Khammouane Province, including outreach, in the 4 main hospitals of Vientiane Municipality, the Provincial Hospital of Luang Prabang, and 4 of 9 districts of Vientiane Municipality (about 10% of total population).
 Problems: Training methodology issues, classroom style training vs. on-the-job training contributed to introduction delays. Related to this was the lack of a methodology for monitoring training effectiveness. Lack of meaningful follow-up to training and implementation was also a problem. Insufficient meaningful follow-up was primarily due to not having enough staff to do it once introduction activities began to expand.

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.

Data quality has been recognized as a problem since 2001. Since 2002 activities have been initiated to improve routine reporting and analysis. These activities and lessons learned will form the basis of a plan of action for improving data quality.

A DQA was conducted in July of 2003. It did not identify issues/problems that were not already known, but did provide an external confirmation of problems already identified. This should strengthen the case for giving higher priority to data improvement activities.

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

WHO Consultant assisted with introduction of new DTP/HepB vaccine and AD syringes into routine immunization activities in districts of Khammouane Province February-May 2002. Introduction is being combined with efforts to improve efficiency and quality of immunization service delivery. This requires that problems/issues be identified so that they can be addressed. During this consultation the following issues were looked at and the following problems were noted:

Issues: Coverage, wastage, zone strategy, costs, efficacy of on-the-job training, health worker knowledge about vaccine handling and logistics, bundling of injection supplies with vaccines provided

Problems identified: high proportion of immunizations that must be delivered through outreach (80-85%); vaccine wastage will increase with increased coverage (because increased coverage will require reaching currently unreached -remote- areas); MDVP for outreach not presently feasible for safety reasons; lack of good immunization data; lack of knowledge on how to use immunization data for programme management purposes; with introduction of AD syringes, need to bundle injection equipment with supplied quantities of vaccine: central-province, province-district, district-health facility, health facility to outreach team

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/IF, including problems encountered.

No vaccines were received during CY 2002. 268,000 doses of DTP/HepB were received in 2001 and 322,500 doses were received in 2003

No problems were encountered with respect to vaccine shipment from manufacturer to Lao PDR. Vaccines were received in good order and put into the EPI central vaccine store in Vientiane. The only problem with the vaccine has been the operational one of progressing with introduction of the new vaccine into the routine immunization schedule. Delays in introduction have restricted development of a clear estimate of vaccine wastage, which due to heavy programme reliance on outreach, is expected to be > 30%.

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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.

Activities: Phased introduction of new DTP/HepB vaccine and AD syringes into routine immunization schedule. In 2002 completed in Khammouane Province, 4 main hospitals of Vientiane Municipality, Provincial Hospital of Luang Prabang Province, and 4 of 9 districts in Vientiane Municipality. A new introduction strategy was introduced in 2003, training with immediate implementation, monitored by Central Level staff and followed-up as possible. By end of July introduction had been extended to about 50% of total target population nationally. It is expected by the end of 2003 introduction will be extended to 75% of total target population nationally. It is further expected that introduction will be full completed by mid-2004.

Problems: Debate of training methodology (classroom vs. on-the-job) was a serious constraint for introduction activities in 2002. Many of the delays were related to this issue. In 2003 this continued to be an issue. Because of the risk of having the new vaccine expire (due to delayed implementation), a compromise was worked out, which reduced the amount of classroom training and allowed experimentation with on-the-job training. Monitoring and follow-up of introduction activities by Central Level and national staff engaged by international organizations are being recognized as essential to successful introduction. During 2002 there was not enough meaningful follow-up of activities after training. When follow-up was conducted it was learned that the introduction was proceeding poorly, in terms of both number of immunizations provided and quality of service delivery. Efforts are underway in 2003 to provide more and better monitoring and follow-up. Having enough staff who can do this well is a programme constraint. In October of 2002, 10,000 doses of monovalent HepB vaccine were received to enable the piloting of a birth dose at health facilities in the country where substantial numbers of births occur. These include some provincial hospitals and major hospitals in Vientiane Municipality. Pilot activities have not yet begun.

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.

In Lao PDR the \$100,000 lump sum amount and the ISS cash grant are pooled. They are both being used to support introduction and improvement of immunization services, as these two activities are being combined.

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

\$68,700 cash support was received in October 2002. This funding is to be made available to EPI through the same process as described for ISS funds (see Section 1.1.1)

A total of \$570,672 commodity support was received in 2002. The equipment received is being introduced into the routine immunization programme concurrent with the phased introduction of the new DTP/HepB vaccine, but is being introduced for use with all injectable programme antigens (BCG, DTP/HepB, measles and TT). In 2002, all areas into which DTP/HepB was introduced also replaced re-usable syringes and needles. This replacement was accompanied by introduction of safety boxes for used injection material and installation at the province level incinerators for the safe destruction of filled safety boxes.

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
-Phased intro of ADs for all injectable EPI antigens	3 provinces having 50,000 target age children	Closer to 20,000	Delayed intro mostly due to training methodology issues	-75% target age children nationally by end 2003, 100% by mid-2004
-Installation of incinerators in provinces before intro of ADs	All provinces where ADs being introduced	Achieved	None	-target extended to all provinces
-Pilot exchange strategy	All vaccinators using ADs for routine immunizations.	No pilot. Strategy explained during training	-Inadequate follow-up and monitoring.	-same as above, to include improved follow-up
-Increase HW knowledge improve HW practice	(same as above)	(same as above)	-Lack of follow-up for knowledge and practice.	-Target extended to all provinces
-Increase community awareness	All vaccinators and communities in intro areas	Included in training	-Have not found effective community mobilization methods	-(same as above)

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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:

The Injection Safety cash funding was received in October 2002. None of the funding was disbursed during CY 2002.

WHO (with extrabudgetary funding, especially from AusAID) is funding installation of high-temperature, auto-combustion incinerators in all provinces. Installation must be completed in a province before introduction of AD syringes into routine immunization activities can begin.

2. Financial sustainability

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.

The focus of work has been on improving financial management capacity of the national immunization programme and establishing improved processes to enable funds to be released. Ongoing work is planned to improve the use and tracking of funds and to eventually link financial and programmatic data.

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

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	175,373	179,582	183,892	188,306	192,825	197,453	202,192	207,044
Infants' deaths	14,381	14,367	14,160	13,935	13,883	13,822	13,749	13,665
Surviving infants	160,993	165,216	169,773	174,371	178,942	183,631	188,443	193,379
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: or administrative figure reported in the WHO/UNICEF Joint Reporting Form	101,515	94,773	87,829	63,000	23,200			
NEW VACCINES								
Infants vaccinated with DTP/HepB		198	6752	42,000	92,800	128,500	132,000	135,000
Wastage rate of ** (new vaccine)		3%	35%	35%	35%	30%	30%	25%
INJECTION SAFETY								
Pregnant women vaccinated with TT ²	103,801	93,937	109,148	113,000	125,300	148,000	166,800	198,750
Infants vaccinated with BCG	114,146	113,837	125,728	131,800	144,600	158,000	161,750	165,600
Infants vaccinated with Measles	71,161	137,212 ¹	129,405	95,900	107,300	128,500	132,000	135,000

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

¹Includes SIA doses, 9-59 months which were not separated from routine numbers as they should have been, ²doses given to pregnant women

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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 2004

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

The request for supplies and equipment for 2004 and future years is based on the targets in Table 2. The request for 2004 needs to be adjusted for estimated stock at the end of 2003:

- BCG Vaccine:
- DTP/HepB Vaccine:
- Measles Vaccine:
- TT vaccine:
- 0.1 cc AD syringes:
- 0.5 cc AD syringes:
- 2cc Reconstitution syringes:
- 5cc Reconstitution syringes:

Table 3: Estimated number of doses of DTP/HepB vaccine

		Formula	For year 2004
A	Number of children to receive new vaccine		92,800
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	$A \times B / 100 \times C$	
E	Estimated wastage factor	(see list in table 3)	1.54
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	
G	Vaccines buffer stock	$F \times 0.25$	(see below)
H	Anticipated vaccines in stock at start of year 2004		XXXX
I	Total vaccine doses requested	$F + G - H$	
J	Number of doses per vial		
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	

- 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.

Buffer Stock: part of buffer stock already received. Expect to extend introduction to entire country by mid-2004. Believe remaining buffer stock entitlement is for 45% of population.

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3.4 Confirmed/revised request for injection safety support for the year 2004

Table 4: Estimated supplies for safety of vaccination for the next two years with BCG

	Formula	For year 2004	For year 2005
A	Target of children for BCG ¹	#	134,980*
B	Number of doses per child	#	
C	Number of BCG doses	A x B	
D	AD syringes (+10% wastage)	C x 1.11	
E	AD syringes buffer stock ²	D x 0.25	
F	Total AD syringes	D + E	
G	Number of doses per vial	#	
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2.0
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	

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		
	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.

* Assume 70% coverage in 2004 and 75% in 2005

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.

3.3 Confirmed/revised request for injection safety support for the year 2004

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

	Formula	For year 2004	For year 2005
A Target of children for DTP and DTP/HepB vaccination ⁴	#	116,000*	128,500*
B Number of doses per child (for TT woman)	#		
C Number of doses	A x B		
D AD syringes (+10% wastage)	C x 1.11		
E AD syringes buffer stock ⁵	D x 0.25		
F Total AD syringes	D + E		
G Number of doses per vial	#		
H Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	1.6
I Number of reconstitution ⁶ 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		

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			
	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.

*Assume 65% coverage in 2004 and 70% coverage in 2005

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).

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.

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3.3 Confirmed/revised request for injection safety support for the year 2004

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

	Formula	For year 2004	For year 2005
A Target of children for measles vaccination ⁷	#	107,300*	128,500*
B Number of doses per child (for TT woman)	#		
C Number of doses	A x B		
D AD syringes (+10% wastage)	C x 1.11		
E AD syringes buffer stock ⁸	D x 0.25		
F Total AD syringes	D + E		
G Number of doses per vial	#		
H Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I Number of reconstitution ⁶ 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		

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			
	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.

*Assume 60% coverage in 2004 and 65% in 2005

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.

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.

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

		Formula	For year 2004	For year 2005
A	Target of pregnant women) ¹⁰	#	125,300*	148,000*
B	Number of doses per child (for TT woman)	#		
C	Number of doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ¹¹	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	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		

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			
	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.

*Assumes 65% coverage in 2004, 75% in 2005

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 tyophilized 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.

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

Indicators	Targets	Achievements	Constraints	Updated targets
Indicators were not included in the proposal.				

3. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)		
Table 1 filled-in		
DQA reported on		
Reported on use of 100,000 US\$		
Injection Safety Reported on		
FSP Reported on (progress against country FSP indicators)		
Table 2 filled-in		
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		
Government signatures		
ICC endorsed		

6. Comments

→ ICC comments:

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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
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~ End ~