GAVI

THE GLOBAL ALLIANCE FOR VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Updated February 2004

Progress Report

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

by the Government of

COUNTRY: UGANDA

Date of submission: MAY 28, 2004
Reporting period: JANUARY – DECEMBER 2003
(Information provided in this report MUST refer to the previous calendar year)

(Tick only one) :

Inception report	ρ	
First annual progress report	ρ	
Second annual progress report	ρ	
Third annual progress report	ρ	✔
Fourth annual progress report	ρ	
Fifth annual progress report	ρ	

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.

Mechanism of management of the ISS funds

In 2003, UNEPI developed an annual plan of action, that detailed out a description of activities, outputs, indicators, responsible section, estimated costs and sources of funding including ISS funds. The 2003 plan of action was presented, discussed and approved by ICC with some amendments. The ICC plays a critical role in reviewing and approving proposed program expenditure including guiding the programme on optimal use of the funds.

UNEPI requests the Permanent Secretary of the Ministry of Health to authorise release of funds. The requests are reviewed by the Ministry of Health and Government (internal and external) auditing system. A cheque is prepared for release of funds according to Government regulations. The signatories to this separate account are the Permanent Secretary – Ministry of Health, Principal Accountant – Ministry of Health and the UNEPI Programme Manager. Funds for the districts are sent by bank drafts to the district health accounts through the district accounting officers (Chief Administrative Officers). Funds released are subjected to similar auditing procedures prior to the releases. At the national and district levels, the government auditors certify expenditure and accountability after completion of the activity. The Ministry of Health is responsible for overall accountability of funds.

Challenges involving the use of ISS funds

1. Sustainability of activities supported by the ISS funds after the funds run out.

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 : **$** 909,996 (Received 19th May 2003)

Remaining funds (carry over) from the previous year: $ 346,520

Total funds available 2003: $ 1,256,516

$ 346,520 was carried over from 2002, $ 909,996 was received from GAVI in 2003, making the total amount available in 2003 - $ 1,256,516. Of the total amount available in 2003, $ 63,909 was utilised as outlined in table 1 below leaving $ 1,192,607 remaining for use in 2004.

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					
Maintenance and overheads					
Training - Sensitisation of hospital health workers on the new vaccine - Refresher training for UPDF vaccinators	 7,472 4,536			 100%	 100%
IEC / social mobilization - Immunization strategy/consultative meeting	 5,805		 100%		

Regional workshops for DHT members.	32,209		100%		
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ……. *(specify)* - Storage space for bulky EPI logistics - Bank charges	 13,850 36	 100% 100%			
Total:	63,909				
Remaining funds for next year:	1,192,607 **				

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

** Utilisation of ISS funds was low because:

i. Micro plans had to be developed with each district to identify critical funding gaps for GAVI fund support.
ii. Under -15 Mass Measles campaign heavily occupied the centre and district teams for more than six months.
iii. The procuring process for programme vehicles took more than six months

However, more than 90 % the remaining funds have already been disbursed by April 2004.

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

Dates of ICC meetings when allocation of funds was discussed: **13th March 2003, 25th September 2003**

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

Major activities to strengthen immunization

Policy and planning

- Developed and disseminated EPI Standards at national, district and health unit levels. The standards are mainly to guide immunization services management and delivery.
- Developed the National Injection Safety Policy and Standards that spell out roles and responsibilities at the national, district and lower levels.
- Developed the Financial Sustainability Plan through a consultative process that involved all partners.
- Developed the annual work plan for 2004 based on a review of the previous year's performance and emerging issues.

Capacity building and service delivery

- Conducted 5 regional workshops for 270 district managers for EPI micro planning and updating on current EPI strategies. This resulted in east district developing an EPI microplan.
- Conducted training of health workers in the Uganda Peoples Defence Forces (UPDF) and in hospitals on the additional vaccines and immunization
- Expanded immunization service delivery points from 1,632 to 1,713 static units.
- Continued to support implementation and consolidation of the Sustainable Outreach Services (SOS) strategy in 5 districts.

Advocacy and Social mobilization

- Completed development of the EPI Communication Strategy.
- Recognised and rewarded the 10 best performing districts in immunization during the National Health Assembly.
- Organised and held an advocacy meeting for 13 poorly performing districts in the central region presided over by His Majesty the King of Buganda and his wife, the Nnabagereka. Commitment for renewed cultural, political and technical support, to advocate and mobilize communities for immunization in each of the 13 districts in the region was obtained. This support was evident during the mass measles campaign. There has also been an observed positive trend in the 13 districts. A documentary film developed during the meeting was a very useful tool during the mass measles campaign and will continue being used for mobilizing communities for immunization.
- Follow-up of cultural leaders in all the 13 districts of Buganda, sensitising them on routine immunization and soliciting for their support to mobilize parents/guardians to bring their children for immunization.
- Supported 10,336 parish volunteers (mobilizers) to conduct house-to-house mobilization for immunisation

Cold chain and vaccine management

- Supported distribution of vaccines that reduced stock outs at lower levels
- Supported cold chain maintenance to reduce breakdown of cold chain equipment and reduce vaccine wastage
- Piloted the use of the vaccine utilisation monitoring tool in 10 districts. Follow up of the progress is on-going.

- Supported 12 districts to address the identified gaps in vaccine potency for measles and OPV vaccines
- Procured 400 gas cylinders for expansion of service points.

Accelerated disease control

- Conducted under-15 mass measles campaign for measles control nation-wide and reached 13,475,675 children aged 6 months to 14 years (105% coverage); provided Vitamin A supplementation (105% coverage) and de-worming tablets (87% coverage).
- Conducted the 3rd round of TT campaigns (TT3) for Maternal and Neonatal Tetanus Elimination in 5 districts (91% coverage).

Disease surveillance and monitoring

- Conducted integrated disease surveillance and response (IDSR) and introduced regional IDSR/EPI supervisors in 3 regions.
- Introduced cased-based laboratory backed measles surveillance nation-wide.
- Printed and distributed EPI coverage and dropout rate monitoring charts to all health units nation-wide.

Problems encountered

1. Limited district ownership and leadership of the immunization programme.
2. Under staffing and high attrition rates at the service delivery level, and those in service have inadequate skills and competencies.
3. High vaccine wastage and drop out rates.
4. Outreaches not functioning optimally
5. Insufficient support supervision at all levels.
6. Insufficient transport at districts and health sub-districts to deliver vaccines and supplies to peripheral levels.
7. The mass measles campaign diverted the efforts of health personnel at the expense routine immunization at all levels.

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES ✔ *NO* ☐

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

See Appendix A1(Plan/Review) & A2 (Progress of implementation)

Progress of implementation

- Disseminated the DQA findings and recommendations for implementation to district managers during regional workshops
- Completeness of reporting is now being captured at national level, in addition to timeliness of reports
- Vaccine and injection material control books have been provided to all health units for recording and issuing of vaccines and vaccine commodities
- The Ministry of Health took up the responsibility of provision of HMIS forms to all health units.
- A fax machine has been installed in the Resource Centre of the Ministry of Health for receiving reports from districts. This has helped improve the timeliness of reports
- EPI Info 2002 software for data management has been introduced at both UNEPI and the Resource Centre.
- The Resource Centre has been further equipped with a new, stronger computer and a zip drive for regular back up of data.
- Computers have been provided to competent districts and staff have been trained in electronic data management
- Storage and filing of reports has been strengthened at district and health sub district levels; box files were provided to districts to enable proper storage.
- Support was obtained from USAID to the Epidemiological Surveillance Division of the Ministry of Health to assist the districts to provide regular feedback to all health units.

Refer to Appendix A2 for further details on the progress of implementation.

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

Refer to attachment for minutes of ICC meetings on March 13, 2003 and September 25, 2003.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

1. Immunisation Coverage Surveys: Apac, Nakasongola and Lira districts, January 2003
2. Assessment of Injection Safety Practices in Uganda, June 2003
3. The Prevalence of measles, rubella and Hepatitis B serological markers among health workers in Uganda, August 2003
4. Family Care Practices in 8 districts in Uganda, September 2003

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the new and under-used vaccine: MONTH *JUNE* YEAR *2002*

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

Vaccines were received as follows in 2003:

a) DPT-HepB+Hib

1. 12th February 2003	642,400 doses
2. 7th May 2003	300,000 doses
3. 22nd May 2003	348,000 doses
4. 4th June 2003	200,000 doses
5. 24th July 2003	92,200 doses
6. 3rd December 2003	378,600 doses
7. 17th December 2003	602,000 doses
TOTAL	**2,563,200 doses**

b) DPT:

1. 30th July 2003	800,000 doses
2. 24th September	2,800,000 doses
TOTAL	**3,600,000 doses**

Problems encountered

1. There was inappropriate scheduling of vaccine shipment with a big bulk of the vaccines being received at the end of the year. This contributed to a vaccine shortage in the country from September-December 2003. The Government of Uganda in consultation with the ICC, UNICEF, WHO and GAVI, made a decision to revert to DPT vaccines for routine immunisation to cover the gap period.

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 undertaken in relation to service strengthening:
Refer to activities as outlined on pages 6-7

Activities to be undertaken in relation to services strengthening:
- Capacity building of Health Sub District Focal Persons, Cold Chain Technicians, central supervisors, operational level health workers
- Rehabilitation of the cold chain
- A review of the progress made in vaccine management and scaling up of districts with the vaccine wastage monitoring tool.
- Strengthening of support supervision at all levels
- Expansion of dry and cold storage space

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.

Not applicable. A report on introduction of the new vaccine was given in the 1st and 2nd annual reports

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

The following injection safety materials were received in 2003:

0.05 ml syringes - 1,280,827
0.5 ml syringes - 6,915,920
2 ml syringes - 2,262,794
5 ml syringes - 189,562
Safety boxes - 125,659

Problems encountered

The 0.05 ml BCG syringes received required prior training of health workers, which was not conducted, resulting in high wastage. This is because UNEPI did not receive advance information on the need for training of the users

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
% health units using ADs for routine immunization	100% of health units using ADs for routine immunization	100% of the health units are using ADs for routine immunization		
% districts with at least one incinerator constructed	100% of districts with at least one incinerator	75% (42) of districts have incinerators	- Slow process of awarding tenders for construction of incinerators.	One incinerator constructed at every health sub district

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:

There was no cash contribution towards injection safety support activities. Uganda received injection safety materials in kind in 2003.

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 Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine: DPT-HepB – Hib *(specify)*

Proportion of vaccines supported by	**Annual proportion of vaccines**									
	2002/3	**2003/4**	**2004/5**	**2005/6**	**2006/7**	**2007/8**	**2008/09**	**2009/10.**	**20 ..**	**20 ..**
Proportion funded by GAVI/VF (%)	100	100	95.8	88	75	-	-	-		
Proportion funded by the Government and other sources (%)	0	0	4.2	12	25	26	28	27		
Total funding for **DPT-Hepb-Hib** *(new vaccine) * US$*	14,878,046 (100%)	14,830,318 (100%)	15,357,699 (100%)	15,194,697 (100%)	14,924,911 (100%)	15,358,519 (26%)	15,804,359 (28%)	16,341,707 (27%)		

** Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine*

NB

- The annual proportions of funding for vaccines are given for financial years

- 2002/3 – 2003/4 figures are actual proportions while the proportions given for 2004/5 are based on a commitment by the Government of Uganda; from 2006/7 onwards, the proportions given are proposals for the funding sources as stated in the Uganda FSP. There may be need to revise funding proportions from the Government depending on the health budget allocation to the EPI program. There is a gap in funding from 2007/8 after the GAVI support ends.

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

Table 2.1: Financial Sustainability process: Reporting on Annual Performance, 2003

Strategy	Actions	Indicator(s) value (if known)		Successes/ achievements	Challenges	Country response/ strategy for 2004
		Baseline	Present			
1. Increase mobilization of resources						
Increase government contribution for vaccines	- Presented FSP to the Health Sector working group among others - Immunization is one of the priorities in the revised Poverty Eradication Action Plan (PEAP).	1.8%	1.8%	- FSP figures are in the Mid Term Expenditure Framework (MTEF) discussion documents as unfunded priorities - An inter-ministerial meeting (MOH & MOF) discussed FSP proposals - A budget framework paper including FSP concerns has been sent to cabinet for consideration	- Health sector budget growth is slowing down.	- Continued advocacy and dialogue with MOH and MOF - Impact study for Hib vaccine to demonstrate value for money is planned - Develop an implementation plan for the FSP
Increase external resources	FSP has been presented to HPAC & Health Development Partners				- Partners are unable to give long term commitment to the programme.	- Continued advocacy and resource mobilisation among partners and donor agencies
2. Increase reliability of resources						
Increase reliability of resources by ensuring timely disbursements	Health planning department is training districts in effective financial management			Improved flow of funds from the centre to the district	- Delayed accountabilities from the districts	
Protect funds for new vaccines in programme 9 allocation	The vaccine budget under VII is ring-fenced (protected)			The vaccine funds have been protected only for traditional vaccines	The budget is not growing	

Strategy	Actions	Indicator(s) value (if known)		Successes/ achievements	Challenges	Country response/ strategy for 2004
		Baseline	Present			
Extension of present GAVI funding depending on the resources released due to other resources mobilized	Advocacy for FSP with stakeholders Contribution of pentavalent vaccine costs by government in 2004/05	0%	0%	Government has committed to buying 193,148 doses (4.2%) of pentavalent vaccine requirement in 2004/05	Limited government resources Uncertainty of long term commitment by partners	Continued advocacy for FS and resource mobilisation
Establish mechanism to ensure unused vaccine fund resources are protected	Agreement on protection of unused vaccine fund resources during the pentavalent vaccine gap period in 2003			GAVI has accepted to give Uganda DPT-HepB -Hib vaccine for the 4 months missed in 2003	Global shortages of pentavalent vaccine	
3. Improve efficiency of resources						
Improve efficiency of use of resources	Reduce vaccine wastage Determine and adopt the most cost effective way to deliver vaccines and supplies and maintain cold chain equipment Independent purchase of gas by districts Development and implementation of district microplans annually	16%[1]	10%[1]	A logistician has been recruited for the programme with support from DELIVER to improve on logistics management. - All districts developed microplans in 2003 - The microplans guided allocation of ISS funds	- Insufficient manpower (numbers and skills) - Inadequate transport facilities at district and HSD level to conduct support supervision.	- Assessment of vaccine and vaccine stores management. - Training of HSD level personnel on areas such as vaccine management, microplanning - Study cheaper sources of energy for the programme. - An evaluation of the transport system is planned. The purpose is to improve programme efficiency

[1]Pentavalent vaccine wastage

Technical assistance is required for:-

1. Development of modalities for rolling out the FSP.
2. Development of an advocacy strategy
3. Focal Point Person to oversee implementation of the FSP (a budget will be included in the FSP implementation plan)

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

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

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: 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 12). Targets for future years **MUST** be provided.

Number of	Achievements and targets					
	2000	2001	2002	2003	2004	2005
DENOMINATORS						
Births	1,101,294	1,128,104	1,227,551	1,203,000	1,204,000	1,287,000
Infants' deaths	106,826	99,750	73,653	109,519	73,000	117,000
Surviving infants	994,469	1,028,354	1,153,898	1,093,481	1,131,000	1,170,000
Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)*			415,403[1] (36%)	262,959[2] (24%)		
Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)*	572,221 (58%)	620,016 (61%)	318,565[1] (30%)	221,008[2] (20%)		
NEW VACCINES **						
Infants vaccinated / to be vaccinated with **1st dose** of DPT-HepB-Hib vaccine			628,590 (55%)	815,763[3] (75%)	1,051,830 (93%)	1,099,800 (94%)
Infants vaccinated / to be vaccinated with **3rd dose** of DPT-HepB-Hib vaccine			516,497 (42%)	693,732[3] (63%)	904,800 (80%)	994,500 (85%)
Wastage rate of *** DPT-HepB-Hib vaccine)			16%	10%	10%	10%
INJECTION SAFETY****						
Pregnant women vaccinated / to be vaccinated with TT	500,420 (45%)	534,532 (47%)	634,943 (50%)	612,554 (48%)	867,966 (66%)	993,088 (73%)
Infants vaccinated / to be vaccinated with BCG	827,970 (83%)	936,754 (92%)	1,174,514 (96%)	1,155,037 (97%)	1,179,920 (98%)	1,261,260 (98%)
Infants vaccinated / to be vaccinated with Measles	605,832 (61%)	644,840 (63%)	885,596 (77%)	903,958 (83%)	938,730 (83%)	994,500 (85%)

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

[1] The DTP vaccine was used from January – June 2002, after which DTP-HepB+Hib was introduced.
[2] Due to global shortage of DPT-HepB –Hib, DPT vaccine was used for 3 months (Oct – Dec) in 2003
[3] DPT-HepB –Hib was used for 9 months (Jan – Sept) in 2003

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.

According to the latest update of the 2002 population census figures, the proportions of pregnant women, surviving infants and birth cohort, have changed to 5.0%, 4.3% 4.85% respectively. The Bureau of Statistics has provided population projections for 2003, 2004 and 2005. The denominators for 2003 and the population projections for 2004 and 2005 have therefore been revised.

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

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

The forecast for DPT-HepB-Hib for 2005 is **4,586,399** doses (Total inclusive of Government contribution)

The Government of Uganda has committed **$ 695,331** to the purchase of pentavalent vaccine in the financial year 2004/ 2005. This is worth **193,148 doses** (4.2% of the 2005 annual requirement) assuming a pentavalent vaccine cost of $3.60 per dose. There may be further revisions of the proposed government contribution to pentavalent vaccine procurement depending on the health budget allocation to the EPI program.

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

		Formula	For year 2005[2]	For year 2005[2]
A	Infants vaccinated / to be vaccinated with 1st dose of **DTP-HepB+Hib** *(new vaccine)*	*94% x birth cohort 2005[1]*	1,209,780	1,209,780
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100%	95.8%
C	Number of doses per child		3	3
D	Number of doses	*A x B/100 x C*	3,629,340	3,476,908
E	Estimated wastage factor	*(see list in table 3)*	1.11	1.11
F	Number of doses (incl. wastage)	*A x C x E x B/100*	4,028,567	3,859,368
G	Vaccines buffer stock	*F x 0.25*	1,007,142	964,842
H	Anticipated vaccines in stock at start of year 2005		449,310[3]	449,310[3]
I	Total vaccine doses requested	*F + G - H*	4,586,399	4,374,900
J	Number of doses per vial		2	2
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	4,647,761	4,431,608
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	2,545,451	2,428,070
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	79,845	76,142

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:** Countries are expected to plan for a maximum of:
  50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial;
  25% for a liquid vaccine in a 10 or 20-dose vial;
  10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **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 3.*

[1]*Birth cohort is used for the calculation of pentavalent vaccine requirement because the vaccine is administered at 6, 10 and 14 weeks of age and so is more appropriate than using the number of surviving infants at one year old. Using the number of surviving infants for calculation of vaccine requirements would give an underestimation of the requirement considering the number of infant deaths.*

[2]*The first column for calculation of requirements for the year 2005 is for the overall vaccine requirement/ forecast without taking into consideration the financial sustainability plan. The second column for the year 2005 takes into consideration the Government of Uganda contribution towards purchase of the pentavalent vaccine.*

[3]*The anticipated stock at the beginning of the year is based on the distribution schedule and arrival plan for vaccines. This is the overall stock left, including what is left of the buffer stock.*

3.3 Confirmed/revised request for injection safety support for the year **2005** *(indicate forthcoming year)*

Table 5 : Estimated supplies for safety of vaccination for the next two years with BCG *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year ……
A	**Target of children for BCG vaccination**	#		
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 [1]**	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*		
I	**Number of reconstitution [2] 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*		

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

[1] 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.
[2] 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.

GAVI Injection safety support for Uganda will end in 2004. The Ministry of Health has budgeted for safe injection related materials for 2005. The materials will be procured through UNICEF.

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 (2003)	Achievements (2003)	Constraints	Updated targets (2004)
1. DPT3 coverage	77%	81%	• Outreaches not functioning optimally and insufficient support supervision at all levels. • High turn over of service providers and managers at various levels • The mass measles campaigns diverted the efforts of the personnel towards routine immunization	81%
2. DPT 1-3 drop out rate	16%	16%		14%
3. Completeness of reporting to ESD (% of districts reporting to ESD for weekly tracking of epidemic prone diseases)	90%	97%		97%
4. % of health units using ADs for routine immunization	100%	100%		--

5. 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$		Not applicable
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)		Not applicable
ICC minutes attached to the report	✔	
Government signatures	✔	
ICC endorsed	✔	

6. Comments

ICC/RWG comments:

- The Government of Uganda with support from partners needs to mobilise additional resources for the EPI program in order to achieve financial sustainability.

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
Ministry of Health	Hon. Dr. Alex Kamugisha Minister of State for Health, Primary Health Care, Chairman ICC			European Union/EDF	Mr. Joaris Alain, Head of Economics and Social Sectors Desk		
WHO	Dr. Oladapo Walker, WHO Representative			Embassy of Japan	Mr. Katsuki Morihara, Second Secretary, Embassy of Japan		
UNICEF	Dr. Mogwanja Martin, UNICEF Representative			Uganda Red Cross Society	Mr. Kwesiga Robert, Secretary General, URCS		
USAID	Ms. Suzzane McQueen, Deputy Office of Health, HIV & Education			Media Council	Mrs Byabagambe		
World Bank	Dr. Peter Okwero, World Bank, Uganda			National Council for Children	Dr. Sam Agatre Okuonzi, Secretary General, NCC		
DFID	Ms. Ros Cooper, Health Advisor, DFID Uganda			Rotary International Uganda	Hon Kawalya Nelson		