



Partnering with The Vaccine Fund

June 2003

# Progress Report

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

by the Government of

**COUNTRY: the Republic of Côte d'Ivoire**

Date of submission: 2000.....

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.

***Problems encountered with regard to immunization services support:***

The 23 districts located in zones not under Government control were not able to receive the funds for strengthening activities owing to the unfavourable socio-political climate.

***Mechanism for management of ISS funds, including the role of the Inter-Agency Coordinating Committee (ICC):***

Funds are managed according to the following mechanism: the CD EPI prepares the quarterly program of expenditure which it submits to the Inter-Agency Coordinating Committee for approval. The latter then analyses and validates the spending program.

The Director for Financial Affairs of the Ministry of State, Ministry of Health and Population orders the various types of expenditure that are submitted to it. He then refers them to the Accounting Manager of the Ministry of State, Ministry of the Economy and Finance for payment, after the Financial Comptroller of the Ministry of State, Ministry of Health and Population, has checked the different expenditure entries. It will be noted that with regard to the disbursement of GAVI funds, as recommended by the ICC, checks drawn on the fund must be co-signed by a representative of the development partners, in this case AMP and the Accounting Manager.

Measure introduced at the periphery: the Treasury Department's financial managers in each district are entrusted with managing funds in cooperation with the Departmental Health Directors.

## 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 CFA F 296,770,500

Remaining funds (carry over) from the previous year CFA F 191,708,959

**Table 1 : Use of funds during reported calendar year 2003**

ACTIVITIES	CREDIT AUTHORIZED IN CFA F	AMOUNT SPENT IN 2002 IN CFA F	AMOUNT SPENT IN 2003 IN CFA F	% SPENT AT END 2003	AMOUNT AVAILABLE END 2003* IN CFA F
Execute micro-plan and train vaccinators	177 400 000	119 969 499	32 445 827	86	24 984 674
Train regional supervisors	20 000 000	20 000 000	0	100	0
Prepare EPI supervisory tools	3 000 000	0	0	0	3 000 000
Train district coordination cell to introduce HepB	4 200 000	4 194 000	0	100	6 000
Train CHWs or midwives in immunization communication in 80% of districts	12 000 000	11 672 285	0	97	327 715
Equip new districts with rolling stock	52 237 420	52 200 000	0	100	37 420
Equip districts with mechanisms for destruction of medical waste	70 000 000	0	0	0	70 000 000
Develop the accounting dimension	5 891 000	0	0	0	5 891 0000
<b>Sub-total of activities linked to vaccine coverage</b>	<b>344 728 420</b>	<b>208 035 784</b>	<b>32 445 827</b>	<b>70</b>	<b>104 246 809</b>
Conduct supervisory mission in regions and districts	57 155 000	2 045 481	7 271 519	16	47 838 000
Provide more computers for districts and CD-EPI	50 000 000	49 975 596	0	100	24 404
<b>Sub-total of activities linked to follow-up/evaluation</b>	<b>107 155 000</b>	<b>52 021 077</b>	<b>7 271 519</b>	<b>55</b>	<b>47 862 404</b>
Budget expenditure evaluation mission by Treasury (provision)	12 000 000	12 000 000	0	100	0
Budget financial auditing mission (provision)	1 000 000	1 000 000	0	100	0
Budget accounting auditing mission (provision)	4 000 000	4 000 000	0	100	0
<b>Sub-total of GAVI account management activities</b>	<b>17 000 000</b>	<b>17 000 000</b>	<b>0</b>	<b>100</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>468 883 420</b>	<b>277 056 861</b>	<b>46 988 865</b>	<b>69</b>	<b>144 837 694</b>

\*This available information does not include the disbursement of the third tranche and unplanned expenditure linked to the cost of having check books made up for 2002 and 2003, the cost of transferring funds to the local health districts in 2002, respectively: CFA F 296,770,500, CFA F 37,500 and CFA F 98,850. The amount available includes the disbursement of the second tranche and unplanned account management expenses: **CFA F 441,471,844**

***NB:*** An adjustment was made in comparison with the 2002 annual report for amounts spent in 2002. The annual report only took payment orders into consideration when determining amounts spent. However, we now take into account amounts actually disbursed when determining financial availability. In addition, the total authorized credit in 2002, which came to CFA F 470,992,420, did not factor in the effective nominal exchange rates (USD/CFAF) provided by the Central Bank of West African States (CBWAS), which were, respectively, CFA F 768.34 for the first disbursement and CFA F 747.25 for the new vaccines.

*\*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.**

**Date of the ICC meeting where the allocation of funds was discussed: 14 March 2002.**

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

*The major activities conducted to strengthen immunization are: capacity-building, EPI communication activities, supplementary activities and supervision.*

<b>ACTIVITIES CARRIED OUT</b>	<b>DATES AND PLACES</b>	<b>Funding sources</b>
<b>CAPACITY-BUILDING</b>		
Help prepare the emergency plan of the Ministry of Health in cooperation with all other health programs	Apr 2003, Abidjan	STATE
Run brainstorming workshop on immunization in difficult circumstances in cooperation with partners involved in immunization in Côte d'Ivoire	20-23 Feb 2003, Aboisso	STATE
Have the central-level logistics specialist attend the training workshop on vaccine management and EPI logistics in Dakar with WHO backing	19-31 May 2003	WHO

Train 2 CD-EPI officers in the EPIVAC program for organizing the public vaccine prevention system in developing countries	Jan-Dec, Ouidah (Benin)	AMP
Train 6 logistics specialists to use the vaccine management software	17-18 Sep	WHO
<b>EPI COMMUNICATION ACTIVITIES</b>		
Distribute EPI social communication articles and aids to districts	Jan-Dec	STATE
Set up partnership for EPI promotion with media	Apr 2003	STATE
<b>SUPPLEMENTARY ACTIVITIES</b>		
Set up a vaccine counterattack to measles epidemics reported in district of Duékoué and Bocanda	Feb-Mar 2003 / 11-22 July	STATE/WHO/UNICEF
Run targeted measles prevention campaign in 11 districts	16-26 Apr / 22 Apr-2 May / 2-12 Dec / 27 Nov-24 Dec	UNICEF
Take part in Cape Town meeting on measles campaigns	Oct 2003	UNICEF
Investigate cases of AFP, measles, yellow fever and MNT	Jan-Dec 2003	WHO
<b>SUPERVISION</b>		
Conduct training supervision in 14 districts	6 Mar-2 Apr 2003	GAVI
Convene ICC meetings	18 Mar / 25 Mar / 4 Jul	STATE
Organize supervisory and support mission for the implementation of EPI activities in 16 districts	22 Sep-4 Oct 2003	GAVI
Organize supervisory mission for disease surveillance activities in 20 districts	10-25 Jun / 4-19 Sep	WHO
Organize follow-up meeting on EPI activities and integrated disease surveillance in all 65 districts	21-23 May / 26-28 May / 9-10 Oct / 26-29 Oct	WHO
Support training supervision in the districts of Tiébissou, Toumodi and Yamoussoukro	Sep-Nov 2003	WHO
<b>LOGISTICS</b>		
Purchase 8 vehicles for the districts	12 Feb 2003	GAVI (4) / STATE (4)
Introduce HepB vaccine in 8 districts out of the 18 in bloc 3	17-24 Feb 2003	GAVI
Run mission to distribute routine EPI in formerly besieged and non-besieged districts	Jan-Dec 2003	STATE/UNICEF
Build 3 incinerators in the districts of Tiébissou, Toumodi and Yamoussoukro	Dec 2003	WHO

**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.*

No specific plan of action has been prepared. However, during 2003, various actions were taken on the basis of the DQA's recommendations:

- Revision of the supervisory grid to include headings on data quality, in the control list;
- Preparation of EPI management tools at the central level followed by distribution at district level:
  - Immunization register
  - Tally sheets
  - Monthly reporting sheets
  - Sheets for the management of vaccine stocks and injection supplies
  - Order sheets for vaccines and supplies
  - Temperature sheets
- Incorporation of data quality audits in supervisors' terms of reference for all districts

**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).*

*No study was conducted on DQA.*

## 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 immunization with the new and under-utilized vaccine: February 2002

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

*Date of receipt of DTP-HepB vaccines*

*23 January 2003: 500,000 doses*

*17 July 2003: 900,000 doses*

*No problems have been encountered with regard to the receipt of vaccines.*

### 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.

*In 2003, the DTP-HepB vaccine was introduced in the 18 districts of bloc 3:*

- *From 17 to 24 February, 8 districts located in the zone under Government control were briefed on HepB, the presentation and characteristics of the combined vaccine, immunization techniques, utilization of the different management tools (immunization register, tally sheets, monthly reporting sheets, management sheets for vaccine stocks and injection supplies, order sheets for vaccines and supplies, temperature sheets), application of the open vial policy, application of injection safety and notification of cases of AEFI).*
- *In May 2003, the NGOs and other partners operating in the zone outside Government control were requested to introduce DTP-HepB in the 10 remaining districts with the help of the various management tools made available*
- *Training of vaccinators and support for immunization activities in 8 districts*

*Owing to security-related problems, funds were not transferred to districts outside Government control. Moreover, these zones were characterized by staff shortages and a lack of banking structures.*



### **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 received in the form of additional assistance from the Vaccine Fund for the introduction of new vaccines in May 2002 was primarily earmarked for the construction of 65 incinerators; however, due to administrative constraints, this money has not yet been used. The supervisory authority has denounced the contract with the company that was awarded the bid and a new invitation to tender has been 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

*Côte d'Ivoire did not apply for any injection safety support in previous years. A plan of action for injection safety is being prepared for 2004.*

### 1.3.2 Status 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>
<i>Number of immunizing centres that consistently use AD syringes and safety boxes</i>	<i>Get 100% of all functional immunizing centres to use AD syringes and safety boxes in 2003</i>	<i>88% (1063 / 1203) of all immunizing centres use AD syringes and safety boxes</i>	<i>Unfavourable socio-political climate</i>	<i>Get immunizing centres in besieged zones to use AD syringes and safety boxes</i>
▪ <i>Number of incinerators built</i>	<i>Build at least one De Monfort incinerator per district</i>	<i>- 3 incinerators built by WHO - 8 incinerators built by AMP in 2002</i>	<i>Delay in executing GAVI-funded project</i>	<i>Build at least one De Monfort incinerator in the 55* remaining districts while complying with technical specifications</i>
▪ <i>Number of districts reporting and treating cases of AEFI</i>	<i>Get 100% of all districts to report and treat cases of AEFI</i>	<i>83% (54 districts out of 65) report and treat cases of AEFI</i>	<i>Unfavourable socio-political climate and unbudgeted activities</i>	<i>Get 100% of all districts to report and treat cases of AEFI*</i>

\*A new district, Bouaké-Sud, was created in 2003.

### 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:

*NOT APPLICABLE because no request was made for funding to cover injection safety.*

## 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.

Not applicable

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. Specify, in table 2 below, the annual share of GAVI/VF support over five years that is to be spread out over ten years and co-funded by other donors.

**Table 2: (Planned) funding sources for the new DTP-HepB vaccine**

Share of vaccines funded by	Annual share of vaccines								
	2003	2004	2005	2006	2007	2008	2009	2010	2011
Share funded by GAVI/VF (%)	51.6%	48.7%	47.1%	45.6%					
Share funded by Government (%)	12.9%	12.2%	11.8%	12.9%					
Total funding for DTP-HepB*	64.5%	60.9%	58.9%	58.5%					

\* The share of coverage for DTP3 (or for the measles vaccine in the case of yellow fever) constitutes the immunization target with a new and under-used vaccine

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.gaviff.org> under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level

2.1 Progress made in implementing the FSP

**A. STRATEGIES AND MEASURES TO MOBILIZE SUFFICIENT RESOURCES**

TARGET	INDICATOR	INDICATOR BASE VALUE (baseline year: 2002)	ACHIEVEMENTS in 2003	DIFFICULTIES
Increase Government funding for the health sector and more specifically EPI by 5% each year	5% annual growth in EPI funding	CFA F 2,100,000,000	1,138,425,057 (-46%)	- Unstable macroeconomic environment and unfavourable growth prospects - Inequitable distribution of the fruits of growth to the different sectors
	5% annual growth in EPI investment spending in State budget	CFA F 315,925,625	81,800,000 (-74%)	
Mobilize domestic non-governmental resources for EPI funding	Availability of private funds for EPI funding	0	0	Unfavourable socio-political and economic climate
	Availability of funds from the AMU, the FAS, the General Councils and the autonomous districts for funding EPI activities	0	0	Unfavourable socio-political and economic climate
Mobilize EPI funding from external partners	10% annual growth in EPI funding from external partners	CFAF 2,281,848,401	NA*	Obtaining information concerning the partners
	Availability of EPI funding from the HIPC Initiative	NA	0	Funding not yet available

\*Not available

**B. STRATEGIES AND MEASURES TO ENHANCE RESOURCE RELIABILITY**

<b>TARGET</b>	<b>INDICATOR</b>	<b>INDICATOR BASE VALUE (baseline year: 2002)</b>	<b>ACHIEVEMENTS in 2003</b>	<b>DIFFICULTIES</b>
Improve budgetary procedures	50% reduction in time elapsed from application for funding to actual disbursement	One month	NA	Persistently rigid budgetary procedures (SIGFIP)
	Utilization of health establishments' own funds to finance immunization activities	0	0	Awareness-building not yet effected
	Disbursement of over 70% of external funding	Disbursement rate for external funding in 2002	NA	Obtaining information concerning the partners
	Availability of amounts earmarked for training and supervising district budget managers	0	0	- Unfavourable economic climate

**C. STRATEGIES AND MEASURES TO INCREASE THE EFFECTIVENESS OF RESOURCE UTILIZATION**

TARGET	INDICATOR	INDICATOR BASE VALUE (baseline year: 2002)	ACHIEVEMENTS in 2003	DIFFICULTIES
Increase effectiveness of resource utilization	Reduction of DTP-HepB vaccine wastage rates to 10% and vaccine stock shortages to 0% in 2004	DTP-HepB vaccine wastage and vaccine stock shortage rates 41% and 13.15%, respectively, in 2002	DPT-HepB vaccine wastage rate: 29% DPT-HepB vaccine stock shortage rate: 11%	Difficulties linked to accurately measuring wastage rates; supply-related delays due to Government cash-flow difficulties
	Reduction of drop-out rates by 5% every year	DPT1-DTP3 drop-out rates: 28%	<b>29%</b>	- Getting funds to immunization centres - Poor quality of health services - Availability of services

#### D. STRATEGIES AND MEASURES TO ENSURE MONITORING OF THE IMPLEMENTATION OF THE FSP PLAN OF ACTION

TARGET	INDICATOR	INDICATOR BASE VALUE (baseline year: 2002)	NUMBER OF MEETINGS in 2003	DIFFICULTIES
Guarantee effective execution of the activities in the Plan of Action for the implementation of the FSP	Execution reports on activities relating to the monitoring and evaluation of the implementation of the activities in the FSP Plan of Action	Number of follow-up meetings, field visits and supervisory meetings held	4 meetings to prepare the FSP Plan of Action	Members of Steering Committee overworked due to day-to-day work

#### NOTES:

1. The budget data for 2003 was not used as basic data, given the budget cuts made when the budget was implemented. The delay in implementing this budget precludes efficient utilization of the resources allocated and does not reflect the real funding level required for EPI activities.
2. The rates proposed for annual growth in EPI funding, annual growth in EPI investment spending, and annual growth in funding from external partners will be fine-tuned to meet the targets for reducing estimated EPI funding shortfalls for the period in question.

### 3. Request for new and under-used vaccines for year 2004

*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 targets and annual targets**

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
<b>DENOMINATORS</b>									
Births	647 705	669 080	691 159	713 968	737 529	761 867	787 009	812 980	839 808
Infants' deaths	2 461	2 543	2 626	2 713	2 803	2 895	2 991	3 089	3 191
Surviving infants	645 244	666 537	688 533	711 255	734 726	758 972	784 018	809 891	836 617
Infants vaccinated with <b>1<sup>st</sup> dose</b> of DTP (DTP1)*	536 184	505 855	504 729	437 775	523 941	614 369	710 197	780 461	806 216
Infants vaccinated with <b>3<sup>rd</sup> dose</b> of DTP (DTP3)*	400 048	388 439	374 808****	344 611	424 817	511 974	604 423	702 415	806 216
<b>NEW VACCINES**</b>									
Infants vaccinated with <b>1<sup>st</sup> dose</b> of DTP + HepB	76 398	85 086	371 697	437 775	523 941	614 369	710 197	780 461	806 216
Infants vaccinated with <b>3<sup>rd</sup> dose</b> of DTP + HepB	61 226	71 047	278 807****	332 639	424 817	511 974	604 423	702 415	806 216
Wastage rate for DTP + HepB			41%	29%					
<b>INJECTION SAFETY</b>									
Pregnant women vaccinated with TT (TT2+)	688 832	437 203	363 238	357 492	466 790	578 633	697 349	823 271	956 744
Infants vaccinated with BCG	490 409	473 433	458 557	439 824	531 021	624 731	724 048	812 980	839 808
Infants vaccinated with measles	393 656	395 590	392 262	337 208	417 737	504 660	596 868	694 610	798 154

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

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

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

\*\*\*\* The difference with the annual report for 2002 is due to the fact that some reports came in very late owing to the war.

Live births : 3.95% of the total population

Surviving infants :live births – deaths

Infants' deaths : 3.8/1,000 births

→ 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.

A mistake was made when filling in the WHO/UNICEF Joint Reporting Form for the year 2003: the number of surviving infants was reported as the number of births. These two figures have been corrected on the WHO/UNICEF Joint Reporting Form attached to this report.

### 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.

<b>Vaccines/Supplies</b>	<b>Indicative delivery dates</b>	<b>Number of doses</b>
<i>DPT-HepB (10-dose vials)</i>	<i>Jan-04</i>	<i>624,000</i>
<i>DPT-HepB (10-dose vials)</i>	<i>Jun-04</i>	<i>624,000</i>
<i>AD syringes</i>	<i>Dec-03</i>	<i>587,000</i>
<i>AD syringes</i>	<i>May-04</i>	<i>586,900</i>
<i>Safety boxes</i>	<i>Dec-03</i>	<i>6,525</i>
<i>Safety boxes</i>	<i>May-04</i>	<i>6,500</i>

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

		Formula	For year 2005
<b>A</b>	<b>Number of children to receive new vaccine</b>		614,369
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	%	80
<b>C</b>	<b>Number of doses per child</b>		3
<b>D</b>	<b>Number of doses</b>	$A \times B/100 \times C$	1,474,486
<b>E</b>	<b>Estimated wastage factor</b>	(see list in table 3)	1.18
<b>F</b>	<b>Number of doses (incl. wastage)</b>	$A \times C \times E \times B/100$	1,734,689
<b>G</b>	<b>Vaccines buffer stock</b>	$F \times 0.25$	121,672
<b>H</b>	<b>Anticipated vaccines in stock at start of year ....</b>		99,953
<b>I</b>	<b>Total vaccine doses requested</b>	$F + G - H$	1,756,408
<b>J</b>	<b>Number of doses per vial</b>		10
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	$(D + G - H) \times 1.11$	1,660,787
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage)</b>	$I/J \times 1.11$	194,961
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	$(K + L) / 100 \times 1.11$	20,599

### 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 3.

### 3.3 Confirmed/ revised request for injection safety support for the years 2005 and 2006

**Table 4.1: Estimated injection safety supplies for the next two years with BCG**

		<b>Formula</b>	<b>For year 2005</b>	<b>For year 2006</b>
<b>A</b>	<b>Target of children for BCG immunization</b>	#	624,731	724,048
<b>B</b>	<b>Number of BCG doses per child</b>	#	1	1
<b>C</b>	<b>Number of BCG doses</b>	A x B	624,731	724,048
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11	693,451	803,693
<b>E</b>	<b>AD syringes buffer stock</b>	D x 0.25	0	0
<b>F</b>	<b>Total AD syringes</b>	D + E	693,451	803,693
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor</b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	138,690	160,739
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	9,237	10,705

**Table 4.2: Estimated injection safety supplies for the next two years with DTP-HepB**

		<b>Formula</b>	<b>For year 2005</b>	<b>For year 2006</b>
<b>A</b>	<b>Target of children for DTP-HepB immunization</b>	#	511,974	604,423
<b>B</b>	<b>Number of DTP-HepB doses per child</b>	#	3	3
<b>C</b>	<b>Number of DTP-HepB doses</b>	$A \times B$	1,535,922	1,813,269
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	1,704,873	2,012,729
<b>E</b>	<b>AD syringes buffer stock</b>	$D \times 0.25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	1,704,873	2,012,729
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor</b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	340,975	402,546
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	22,709	26,810

**Table 4.3: 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 immunization</b>	#	504,660	596,868
<b>B</b>	<b>Number of measles doses per child</b>	#	1	1
<b>C</b>	<b>Number of measles doses</b>	$A \times B$	504,660	596,868
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	560,173	662,523
<b>E</b>	<b>AD syringes buffer stock</b>	$D \times 0.25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	560,173	662,523
<b>G</b>	<b>Number of doses per vial</b>	#	10	10
<b>H</b>	<b>Vaccine wastage factor</b>	<i>Either 2 or 1.6</i>	1.6	1.6
<b>I</b>	<b>Number of reconstitution syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$	89,628	106,004
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$	7,213	8,531

**Table 4.4: Estimated injection safety supplies for the next two years with TT**

		<b>Formula</b>	<b>For year 2005</b>	<b>For year 2006</b>
<b>A</b>	<b>Target of pregnant women for TT immunization</b>	#	624,731	724,048
<b>B</b>	<b>Number of TT doses per pregnant woman</b>	#	1	1
<b>C</b>	<b>Number of TT doses</b>	$A \times B$	624,731	724,048
<b>D</b>	<b>AD syringes (+10% wastage)</b>	$C \times 1.11$	693,451	803,693
<b>E</b>	<b>AD syringes buffer stock</b>	$D \times 0.25$	0	0
<b>F</b>	<b>Total AD syringes</b>	$D + E$	693,451	803,693
<b>G</b>	<b>Number of doses per vial</b>	#	20	20
<b>H</b>	<b>Vaccine wastage factor</b>	<i>Either 2 or 1.6</i>	2	2
<b>I</b>	<b>Number of reconstitution 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>	$(F + I) \times 1.11 / 100$	7,697	8,921

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

ITEM		For the year 2005	For the year 2006	Justification of changes from originally approved supply
Total AD syringes	for BCG	693,451	803,693	
	for other vaccines	2,958,497	3,478,945	
Total reconstitution syringes		569,293	669,288	
Total safety boxes		46,856	54,966	

**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**

Antigens	Indicators (% vaccine coverage in 2002)	Targets (%) in 2003	Achievements (%) in 2003	Constraints	Updated targets
BCG	66	76	62	Socio-political crisis: - 6 districts did not conduct any immunization activities - 17 district conducted immunization activities on an irregular basis	72
DTP-HepB3	54	64	50		60
MEAS	56	66	49		59
YF	51	61	47		57
TT2	41	51	50		60



## 5. Checklist

Checklist of completed form:

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

## 6. Comments

→ *ICC comments:*

## 7. Signatures

For the Government of the Republic of Côte d'Ivoire

Signature: .....

Title: .....

Date: .....

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

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

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

~ End ~