



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 Democratic Republic of Congo
----------	----------------------------------

Date of submission: 9 August 2002

Reporting period: 2002 (*Information provided in this report **MUST** refer to the previous calendar year*)

(Tick only one) :

- | | |
|-------------------------------|-------------------------------------|
| Inception report | <input checked="" type="checkbox"/> |
| First annual progress report | <input type="checkbox"/> |
| Second annual progress report | <input type="checkbox"/> |
| Third annual progress report | <input type="checkbox"/> |
| Fourth annual progress report | <input type="checkbox"/> |
| Fifth annual progress report | <input type="checkbox"/> |

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***

Progress Report Form: Table of Contents

1. Report on progress made during the previous calendar year

- 1.1 Immunization Services Support (ISS)
 - 1.1.1 Management of ISS Funds
 - 1.1.2 Use of Immunization Services Support
 - 1.1.3 Immunization Data Quality Audit
- 1.2 GAVI/Vaccine Fund New and Under-used Vaccines
 - 1.2.1 Receipt of new and under-used vaccines
 - 1.2.2 Major activities
 - 1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for introduction of the new vaccine
- 1.3 Injection Safety
 - 1.3.1 Receipt of injection safety support
 - 1.3.2 Progress of transition plan for safe injections and safe management of sharps waste
 - 1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

2. Financial Sustainability

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

- 3.1 Up-dated immunization targets
- 3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year...
- 3.3 Confirmed/revised request for injection safety support for the year...

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

5. Checklist

6. Comments

7. Signatures

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.

NOT APPLICABLE

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 _____

Remaining funds (carry over) from the previous year _____

Table 1 : Use of funds during reported calendar year 20__

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					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
Remaining funds for next year:					

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

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

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

NOT APPLICABLE

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

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

YES

NO

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

NOT APPLICABLE

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

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

NOT APPLICABLE

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

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

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

We received 715,600 doses of vaccine against yellow fever (AAV) in two separate deliveries:

05/11/2002 : 477,600 AAV doses

18/11/2002 : 238,000 AAV doses

Problems encountered: The shipments arrived as vials with 20 doses instead of the 10 doses per vial ordered for the intended immunisation against AAV with vials containing 10 doses. This situation could result in staff adopting the wrong attitude by being obliged to refuse immunising children when they come in group numbers that are not equal, or close to the number of AAV vials received. Occasionally, this may result in missed opportunities, or wastage of vaccines in the worst case.

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 CARRIED OUT

1. Social mobilisation:

Review and pre-tests of training material.

Reproduction of training material (information leaflets (?), radio messages(?).

Training provided to health staff to increase awareness.

Increasing awareness of the media.

Increasing awareness of the Community.

Involvement of political and administrative authorities through the organisation of official launching ceremonies throughout the country.

2. Training provided to trainers in the 26 provincial “pools”.

3. Logistics:

Supplies of gasoline provided to the health zones.

Printing(?) of EPI management tools.

4. Institutional support

Maintenance of the cold chain and (transport) vehicles.

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.

<u>Activities carried out and expenditures:</u>	
1. Social mobilisation	\$ 18,375
2. Training of doctors in charge of zones in 26 pools.	\$ 47,753
3. Logistics	\$ 27,285
4. Institutional support	\$ 5,000
5. Bank charges	\$ 958, 74
Total	\$ 99,371,74
Problem: The US\$ 100,000 had initially been transferred by mistake to the UCB (Congolese Union of Banks) in Congo Brazzaville since 21 October 2002, instead of being sent to the UBC (Union of Congolese Banks) in the Democratic Republic of Congo. These funds were only received in the Democratic Republic of Congo on 28 February 2003, which delayed the planned introduction of the AAV vaccine in DRC by 4 months.	

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

NON APPLICABLE

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

NON APPLICABLE

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

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:

NON APPLICABLE

2. Financial sustainability

- Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
- First Annual Report : Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- Second Annual Progress Report : Append financial sustainability action plan and describe any progress to date.
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Subsequent reports: Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.
Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.
Update the estimates on program costs and 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

NON APPLICABLE

3. Request for new and under-used vaccines for year 2004 (indicate forthcoming year)

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

3.1. Up-dated immunization targets

→ Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 10) . Targets for future years **MUST** be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births		2774 973	2858222	2943969	3032288	3123257	3216955	3313463
Infants' deaths		349646	360135	370940	382068	393530	405336	417496
Surviving infants		2425327	2498087	2573029	2650220	2729727	2811619	2895967
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form			951760					
NEW VACCINES								
Infants vaccinated with AAV * (use one row per new vaccine)		NA	NA					
Wastage rate of ** (new vaccine)		NA	NA					

INJECTION SAFETY								
Pregnant women vaccinated with TT			1096687					
Infants vaccinated with BCG			1385548					
Infants vaccinated with Measles			987818					

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

** Indicate actual wastage rate obtained in past years

→ Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

The numbers of the denominator are those from table 4 on page 13 regarding the proposal endorsed by GAVI.
The denominator cannot yet be ascertained accurately for the country due to many reasons, with the migration of the population being a major one.

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

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

UNICEF and the DRC confirm the availability of 2,956,540 doses of the AAV vaccine for 2004.



Table 3: Estimated number of doses of AAV vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

		Formula	For year 2004
A	Number of children to receive new vaccine		1,722,643
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100
C	Number of doses per child		1
D	Number of doses	$A \times B/100 \times C$	1,722,643
E	Estimated wastage factor	(see list in table 3)	1,43
F	Number of doses (incl. wastage)	$A \times C \times E \times B/100$	2,463,379
G	Vaccines buffer stock	$F \times 0.25$	493,153
H	Anticipated vaccines in stock at start of year		0
I	Total vaccine doses requested	$F + G - H$	2,956,533
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	2,459,534
L	Reconstitution syringes (+ 10% wastage)	$I/J \times 1.11$	328,175
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	30,944

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.*

3.3 Confirmed/revised request for injection safety support for the year 2004 (indicate forthcoming year)

Table 4.1: 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 2004	For year 2005
A	Target of children for BCG vaccination (for TT : target of pregnant women)¹	#	1,855,154	2,047,295
B	Number of doses per child (for TT woman)	#	1	1
C	Number of BCG doses	A x B	1,855,154	1,047,295
D	AD syringes (+10% wastage)	C x 1.11	2,059,221	2,272,497
E	AD syringes buffer stock ²	D x 0.25	0	0
F	Total AD syringes	D + E	2,059,221	2,272,497
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	2	2
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	411,844	454,499
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	27,429	30,270

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				

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.

Total of safety boxes			
-----------------------	--	--	--

Table 4.2: Estimated supplies for safety of vaccination for the next two years with DTP (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for DTP vaccination (for TT : target of pregnant women)⁴	#	1,457,621	1,774,323
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DTP doses	A x B	4,372,863	5,322,969
D	AD syringes (+10% wastage)	C x 1.11	4,853,878	5,908,496
E	AD syringes buffer stock⁵	D x 0.25	0	0
F	Total AD syringes	D + E	4,853,878	5,908,496
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor⁴	<i>Either 2 or 1.6</i>	1,6	1,6
I	Number of reconstitution⁶ syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	53,878	65,584

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				

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.

Table 4.3: Estimated supplies for safety of vaccination for the next two years with measles (Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)

		Formula	For year 2004	For year 2005
A	Target of children for measles vaccination (for TT : target of pregnant women) ⁷	#	1,722,643	1,910,808
B	Number of doses per child (for TT woman)	#	1	1
C	Number of measles doses	A x B	1,722,643	1,910,808
D	AD syringes (+10% wastage)	C x 1.11	1,912,134	2,120,997
E	AD syringes buffer stock ⁸	D x 0.25	0	0
F	Total AD syringes	D + E	1,912,134	2,120,997
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1,6	1,6
I	Number of reconstitution ⁹ syringes (+10% wastage)	$C \times H \times 1.11 / G$	305,941	339,360
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	24,621	27,310

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				

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.

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

		Formula	For year 2004	For year 2005
A	Target of children for TT vaccination (for TT : target of pregnant women)¹⁰	#	1,364,530	1,717,991
B	Number of doses per child (for TT woman)	#	2	2
C	Number of TT doses	A x B	2,729 060	3,435,982
D	AD syringes (+10% wastage)	C x 1.11	3,029.257	3.813,940
E	AD syringes buffer stock ¹¹	D x 0.25	0	0
F	Total AD syringes	D + E	3,029.257	3,813,940
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	<i>Either 2 or 1.6</i>	1,6	1,6
I	Number of reconstitution ¹² syringes (+10% wastage)	$C \times H \times 1.11 / G$	0	0
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	33,625	42,335

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				

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

The number of dilution syringes has been readjusted for a higher number with the application of the vaccine wastage H coefficient, in compliance with the recommended formula.

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 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.

--

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

NOT APPLICABLE

Indicators	Targets	Achievements	Constraints	Updated targets

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	Yes	
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	No	Not applicable: initial report
DQA reported on	No	Not applicable: initial report
Reported on use of 100,000 US\$	Yes	
Injection Safety Reported on	No	Not applicable: initial report
FSP Reported on (progress against country FSP indicators)	No	Not applicable: initial report
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	no	Not applicable: initial report
Government signatures	yes	

ICC endorsed	yes	
--------------	-----	--

6. Comments

→ *ICC comments:*

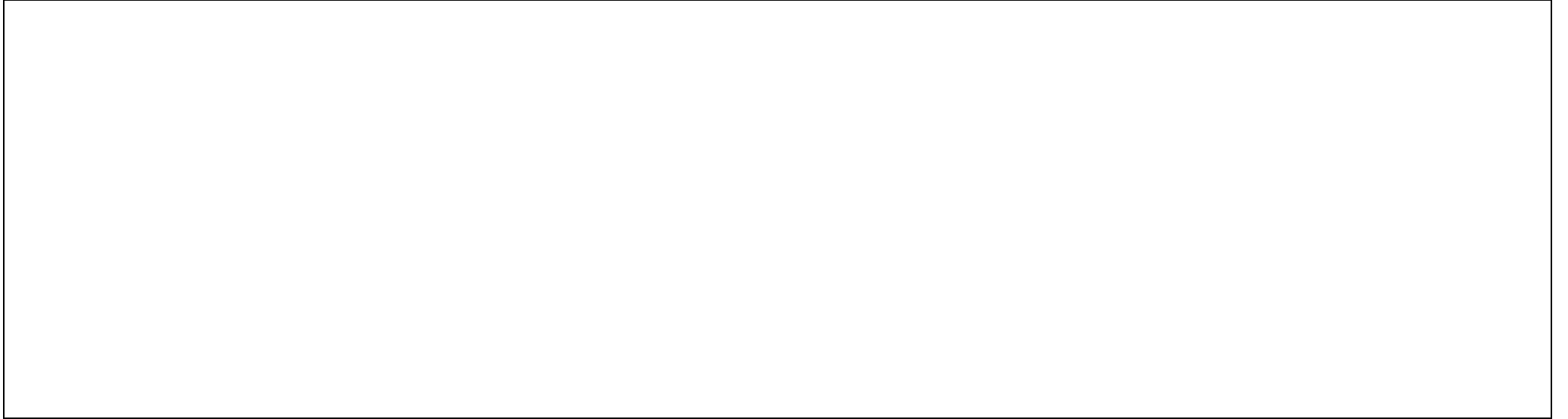
Immunisation coverage achieved by the Democratic Republic of Congo at the end of 2002 remains low (DTP3 coverage=43%), but should increase in 2003 given the commitment of the Government, its partners, and health staff.

The ICC is pleased with the systems implemented to ensure the joint and transparent management of GAVI funds within the ICC. The procedure manual drawn up for this purpose is applied in order to allocate financial and material resources to joint activities between the Government and its various partners for the reactivation of the Expanded Programme on Immunisation.

The DRC needs financial support to meet the huge challenge to achieve the goals that this country has outlined in its multi-year immunisation plan.

There is a strong determination to coordinate the actions of the EPI partners at the central level. This coordination needs to be enhanced at the provincial and district level. Fortunately, the country is currently coming together again after a 5 year period of political instability and conflict. The Government has simultaneously laid down a budget for the purchase of EPI vaccines after having requested a reduction of foreign debt in the framework of countries with high debts. The ICC is in favour of releasing these funds rapidly.

The ICC has committed itself to support the Ministry of Health with its plea for financial assistance addressed to fund contributors for the purpose of immunising children and mothers.



7. Signatures

For the Government of The Democratic Republic of Congo

Signature: Jean YAGI SITOLO

Title: Minister of Health

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
WHO	Léonard Tapsoba Representative						
UNICEF	Gianfranco Rotigliano Representative						
CNPP ROTARY	Amboise Tshimbalanga President						
USAID	Anthony Gambino						

~ End ~