



Partnering with The Vaccine Fund

Progress Report

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

by the Government of

COUNTRY: Federal Democratic Republic of Ethiopia

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June 2003

Date of submission: November 6, 2003

Reporting period: ...**2002**.. (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.

Distribution of GAVI/Vaccine Fund and injection materials was prepared by the MOH based on the number of surviving infants of each region targeted for routine immunization and presented to the ICC, the technical advisory body to the Ministry of Health. The plan was accepted and endorsed by the ICC with due consideration for strict follow up and accountability. Distribution was done to regions with clear information on how to use the fund and to report the activities and expenditure accordingly. Problem encountered during the reporting period was late arrival of GAVI Fund.

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 **964,000 USD**

Remaining funds (carry over) from the previous year **none**

Table 1 : Use of funds during reported calendar year 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines	NA				
Injection supplies	2,281,300.00**	-	-	100%	
Personnel		-	-		
Transportation	501,280.00	-	-	100%	
Maintenance and overheads		-	-	100%	
Training		-	-	100%	
IEC / social mobilization		-	-	100%	
Outreach		-	-	100%	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other. (Specify)					
Total:	3,245,300.00	-	-	100%	
Remaining funds for next year:	None	None	None	None	

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

*** The amount indicated was Value for total supply of injection safety for 2002 and 2003.*

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.

With the utilization of GAVI/VF support considerable number of non-functioning outreach sites have been opened and have become functional. Improved planning and training of health workers on EPI were done in addition to the integrated planning and utilization of resources available. Data Quality Audit (DQA) was undertaken at the beginning of 2003 by two external and two national independent auditors. From the audit on 2001 performance, verification factor for the year based on the recount/report DPT3 was 80.7%. Based on the fund we received to increase DPT3 coverage and decrease drop out rate, modular trainings were given in the poor performing regions for Mid Level Managers, on cold chain use & maintenance and safe injection. Annual Review on the previous years performance was done at national level. High turn over of trained manpower to do effective and supportive monitoring and supervision, inaccessibility of communication facilities (telephone and radio) at peripheral health facilities and shortage of means of transport were some of the problems encountered. In 2002 high defaulter rate and high wastage rate were also observed.

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.

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).

Cold chain materials and transport inventories were done

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.

None

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.

- Proposal for introduction of Hib and HepB vaccines was forwarded by the Family Health Department to the MOH and the stakeholders including the academia in the country.
- Studies done on these two diseases were presented by the academia where the prevalence of Hepatitis B and Hemophilous influenza are high. Based on this it was agreed by ICC to introduce these vaccines in routine EPI
- The plan is to introduce tetravalent vaccine and a request was sent to responsible bodies.

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

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

In 2002 the approved amount of injection safety material was received in two shipments. Supply of BCG -AD syringe was delayed at the time of phasing out of the reusable syringes therefore disposable BCG syringes provided by GAVI had to be used in the interim period

.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.

<u>Indicators</u>	<u>Targets</u>	<u>Achievements</u>	<u>Constraints</u>	<u>Updated targets</u>
No of Districts phased out reusable syringes	All the districts in the country	100%	Unavailability of BCG- AD syringes at the beginning	Same
No of facilities with 2 trained persons	1000	100%	High turnover of trained manpower	Same
No of facilities with proper disposal of sharps	Health centres with underused incinerators and clinics without incinerator	All Health centres* and 15% of the clinics	Fund Unavailability and complaints from the community **	Clinics without proper sharp disposal.

*All health centres and about 15% of the clinics have proper sharp disposal facilities but they are under utilized.

** Community living around health facilities are against the smoke/pollution coming from incineration.

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.

No injection safety support was received in the form of cash contribution, however To strengthen the Routine EPI at Static and Out Reach sites in all the regions, 964,000 USD was used as operational cost, including for training of health workers on injection safety and transportation of safe injection materials	
Perdiem.	385,600 USD
<u>Transport and cold chain Maintenance.</u>	<u>549,480 USD</u>
Training	19,280 USD
Social mobilization	9,640 USD



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

As first step towards financial sustainability the four large and densely populated regions of the country have already allocated budget for routine EPI.

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

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

3.1. Up-dated immunization targets

→ 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	2,804,561	2,607,469	2,711,403	3,055,072	3,144,318	3,235,503	3,329,333	
Infants' deaths	272,042	255,802	304,552	296,403	304,999	3,138,444	322,945	
Surviving infants	2,532,519	2,351,667	2,406,851	2,759,299	2,839,319	2,921,659	3,006,387	
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	1,147,973	1,340,768	1,223,373*	1,517,614	1,703,591	1,899,078	2,104,471	
NEW VACCINES								
Infants vaccinated with ___ * (use one row per new vaccine)	-	-	NA					
Wastage rate of ** (new vaccine)	-	-	NA					
INJECTION SAFETY								
Pregnant women vaccinated with TT	896,729	1,196,737	659,682	830,839	998,392	1,175,250	1,361,821	
Infants vaccinated with BCG	1,369,044	1,462,323	1,485,164	1,833,043	2,043,806	2,264,852	2,496,997	
Infants vaccinated with Measles	1,010,201	943,283	1,009,027	1,379,650	1,561,625	1,752,995	1,954,152	

* Indicate actual number of children vaccinated in past years and updated targets. Subsequent years figures are subject for change

** 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.

There is a change in the baseline and target population from 2000 and 2002, which is related, to changes in the vital statistics figure. The consequent years population was computed from recent national health indicator.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2002 (indicate forthcoming year)

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

Request for introduction of tetravalent (DTP-HepB) vaccine has been sent in 2002 and awaiting favourable response

Table 3: 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
A	Number of children to receive new vaccine		*
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	
C	Number of doses per child		
D	Number of doses	$A \times B / 100 \times C$	
E	Estimated wastage factor	(see list in table 3)	
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	
G	Vaccines buffer stock	$F \times 0.25$	
H	Anticipated vaccines in stock at start of year		
I	Total vaccine doses requested	$F + G - H$	
J	Number of doses per vial		
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	

Remarks

Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided

Wastage of vaccines: The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials.

Buffer stock: The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.

Anticipated vaccines in stock at start of year... ..: It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.

AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.

Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines.

Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 3 : Wastage rates and factors

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

*Please report the same figure as in table 1.

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

Table 4: 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	#	2,043,806	2,264,852
B Number of doses per child (for TT woman)	#	1	1
C Number of BCG doses	A x B	2,043,806	2,264,852
D AD syringes (+10% wastage)	C x 1.11	2,268,625	2,513,986
E AD syringes buffer stock ²	D x 0.25	0	0
F Total AD syringes	D + E	2,268,625	2,513,986
G Number of doses per vial	#	20	20
H Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11 / G	226,862	251,399
J Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	27,700	30,696

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.

Table 5: 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	#	1,703,591	1,899,078
B	Number of doses per child (for TT woman)	#	3	3
C	Number of DTP doses	A x B	5,110,773	5,697,234
D	AD syringes (+10% wastage)	C x 1.11	5,672,958	6,323,930
E	AD syringes buffer stock ⁵	D x 0.25	0	0
F	Total AD syringes	D + E	5,672,958	6,323,930
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 ⁶ syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	62,970	70,196

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 6: 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 <u>Measles</u> vaccination (for TT: target of pregnant women) ⁷	#	1,561,625	1,752,995
B	Number of doses per child (for TT woman)	#	1	1
C	Number of measles doses	A x B	1,561,625	1,752,995
D	AD syringes (+10% wastage)	C x 1.11	1,733,404	1,945,824
E	AD syringes buffer stock ⁸	D x 0.25	0	0
F	Total AD syringes	D + E	1,733,404	1,945,824
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	2	2
I	Number of reconstitution ⁹ syringes (+10% wastage)	C x H x 1.11 / G	346,681	389,165
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	23,089	25,981

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 7 : 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 pregnant women for TT vaccination (for TT: target of pregnant women) ¹⁰	#	998,392	1,175,250
B	Number of doses per child (for TT woman)	#	2	2
C	Number of TT doses	A x B	1,996,784	2,350,500
D	AD syringes (+10% wastage)	C x 1.11	2,216,430	2,609,055
E	AD syringes buffer stock ¹¹	D x 0.25	0	0
F	Total AD syringes	D + E	2,216,430	2,609,055
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 ¹² syringes (+10% wastage)	C x H x 1.11 / G	0	0
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	24,602	28,961

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.

Table 8: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM		For the year 2004	For the year 2005	Justification of changes from originally approved supply:
Total AD syringes	for BCG	2,268,625	2,513,986	No change in the base line target
	for other vaccines	9,622,792	10,878,809	
Total of reconstitution syringes		573,543	640,564	
Total of safety boxes		138,361	155,771	

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

The request is prepared based on the approved base line data

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

Indicators	Targets	Achievements	Constraints	Updated targets
Number of districts phased out reusable syringes	All the districts in the country	100%	Unavailability of BCG-AD syringe	Same
Number of facilities with 2 trained persons	1000	100%	High turnover of trained manpower	75%
No of facilities with proper disposal of sharps	Health Centres and clinics	100% of the health centres* and 15% of the Clinics	Fund unavailability, lack of awareness and poor cooperation in the community	All health centres

*All health centres and about 15% of the clinics have proper sharp disposal facilities but they are under utilized.

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	x	
Table 1 filled-in	x	
DQA reported on	x	
Reported on use of 100,000 US\$		The support not received
Injection Safety Reported on	x	
FSP Reported on (progress against country FSP indicators)	x	
Table 2 filled-in	x	
New Vaccine Request completed		Not applicable
Revised request for injection safety completed (where applicable)	x	
ICC minutes attached to the report	x	
Government signatures		
ICC endorsed		

6. Comments

→ *ICC comments:*

7. Signatures

For the Government of Ethiopia...

Signature:

[Handwritten signature]

Title:

Demissie Tadesse (Dr.)
Vice 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
MOH	Dr. Tesfanesh Belay		<i>[Signature]</i>	Rotary	Eng. Shiferaw Bizuneh		<i>[Signature]</i>
WEO	Dr. Olusegun Babaniyi		<i>[Signature]</i>	JICA	Ms. Kaori Nishiyama		<i>[Signature]</i>
USAID	Dr. Kassahun Abate		<i>[Signature]</i>	BHRI			<i>[Signature]</i>
UNICEF	Dr. Mahendra Sheth		<i>[Signature]</i>				
ERCS	Dr. Solomon Fisaha		<i>[Signature]</i>	Ethiopian Red Cross			

~ End ~