



Partnering with The Vaccine Fund

Updated February 2004

# Progress Report

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

by the Government of

**COUNTRY:**

**SENEGAL**

Date of submission: **May 2004**

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.

*GAVI funds are sent to a special account that the Ministry of Health and Prevention has opened with a local bank. Fund allocation requires the joint signatures of the Ministry's Director of Prevention and its Director of General Administration and Equipment, once expenditure has been approved by the EPI National Coordinating Committee (ICC) chaired by the Ministry of Health and Prevention.*

*The first tranche was disbursed at the district and regional level on the basis of criteria linked to population, immunization coverage, number of health stations, district size, etc.*

*Once activities have been executed, the districts send financial reports and reports of activities to central EPI bodies.*

*As the National Coordinating Committee (NCC) has already ranked districts according to immunization performance in 2003, the allocation of funds from the second tranche will primarily depend on the track record of the individual districts.*

*In order to avoid the administrative delays in fund disbursement that occurred with the first tranche, plans call for a change in fund allocation procedures at the central level. The new formula will be discussed and adopted by the NCC.*

### 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 francs 130,029,288**

**Remaining funds (carry over) from the previous year CFA francs 76,416,361**

**Table 1 : Use of funds during reported calendar year 2004**

Area of Immunization Services Support	Total amount in US \$	Amount of funds			PRIVATE SECTOR & Other
		PUBLIC SECTOR			
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation	14,604	14,604			
Maintenance and overheads	7,902	7,902			
Training					
IEC / social mobilization	55,801	55,801			
Outreach					
Supervision	4,433	4,433			
Monitoring and evaluation	17,091	17,091			
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other ..... (specify)	19,923	19,923			
<b>Total:</b>	119,923	119,923			
<b>Remaining funds for next year:</b>					

*\*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.

Reinforcement of means of transportation for mobile immunization teams with the provision of four-wheel drive vehicles in some health districts.  
Revitalization of the implementation of immunization strategies, especially advanced and mobile strategies.  
Implementation of the RED approach in under-performing districts.  
Regular monitoring meetings on a quarterly basis with district and regional teams of officers.  
Holding of a National Forum on Immunization with the following main objectives: strengthening of partnerships with the parapublic and private sectors; involvement of leaders and administrative authorities in the funding process; coordination and follow-up; communication, advocacy and social mobilization for EPI.  
Training of district and regional doctors in the intermediate EPI management course (MLM/EPI).

**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).

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.

*In December 2003, Senegal received 907,000 doses of HepB vaccine in two deliveries. Two more deliveries are expected in June and September 2004 for a total of 907,000 more doses.*

*There are no major difficulties to report apart from a coordination problem which arose when the stock arrived one day earlier than planned.*

### 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 collaboration with its partners, the Programme has had to organize a workshop on designing IEC aids (posters, technical sheets, audiovisual spots, etc.) to accompany the introduction of the HepB vaccine in the EPI immunization calendar. This activities was financed by means of funds received for strengthening services.*

*As technical staff already knew how to use this vaccine because of the HepB Control Programme, there was no point in setting up a special training programme for vaccinators. However, technical sheets were prepared for technical staff and information sessions were organized in conjunction with coordination meetings.*

*A draft for the introduction of the Pentavalent vaccine was also prepared and is due to be validated at an ICC meeting before going into widespread use. The document takes due consideration of all related activities scheduled for 2005, such as logistics, training, communication, management tools, etc.*

### **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.

*These funds have not yet been received.*

## **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

*Supplies for strengthening injection safety began to arrive in July 2002. As they arrived at warehouses in the Port of Dakar, they were sent to regions according to the orders placed by the latter.*

*Districts are supplied from regional warehouses. It has proved difficult to store this material in good conditions owing to the large volume involved. Temporary solutions have been found: pending the construction of a central hangar, injection safety supplies have been stored at some health centres in the Dakar region which have sufficient storage space.*

*As the support received for injection safety is to end in December 2004, the budget of the Ministry of Health already includes a heading for "Procurement of vaccines and consumables" designed to ensure an adequate, regular supply of AD syringes and safety boxes.*

### 1.3.2 Progress 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>Document validated</i>	<i>Adopt national policy document on injection safety and waste disposal</i>	<i>Document prepared and distributed in the ICC and Ministry of Health; organization of a small validation workshop</i>	<i>Holding of the validation workshop will have to involve other Ministries (calendar)</i>	<i>Validate the national policy document on injection safety and waste disposal</i>
<i>Staff trained</i>	<i>Train staff in injection safety and waste disposal</i>	<i>Aspect taken into consideration at training sessions for measles and yellow fever campaigns at at EPI training/refresher workshops</i>		
<i>Incinerators built</i>	<i>Instal at least one incinerator in each district</i>	<i>Equipment already built; testing and operator training under way</i>	<i>Availability of refractory material</i>	
<i>AD syringes/safety boxes for immunization activities in all districts</i>	<i>Use AD syringes first in routine immunization then across the entire country by 2002</i>	<i>AD syringes used widely by immunization services</i>	<i>Late arrival of AD syringes on the market</i>	



### 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

## 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.

*A study on present and future programme costs was carried out with the help of the World Bank in July 2003. The Plan is being drawn up and a team responsible for the drafting, validation and submission of the Financial Sustainability Plan (FSP) has been set up with input from an official from the Finance Ministry. The document is due to be submitted in January 2005.*

*A multidisciplinary team from Senegal has already attended a preparatory workshop held in Cotonou in June-July 2004.*

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.

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

Share of vaccines funded by	Annual share of vaccines									
	2005.	2006	2007	2008	2009	2009	2010	2011	2012	2013
Share funded by GAVI/VF (%)	100%	80%	60%	40%	20%	0%				
Share funded by Government and other sources (%)	0%	20%	40%	60%	80%	100%				
Total funding for DTP-HepB-Hib*	100%	100%	100%	100%	100%	100%				

\*Percentage of coverage for DTP3 (or for the measles vaccine in the case of yellow fever) representing 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

### **3. Request for new and under-used vaccines for year 2005**

*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 achievements and annual targets**

Number of	Achievements and targets							
	2001	2002	2003	2004	2005	2006	2007	2008
<b>DENOMINATORS</b>				10326508	10584670	10849287	11120519	11398532
Births	461748	461544	474929	371754	381048	390574	400338	410347
Infant deaths	32368	32309	33245	25279	25911	26559	27223	27903
Surviving infants	429380	429235	441683	346474	355136	364015	373115	382443
Infants vaccinated with <b>DTP1*</b>		330203	358621	277179	284109	291212	298492	305954
Infants vaccinated with <b>DTP3 *</b>		282725	321612	277179	284109	291212	298492	305954
<b>NEW VACCINES **</b>								
Infants vaccinated with <b>HepB1</b>	NA	NA	NA	242532	NA	NA	NA	NA
Infants vaccinated with <b>HepB3</b>	NA	NA	NA	242532	N A	NA	NA	NA
Wastage rate of *** .....	NA	NA	NA	25%	NA	NA	NA	NA
<b>NEW VACCINES **</b>								
Infants vaccinated w/ <b>1<sup>st</sup> dose of DTP-HepB-Hib</b>	NA	NA	NA	NA	284109	291212	298492	305954
Infants vaccinated w/ <b>3<sup>rd</sup> dose of DTP-HepB-Hib</b>	NA	NA	NA	NA	284109	291212	298492	305954
Wastage rate of *** .....	NA	NA	NA	NA	10%	10%	10%	10%
<b>INJECTION SAFETY ****</b>								
Pregnant women vaccinated with TT				297403	304838	312459	320270	328277
Infants vaccinated with BCG				297403	304838	312459	320270	328277
Infants vaccinated with measles				277179	284109	291212	298492	305954

- \* Indicate actual number of children vaccinated in past years and updated targets (with DTP alone or combined)
- \*\* Use three lines for each new vaccine introduced
- \*\*\* Indicate actual wastage rate obtained in past years
- \*\*\*\* Insert the necessary lines

→ 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.

*Demographic data changed in 2004 as a result of the general population census conducted in January 2003.  
The gross birthrate fell from 46 per 1,000 to 36 per 1,000, while the population's rate of increase declined from 3% to 2.5%.  
The application of these new indicators explains the drop in the target in comparison with previous data.*

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

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

YES

**Table 4: Estimated number of doses of DTP-HEPb-Hib vaccine (2 doses) (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>		<b>284,109</b>
<b>B</b>	<b>Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan</b>	%	<b>100%</b>
<b>C</b>	<b>Number of doses per child</b>		<b>3</b>
<b>D</b>	<b>Number of doses</b>	$A \times B/100 \times C$	<b>852,327</b>
<b>E</b>	<b>Estimated wastage factor</b>	(see list in table 3)	<b>1.11</b>
<b>F</b>	<b>Number of doses (incl. wastage)</b>	$A \times C \times E \times B/100$	<b>946,083</b>
<b>G</b>	<b>Vaccine buffer stock</b>	$F \times 0.25$	<b>236,521</b>
<b>H</b>	<b>Anticipated vaccines in stock at start of year ....</b>		<b>0</b>
<b>I</b>	<b>Total vaccine doses requested</b>	$F + G - H$	<b>1,182,600</b>
<b>J</b>	<b>Number of doses per vial</b>		<b>2</b>
<b>K</b>	<b>Number of AD syringes (+ 10% wastage)</b>	$(D + G - H) \times 1.11$	<b>1,208,621</b>
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage)</b>	$I/J \times 1.11$	<b>656,345</b>
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need)</b>	$(K + L) / 100 \times 1.11$	<b>20,701</b>

#### 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.

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

Not applicable

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

		Formula	For year .....	For year .....
<b>A</b>	<b>Target of children for ..... vaccination (for TT : target of pregnant women)<sup>1</sup></b>	#		
<b>B</b>	<b>Number of doses per child (for TT woman)</b>	#		
<b>C</b>	<b>Number of ..... doses</b>	A x B		
<b>D</b>	<b>AD syringes (+10% wastage)</b>	C x 1.11		
<b>E</b>	<b>AD syringes buffer stock <sup>2</sup></b>	D x 0.25		
<b>F</b>	<b>Total AD syringes</b>	D + E		
<b>G</b>	<b>Number of doses per vial</b>	#		
<b>H</b>	<b>Vaccine wastage factor <sup>4</sup></b>	Either 2 or 1.6		
<b>I</b>	<b>Number of reconstitution <sup>3</sup> syringes (+10% wastage)</b>	$C \times H \times 1.11 / G$		
<b>J</b>	<b>Number of safety boxes (+10% of extra need)</b>	$(F + I) \times 1.11 / 100$		

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

ITEM		For the year ...	For the year ...	Justification of changes from originally approved supply:
Total AD syringes	for BCG			
	for other vaccines			
Total of reconstitution syringes				
Total of safety boxes				

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

<sup>1</sup> 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).

<sup>2</sup> 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.

<sup>3</sup> Only for lyophilized vaccines. Write zero for other vaccines

<sup>4</sup> 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**

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
Number of children who have received 3 doses of DTP3 / surviving infants	Reach DTP3 coverage of at least 80%	Average nationwide coverage of 73.2%. 12 out of 50 districts (24%) have achieved DTP3 coverage rates of 80% or more.	Intra-district data completeness in urban areas. Targets not clearly identified in some districts	Achieve DTP3 coverage of at least 60%

**5. Checklist**

Checklist of completed form:

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

Government signatures		
ICC endorsed		

## 6. **Comments**

→ *ICC comments:*



## 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

~ End ~