



Partnering with The Vaccine Fund

Updated February 2004

# Progress Report

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

by the Government of

## COUNTRY: REPUBLIC OF DJIBOUTI

Date of submission: ...April 2004.....

Reporting period: 2003 ..... ( *Information provided in this report **MUST** refer to the previous calendar year )*

( *Tick only one* ) :

- Inception report                    ρ
- First annual progress report      X
- Second annual progress report   ρ
- Third annual progress report     ρ
- Fourth annual progress report   ρ
- Fifth annual progress report      ρ

*Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.*

***\*Unless otherwise specified, documents may be shared with the GAVI partners and collaborators***

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## 1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

### 1.1 Immunization Services Support (ISS)

#### 1.1.1 Management of ISS Funds

→ Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC). Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

*In May 2002 the Republic of Djibouti was approved for support after a second submission. However, the first payment (immunization services support and injection safety support) was transferred to the bank account of the Expanded Programme on Immunization (Account No. 01712000110 BNCI) in February 2003.*

*Use of the funds began in March 2003 in close collaboration with the Inter-Agency Co-ordinating Committee, and particularly the members most involved in immunization activities i.e. WHO and UNICEF.*

*The main fields covered by the GAVI support fund (see details in Table 1) are: maintenance of the cold chain, transportation (fuel and vehicle maintenance), personnel training, personnel motivation, enhancement of data quality.*

*Money is withdrawn from this account on the signature of both the Administrative and Financial Director of the Ministry of Health and the Director of Public Preventive Health and Hygiene and Coordinator of the National Immunization Programme). Each of these persons retains a copy of the substantiation for use of the funds.*

*In the inception report submitted on 19 October 2003, we gave an account of the use of the first instalment of the GAVI support fund (US\$ 23,430 out of a total of US\$ 39,300), and the present report will account for the balance, i.e. US\$ 15,870.*

## 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 US\$ 39,300**

**Remaining funds (carry over) from the previous year US\$ 15,870**

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

Area of Immunization Services Support	Total amount in US \$	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel	2540	980		1560	
Transportation	3480	1430		2050	
Maintenance and overheads	500	500			
Training	3795	1435		2360	
IEC / social mobilization	950	950			
Outreach					
Supervision	1400	300		1100	
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	2460	670		1790	
Other ..... (specify)					
<b>Total:</b>	<b>15125</b>	<b>6265</b>		<b>8860</b>	
<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.

*During the year 2003 the National Immunization Programme continued to be strengthened and all the activities scheduled in the annual plan of action were implemented. In fact, during that period, the aim was, on the one hand, to enhance the achievements of the multi-antigen campaigns of 2002 and 2003 in the course of which children under 5 years of age received 3 doses of OPV (91,049 infants – 97.07%), 3 doses of DTP (73,101 infants – 77.93%) and measles (77,565 infants – 82.69 %) and, on the other hand, to further consolidate the short-term strategy of routine immunization in the country's urban areas and to initiate the long-term strategy of immunization activities in the country's rural areas. To this end, the following activities were conducted:*

- *Formulation of a detailed plan of action at the district level and half-yearly evaluation of progress by the programme's central team;*
- *Strengthening of the management (ordering and distribution) capacity for vaccines and immunization equipment in each district through the establishment of appropriate management tools and initial and further training of the management personnel;*
- *Further training of all categories of immunization personnel (district, urban health centre and service provider focal points);*
- *Establishment of an integrated district mobile team to improve access to immunization services;*
- *In 2003, as a result of the enhancement activities undertaken, an increase was noted in the DTP3 and measles immunization coverage of children under 1 year of age. In fact, as mentioned in the joint WHO/UNICEF report for 2003, DTP3 immunization coverage rose from 61.71% to 68.25% in 2002 and measles coverage from 62.07% to 65.57%. An analysis of immunization coverage by district showed that it exceeded 50% for both DTP3 and measles in the 5 districts of which the country consists; it ranged from 50-59% in 1 district, 60-69% in 2 districts and 70-79% in 1 district.*

• *During this year, in collaboration with UNICEF and with a view to planning the resumption of immunization activities in the rural health centres, an evaluation was undertaken, followed by a plan of action. In order to mobilize the funds needed for the implementation of this plan of action, a meeting was organized to which, in addition to the members of the Inter-Agency Committee, the principal partners were invited. Moreover, in response to the constraints mentioned in the inception report of October 2003 in regard to the organization of basic health care, and particularly the quality of the services provided and the use of those services by the community, the Ministry of Health, in collaboration with the World Bank, USAID, WHO and the other partners, undertook an evaluation of the quality of the basic health system and a redefinition of the activities (minimum package of activities). A national communication strategy and a multi-year plan of action were also formulated.*

**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.*

As mentioned in the inception report submitted in October 2003, in conformity with the plan of action to strengthen the health information system of the National Immunization Programme, standardized EPI management tools were formulated and introduced and the personnel were trained accordingly.

**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).*

- *Evaluation of the health information system (May-June 2003, National Immunization Programme, Directorate of Public Preventive Health and Hygiene)*
- *Assessment of the status of the cold chain and injection safety in the country's rural areas (Oct-Nov, Ministry of Health-UNICEF)*

## 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.

No new vaccine was, nor will be, introduced in 2002-2003. Its introduction will be possible only in 2006, even though it was originally scheduled for 2004.

### 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.

Within the context of preparations for the introduction of new vaccines in 2005, plans have been made to undertake the following activities:

- In order to document the incidence of hepatitis B and haemophilus influenzae in Djibouti, a first study of the incidence of hepatitis B and the extent of its vertical transmission will be undertaken, together with another study on the frequency and consequences of haemophilus influenzae;
- Assessment of the capacity of the cold chain and programme performance.
- Preparation of a plan for the introduction of vaccines.

### **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 country has not obtained any funding for the introduction of new vaccines.

## **1.3 Injection Safety**

### **1.3.1 Receipt of injection safety support**

→ Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

*The amount received for injection safety support was intended to cover the following needs:*

- *BCG syringes: 39,942*
- *AD syringes for other antigens (DTP, Tetanus and Measles): 125,100*
- *Reconstitution syringes (2.0 ml BCG): 3,195*
- *Reconstitution syringes (5.0 ml Measles): 1,557*
- *Safety boxes: 1,885*

*These supplies were donated by UNICEF. The amount allocated for this purpose was received in the form of a cash contribution and was used in the manner described below.*

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

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

<b>Indicators</b>	<b>Targets</b>	<b>Achievements</b>	<b>Constraints</b>	<b>Updated targets</b>
<i>1. Ensure a continuous and regular supply of injection safety materials for the health teams</i>	<p><i>1. Establish an information system to define injection safety material needs and management at the national level and also at each health centre.</i></p> <p><i>2. Ensure the availability, at the central level and in the main towns in the inland districts, of sufficient stocks of injection materials and safety boxes to meet the needs of the health teams.</i></p> <p><i>3. Ensure a regular supply of safe injection materials for the health facilities.</i></p> <p><i>4. Ensure that donors supply vaccines with syringes and safety boxes.</i></p>	<p><i>Achieved</i></p> <p><i>Achieved</i></p> <p><i>Achieved</i></p> <p><i>Achieved</i></p>		<i>Since a country-wide plan for the management of medical waste involving actors not only from the public sector (Ministry of Health and Ministry of the Environment) but also from the private sector is being initiated, some targets, especially those relating to the collection and disposal of waste and community awareness and involvement, might be modified.</i>
<i>Enhance the knowledge and practices of health professionals in regard to injection safety.</i>	<p><i>1. Ensure wide distribution of the ministerial circular concerning injection safety policy.</i></p> <p><i>2. Programming and conduct of training and information courses for all health professionals.</i></p>	<p><i>Achieved</i></p> <p><i>Achieved</i></p>		

	<p>3. <i>Include injection safety in the supervision list.</i></p> <p>4. <i>Designate a district focal point who will be responsible for ensuring injection safety.</i></p> <p>5. <i>Incorporate an injection safety course in the training syllabus for all health professionals.</i></p>	<p><i>Achieved</i></p> <p><i>Under way</i></p> <p><i>Under way</i></p>	<p><i>A national focal point is being designated to supervise injection safety activities over and beyond the IPE programme and for the whole of the health system. Within the context of the reform of the system, the training syllabus for health professionals is being updated and plans have been made for it to include injection safety.</i></p>	
<p><i>Establish a system to monitor the undesirable effects of immunization.</i></p>	<p>1. <i>Appoint a committee of experts.</i></p> <p>2. <i>Design the monitoring system, taking into account the recommendations of WHO.</i></p> <p>3. <i>Choose the sentinel sites to be established.</i></p> <p>4. <i>Ensure the requisite personnel training.</i></p> <p>5. <i>Evaluate the experience.</i></p> <p>6. <i>Extend to all the facilities.</i></p>	<p><i>Achieved (since monitoring of the undesirable effects of immunization has been integrated into the monitoring of the target diseases, instead of appointing a new committee it was deemed more appropriate to assign that task to the existing Epidemiological Surveillance Committee). The same applied to the sentinel sites. Personnel training was conducted.</i></p>		

<p><i>Ensure the collection and proper disposal of medical waste resulting from immunization activities.</i></p>	<ol style="list-style-type: none"> <li>1. <i>List the various types of incineration used and the health teams not equipped therewith.</i></li> <li>2. <i>Choose the type of incinerator best suited to local conditions.</i></li> <li>3. <i>Complete the construction of some incinerators.</i></li> <li>4. <i>Organize a seminar on the collection and destruction of medical waste involving all the health facilities and particularly the hospitals.</i></li> </ol>	<p><i>This component was implemented in December 2003, with funding from the World Bank, by an international expert who proposed incinerators, in addition to those already existing, which are currently being procured.</i></p> <p><i>Under way</i></p>	<p><i>Since the problem posed by injection safety is not confined solely to these immunization activities but concerns all vaccination activities, and given the fact that the HIV/AIDS epidemic situation in the country is disturbing, the Ministry of Health decided to develop a national plan of action for the management (collection and disposal) of medical waste. This plan has been finalized and adopted, partial funding has been obtained therefor and its application began in January 2004</i></p>	
<p><i>Promote community awareness</i></p>	<ol style="list-style-type: none"> <li>1. <i>Develop educational messages, to be disseminated through the mass media, for the population as a whole.</i></li> <li>2. <i>Organize educational courses for the health teams.</i></li> <li>3. <i>Organize meetings with local authorities.</i></li> <li>4. <i>Schedule a meeting of the Inter-Agency Committee to discuss this matter.</i></li> </ol>	<p><i>Under way</i></p> <p><i>Under way</i></p> <p><i>Not yet done</i></p> <p><i>Not yet done</i></p>		

### 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:

*The areas of activities funded with the GAVI injection safety support are:*

- *Programming and conduct of training and information sessions for all health professionals.*
- *Establishment of a system to monitor the undesirable effects of immunization (personnel training, development and printing of data collection tools).*
- *Rehabilitation of some incinerators in health centres.*
- *Organization of educational courses for health teams.*

## 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 <u>Submit</u> 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.gaviff.org> under FSP guidelines and annexes).

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

In accordance with the plan of action, formulation of a financial sustainability plan for the immunization programme is scheduled for the year 2004

### **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 3 : Updated immunization baseline and annual targets**

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
<b>DENOMINATORS</b>								
Births	27134	27948	28787	29650	30540	31456	32400	33371
Infants' deaths	3093	3186	3282	2965	3054	2988	3078	3170
Surviving infants	24041	24762	25505	26685	27486	28468	29322	30201
<b>Infants vaccinated/to be vaccinated with DTP1</b> *	15868/ 24013	16053/ 24762	17415/ 24034	19422/ 25498				
Infants vaccinated/to be vaccinated with DTP3:	10947/ 24013	13042/ 12133	14845/ 15303	17402/ 18680				
<b>NEW VACCINES</b>								
Infants vaccinated with _____ * (use one row per new vaccine)								
Wastage rate of ** ..... ( new vaccine)								
<b>INJECTION SAFETY</b>								
Pregnant women vaccinated/to be vaccinated with TT	4212/ 27948	7979/ 8105	9127/ 10075	10196/ 11860				
Infants vaccinated/to be vaccinated with BCG	9367/ 27948	10734/ 10900	14116/ 14393	18075/ 17790				
Infants vaccinated/to be vaccinated with Measles	11955/ 24013	12145/ 12381	14919/ 14028	16720/ 17345				

\* 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.

**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.

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

### 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 ..... (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**

Indicators	Targets	Achievements	Constraints	Updated targets
1. DTP3 coverage	70%	68.25%		
2. Dropout rate	25%	10.40%		
3. Wastage rate	30%	23.65%		

**5. Checklist**

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	April 2003	
Reporting Period (consistent with previous calendar year)	Jan-Dec 2003	
Table 1 filled-in	X	
DQA reported on	X	
Reported on use of 100,000 US\$	X	
Injection Safety Reported on	X	
FSP Reported on (progress against country FSP indicators)	X	
Table 2 filled-in	X	
New Vaccine Request completed		
Revised request for injection safety completed (where applicable)		
ICC minutes attached to the report		

Government signatures	X	
ICC endorsed		

## 6. Comments

→ *ICC comments:*

## 7. Signatures

For the Government of ...DJIBOUTI.....

Signature: ...Dr. Saleh Banoita Tourab.....

Title: ...Secretary-General of the Ministry of Health.....

Date: .....23 April 2003.....

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 ~