



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
निर्माण भवन, नई दिल्ली - 110011.

Government of India
Ministry of Health & Family Welfare
Nirman Bhavan, New Delhi - 110011

DR. NARESH GOEL

Assistant Commissioner (UIP)

Tel.: 23062993, 9818534262 (M)

Fax: 23062728

E-mail: drngoel@yahoo.com

D.O. No. T22020/4/2002-CH

Dated the 15th May 2007

Dear Dr. Levyt,

Sub:- 5th Annual Progress Report of Hepatitis B Project on Government of India's GAVI Initiative.

Please find enclosed herewith 5th Annual Progress Report about Hepatitis B Project for the period January 2006 to December 2006 duly signed by ICC members and approved by Government of India on the subject mentioned above.

This issues with the approval of Secretary (Health & Family Welfare)

Thanking you,

Yours sincerely,

(Dr. Naresh Goel)

Dr. Julian Lob-Levt
Executive Secretary
Global Alliance for Vaccines & Immunization (GAVI)
C/o. UNICEF
Palais des Nations
CH 1211 Geneva 10
SWITZERLAND

Healthy Village, Healthy Nation



एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other

Annual Progress Report 2006

Submitted by

THE GOVERNMENT OF
COUNTRY: INDIA

to the



Date of submission: _____

Annual progress report (this report reports on activities in 2006 and specifies requests for 2008, Jan.-Dec.)

**Unless otherwise specified, documents may be shared with GAVI partners and collaborators as well as the general public.*

Signatures Page for ISS, INS and NVS

For the Government of India

Ministry of Health:

Title: Assistant Commissioner

Signature: [Signature]

Date: 15/05/07

Ministry of Finance:

Title:

Signature:

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 Alliance 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 from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
BILLY STEWART, HEALTH ADVISER	DFID	[Signature]	10/5/2007
Robert Clay, Director of Health	USAID	[Signature]	May 10, 2007
Roberto Adorno	UNICEF	[Signature]	11-05-07
C. J. HARAYER	WHO	[Signature]	11-05-07
Peter Perna	World Bank	[Signature]	18-05-07
RAJ SHANKAR GHOSH,	PATH	[Signature]	14-5-07

Signatures Page for HSS Not Applicable

For the Government of

Ministry of Health:

Ministry of Finance:

Title:

Title:

Signature:

Signature:

Date:

Date:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme. 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 Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

1. Report on progress made during 2006

1.1 *Immunization Services Support (ISS) Not Applicable*

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): Yes/No

If yes, please explain in detail how it is reflected as MoH budget in the box below.

If not, explain why not and whether there is an intention to get them on-budget in the near future?

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 Not Applicable

In 2006, the following major areas of activities have been funded with the GAVI Alliance Immunization Services Support contribution.

Funds received during 2006 _____
 Remaining funds (carry over) from 2005 _____
 Balance to be carried over to 2007 _____

Table 1: Use of funds during 2006*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS		
		PUBLIC SECTOR		PRIVATE SECTOR & Other
		Central	Region/State/Province	
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 and utilization of funds were discussed

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

Following major activities has been conducted by Government of India to Strengthen Immunization as per Multi Year Plan Document:

- Introduction of Auto Disable (AD) syringes in entire immunization sector.
- All vaccines to be made available with appropriate cold chain at session site with alternate Vaccine delivery system for which financial support is provided.
- Strengthening Monitoring & Supervision by District Immunization Officer by providing mobility funds to DIOs.
- Support for one Computer assistant for each SEPIOs and DIOs.
- Organizing sessions in urban slums and under served areas by hiring alternate vaccinator for the sessions where ever necessary.
- Financial support for mobilization of children by Anganwadi Workers (AWW) / ASHA to increase coverage and convergence of Nutrition with Immunization.
- Measles vaccine can now be given to an un immunized child up to 5 years of age.
- BCG vial downsized to 10 doses per vial

1.1.3 Immunization Data Quality Audit (DQA) No

Next* DQA scheduled for _____

**If no DQA has been passed, when will the DQA be conducted?*

**If the DQA has been passed, the next DQA will be in the 5th year after the passed DQA*

**If no DQA has been conducted, when will the first DQA be conducted?*

What were the major recommendations of the DQA ?

Not applicable

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?

YES

NO

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

Not Applicable

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during 2006 (for example, coverage surveys).

Not Applicable

1.1.4. ICC meetings

*How many times did the ICC meet in 2006? **Please attach all minutes.**
Are any Civil Society Organizations members of the ICC and if yes, which ones?*

Not held in year 2006

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2006

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB) and dates shipment were received in 2006.

Hep B Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2006)
Hepatitis B Monovalent vaccine for Pilot Project	10 Dose vial	1,625,000	Introduced under phase I in 2003 in 33 Districts & 15 Cities	Apr.06
	10 Dose vial	1,625,000		Jul.06
	10 Dose vial	1,625,000		Nov.06
	10 Dose vial	1,625,000		Jan.07
Pilot project		6,500,000		Total 2006
Hepatitis B Monovalent vaccine for 11 States	10 Dose vial	14,314,200	Implementation in 11 States has not started	Nov-Dec. 06
	10 Dose vial	12,995,500		Jan.07
11 States		27,309,700		Total 2006

AD Syringes	Vials size	Doses	Date of Introduction	Date shipment received (2006)
0.5 ml Syringes		1,502,400	Introduced under phase I in 2003 in 33 Districts & 15 Cities	Apr.06
		1,502,400		Jul.06
		1,497,600		Nov.06
		1,497,600		Jan.06
		6,000,000		Total 2006

Please report on any problems encountered

Indicators	Targets	Achievements	Constraints	Updated targets
Hepatitis B 3 coverage		Hepatitis B	Infrastructure in cities is not well developed which under NRHM is improving resulting in improvement in the coverage of cities as compared to last year which was 55%.	
Districts	943306	813779 (86%)		
Cities	1346774	841011 (62%)		
Total	2290080	1654790 (72%)		

* Out of the 15 cities Hep B could not be implemented in the city of Patna due to their preoccupation in Polio eradication. Further it is unlikely that we will be able to implement it there.

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.

- The areas under the pilot project will be covered by Gal after 2007.
- An application for expansion of Hepatitis B in the 11 good performing states (having DPT coverage >80%) under phase II of GAVI has already been approved by GAVI. Implementation in these 11 States will start shortly.
- Orientation meetings to sensitize District level officers are going on in the States (done in 3

States). These District officers will sensitize their medical officers who in turn will sensitize the Health workers.

- Detailed training for Hepatitis B is incorporated in the revised module for ANM (Immunization Hand Book for Health Workers Females). The Training of Trainers has already started in the States which will be followed by ANMs/ Health Workers' training. This is part of regular training of the ANMs/ Health Workers in RCH Programme under National Rural Health Mission (NRHM).

1.2.3. Use of GAVI funding entity support (US\$100,000) for the introduction of the new vaccine

These funds were received on : _____

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.

India did not received \$100,000 for introduction of new vaccines. However US \$ 40 million was received for introduction of Hepatitis B as pilot project in 15 cities & 33 districts and support for injection safety in the form of AD Syringes (0.1ml & 0.5ml) & 5ml Disposable syringes from GAVI. No other financial support has been received by Government of India from GAVI.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in India. No such meeting were organized.

Please summarize the major recommendations from the EVSM/VMA

Not Applicable

Was an action plan prepared following the EVSM/VMA : Yes/No

If so, please summarize main activities under the EVSM plan and the activities to address the recommendations.

Not Applicable

The next EVSM/VMA* will be conducted in : _____

*All countries will need to conduct an EVSM/VMA in the second year of new vaccine support approved under GAVI Phase 2.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Received in cash/kind – In Kind

Please report on receipt of injection safety support provided by the GAVI Alliance during 2006 (add rows as applicable).

Injection Safety Material	Quantity	Date received
0.1 ml AD Syringes	4,710,400	Mar- April '06
	4,710,400	June- July '06
	4,711,200	Aug-Sept '06
	492,800	November-06
Total 0.1 ml ADS	14,624,800	Total 2006
0.5 ml AD Syringes	39,362,400	Jan - Feb '06
	39,542,400	Mar- April '06
Total 0.5 ml ADS	78,904,800	Total 2006
5 ml Disposable Syringes	1,177,200	Mar- April '06
	1,177,200	June- July '06
	1,177,200	Aug-Sept '06
	1,288,100	November-06
Total 5ml Disposable Syringe	4,819,700	Total 2006

Please report on any problems encountered.

No problem has been reported for 2006 supplies from UNICEF about GAVI supply.

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

If support has ended, please report how injection safety supplies are funded.

- AD syringes are used for administration of all vaccinations under immunization programme in the country. A part of AD Syringes are supplied by GAVI under injection safety programme. GoI is procuring balance requirement of AD Syringes for immunization programme.

Please report how sharps waste is being disposed of.

- Govt. of India has procured Hub Cutters which have been supplied to all States.
- The cut needles are disposed in the pits constructed as per norms of Central Pollution Board and plastic parts are disposed with general waste or recycled after disinfection.

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

No problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2006 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

Not Applicable

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability Not Applicable

Important note: Under Phase 2 of the GAVI Alliance, all countries are expected to co-finance the introduction of new vaccines from the start of Phase 2 (except for the introduction of measles second dose into routine immunization). The Annual Progress Report has been modified to help monitor the experiences of countries with the new GAVI Alliance policies of vaccine co-financing. We are asking countries to complete three new tables of information and answer some questions about your experience.

The purpose of Table 2 is to understand trends in overall immunization expenditure and financing context. It provides key updated cMYP information on an annual basis.

Table 3 is designed to help the GAVI Alliance understand country level co-financing of GAVI awarded vaccines - both in terms of doses and in terms of monetary amounts. If your country has been awarded more than one new vaccine in Phase 2 through GAVI Alliance, please complete a separate table for each new vaccine being co-financed.

The purpose of Table 4 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Much of the information for all three tables can be extracted from the comprehensive multi-year plan, as well as the country proposal to GAVI, and the confirmation letter from the Alliance. **For 2006, the figures recorded should be actual updated expenditures, not projections.** Please report for the years till the end of your cMYP. Total co-financing can be calculated with the XL sheet provided for calculating the vaccine request.

Table 2: Total Immunization Expenditures and Financing Trends in US \$					Not Applicable
Total Immunization Expenditures and Financing	2006	2007	2008	2009	2010
<i>Immunization Expenditures</i>					
Vaccines					
Injection supplies					
Personnel					
Other operational expenditures					
Cold Chain equipment					
Vehicles					
Other					
Total Immunization Expenditures					
Total Government Health Expenditures					
<i>Immunization Financing</i>					
Government (incl. WB loans)					
GAVI					
UNICEF					

WHO					
World Bank (grant)					
Other (please specify)					
Other (please specify)					
Total Financing					

Table 3a: Country Vaccine Co-Financing in US \$ Not Applicable					
For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>					
<i>Total co-financing by country</i>					
<i>Of which by</i>					
Government					
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total Co-Financing</i>					

Table 3b: Country Vaccine Co-Financing in US \$ Not Applicable					
For 2nd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>					
<i>Total co-financing by country</i>					
<i>Of which by</i>					
Government					
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
<i>Total Co-Financing</i>					

Table 3c: Country Vaccine Co-Financing in US\$ Not Applicable					
For 3rd GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)					
Actual and Expected Country Co-Financing	2006	2007	2008	2009	2010
<i>Total number of doses co-financed by country</i>					

Total co-financing by country					
Of which by					
Government					
Basket/Pooled Funding					
Other (please specify)					
Other (please specify)					
Other (please specify)					
Total Co-Financing					

Table 4: Questions on Vaccine Co-Financing Implementation Not Applicable

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?

	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF			
PAHO Revolving Fund			
Donations			
Other (specify)			

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?

Schedule of Co-Financing Payments	Proposed Payment Schedule (month/year)	Date of Actual Payments Made in Reporting Year (day/month)	Delay in Co-Financing Payments (days)
1st Awarded Vaccine (specify)			
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems ?

	Tick for Yes	List Relevant Vaccines
Budget line item for vaccine purchasing		
National health sector plan		
National health budget		
Medium-term expenditure framework		
SWAp		
cMYP Cost & Financing Analysis		
Annual immunization plan		
Other		

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing ?

1. GoI has commitment for immunization programme. Most of the budget for immunization is spent by GoI, including almost whole of operational cost for UIP. GoI has already started working on the process of procurement of Hepatitis B for the pilot Districts (33) & Cities (14*) which will be required after the pilot project ceases in end of 2007.
2. There is well established infrastructure for immunization in all the States as well as districts.
3. The *National Technical Advisory Group on Immunization (NTAGI)* meets regularly for further improving Immunization coverage in India.
4. Based on Multi Year Plan (MYP) for Immunization (2005-10) States Programme Implementation Plans (PIP) are prepared annually by State officials.

* Out of the 15 cities Hep B could not be implemented in the city of Patna due to their preoccupation in Polio eradication. Further it is unlikely that we will be able to implement it there.

Q. 5: Do you foresee future challenges with vaccine co-financing in the future? What are these ?
1.
2.
3.
4.
5.

Request for new and under-used vaccines for year 2008

Section 3 is related to the request for new and under-used vaccines and injection safety for 2008.

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application. 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. Targets for future years **MUST** be provided.

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.

Table 5 : Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2006 and projections from 2007 onwards.

Number of	Achievements and targets								
	2005	2006	2007	2008	2009	2010	2011	2012	2013
DENOMINATORS									
Births	27.34	27.86	28.40						
Infants' deaths	1.45	1.48	1.28 ¹						
Surviving infants	25.89	26.39	27.12						
Infants vaccinated till 2006 (JRF) / to be vaccinated in 2007 and beyond with 1 st dose of DTP (DTP1)*	2.59	2.64	2.69						
Infants vaccinated till 2006 (JRF) / to be vaccinated in 2007 and beyond with 3 rd dose of DTP (DTP3)*	2.59	2.64	2.69						
NEW VACCINES **									
Infants vaccinated till 2006 (JRF) / to be vaccinated in 2007 and beyond with 1 st dose of DTP (DTP1)* Hepatitis B	2.59	2.64	2.69						
Infants vaccinated till 2006 (JRF) / to be vaccinated in 2007 and beyond with 3 rd dose of Hepatitis B	2.59	2.64	2.69						
Wastage rate till 2006 and plan for 2007 beyond*** Hepatitis B	25	20	20						
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	28.48	29.02	29.83						
Infants vaccinated / to be vaccinated with BCG									
Infants vaccinated / to be vaccinated with Measles (1 st dose)									

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

** Use 3 rows (as indicated under the heading **NEW VACCINES**) for every new vaccine introduced

*** Indicate actual wastage rate obtained in past years

**** Insert any row as necessary

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for 2008

In case you are changing the presentation of the vaccine, or increasing your request, please indicate below if UNICEF Supply Division has assured the availability of the new quantity/presentation of supply.

Total 27,309,750 doses of Hepatitis B vaccine has been received under Phase II OF GAVI for expansion of Hepatitis B as part of UIP. Due to certain internal reasons, Government of India has not started the actual implementation. Presently GoI has also requested UNICEF to delay the further supply of the vaccine scheduled for the year 2007 from April onwards. No confirmed / revised request for vaccine is possible to convey as of now. The same will be communicated later to GAVI once implementation starts in the States.

Please provide the XL sheet for calculating vaccine request duly completed and summarize in table 6 below. For calculations, please use same targets as in table 5.

Table 6. Estimated number of doses of vaccine. (Please provide additional tables for additional vaccines and number them 6a, 6b, 6c etc)

Vaccine :	2008	2009	2010
Total doses required			
Doses to be funded by GAVI			
Doses to be funded by country			
Country co-pay in US\$/dose*			
Total co-pay			

*As per GAVI co-financing policy, country grouping and order of vaccine introduction

Remarks
<ul style="list-style-type: none"> ▪ 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: Countries are expected to plan for a maximum of 50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial; 25% for a liquid vaccine in a 10 or 20-dose vial, 10% for any vaccine (either liquid or lyophilized) in a 2-dose vial, 5% for any vaccine in 1 dose vial liquid. ▪ Buffer stock: The buffer stock is recalculated every year as 25% the current vaccine requirement ▪ Anticipated vaccines in stock at start of year 2008: It is calculated by counting the current balance of vaccines in stock, including the balance of buffer stock. Write zero if all vaccines supplied for the current year (including the buffer stock) are expected to be consumed before the start of next year. Countries with very low or no vaccines in stock must provide an explanation of the use of the vaccines. ▪ 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 7: 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

3.3 Confirmed/revised request for injection safety support for the year 2008

Table 8: 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 8a, 8b, 8c, etc. Please use same targets as in Table 5)

		Formula	For 2008	For 2009
A	Target if children for Vaccination (for TT: target of pregnant women) (1)	#		
B	Number of doses per child (for TT: target of pregnant women)	#		
C	Number of ... doses	A x B		
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock (2)	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor (3)	Either 2 or 1.6		
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100		

1. 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.
3. Standard wastage factor will be used for calculation of reconstitution syringes. It will be 2 for BCG, 1.6 for measles and YF
4. Only for lyophilized vaccines. Write zero for other vaccines.

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

4. Health Systems Strengthening (HSS) Not Applicable

This section only needs to be completed by those countries that have received approval for their HSS proposal. This will serve as an inception report in order to enable release of funds for 2008. Countries are therefore asked to report on any activity in 2007.

Health Systems Support started in : _____

Current Health Systems Support will end in : _____

Funds received in 2007 : Yes/No
If yes, date received : (dd/mm/yyyy)
If Yes, total amount : US\$ _____

Funds disbursed to date : US\$ _____
Balance of installment left: US\$ _____

Requested amount to be disbursed for 2008 US\$ _____

*Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget) : Yes/No
If not, why not ? How will it be ensured that funds will be on-budget ? Please provide details.*

Please provide a brief narrative on the HSS program that covers the main activities performed, whether funds were disbursed according to the implementation plan, major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. More detailed information on activities such as whether activities were implemented according to the implementation plan can be provided in Table 10.

Are any Civil Society Organizations involved in the implementation of the HSS proposal ? If so, describe their participation?

In case any change in the implementation plan and disbursement schedule as per the proposal is requested, please explain in the section below and justify the change in disbursement request. More detailed breakdown of expenditure can be provided in Table 9.

Please attach minutes of the Health Sector Coordinating Committee meeting(s) in which fund disbursement and request for next tranche were discussed. Kindly attach the latest Health Sector Review Report and audit report of the account HSS funds are being transferred to. This is a requirement for release of funds for 2008.

Table 9. HSS Expenditure in 2007 (Please fill in expenditure on HSS activities and request for 2008. In case there is a change in the 2008 request, please justify in the narrative above)

Area for support	2007 (Expenditure)	2007 (Balance)	2008 (Request)
Activity costs			
<i>Objective 1</i>			
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
<i>Objective 2</i>			
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
<i>Objective 3</i>			
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities in 2007 (Please report on activities conducted in 2007)

Major Activities	2007
Objective 1:	
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	
Activity 3.1:	
Activity 3.2:	
Activity 3.3:	
Activity 3.4:	

Table 11. Please update baseline indicators. Add other indicators according to the HSS proposal.

Indicator	Data Source	Baseline Value ¹	Source ²	Date of Baseline	Target	Date for Target
1. National DTP3 coverage (%)						
2. Number / % of districts achieving ≥80% DTP3 coverage						
3. Under five mortality rate (per 1000)						
4.						
5.						
6.						

Please describe whether targets have been met, what kind of problems have occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

¹ If baseline data is not available indicate whether baseline data collection is planned and when

² Important for easy accessing and cross referencing

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	01.01.06 – 31.12.06	
Government signatures		
ICC endorsed		
ISS reported on	Not Applicable	
DQA reported on	Not Applicable	
Reported on use of 100,000 US\$		
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	Gol is already procuring part of the ADS under inject safety and budget provision has been made to procure the whole quantity from year 2008 and also for the Hepatitis B vaccine for the areas under pilot project.
New Vaccine Request including co-financing completed and XL sheet attached	Not Applicable	Due to certain internal reasons, Government of India has not started the actual implementation. Presently Gol has also requested UNICEF to delay the further supply pf the
Revised request for injection safety completed (where	Not Applicable	
HSS reported on	Not Applicable	
ICC minutes attached to the report		
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report	Not Applicable	

6. Comments

ICC/HSCC comments:



~ End ~