



Annual Progress Report 2008

Submitted by

The Government of

Mongolia

Date of submission ___15 May 2009_____

Deadline for submission 15 May 2009

(to be accompanied with Excel sheet as prescribed)

Please return a signed copy of the document to:

GAVI Alliance Secretariat; c/o UNICEF, Palais des Nations, 1211 Geneva 10, Switzerland.

Enquiries to: Dr Raj Kumar, rajkumar@gavialliance.org or representatives of a GAVI partner agency. All documents and attachments must be in English or French, preferably in electronic form. These can be shared with GAVI partners, collaborators and general public.

This report reports on activities in 2008 and specifies requests for January – December 2009

**Government Signatures Page for all GAVI Support
(ISS, INS, NVS, HSS, CSO)**

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of Mongolia

Minister of Health:

Title: J. Tsolmon, MD, PhD,
Vice Minister of Health and Chairman of ICC
Signature:

Date: May 05, 2008

Minister of Finance:

Title: *Vice Minister*
Signature: *T. Ochirokh*

Date: May 05, 2009

This report has been compiled by:

Full name:

Position:

Telephone:

E-mail:

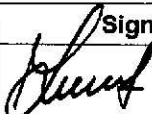
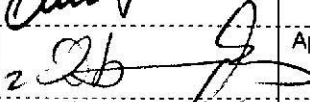



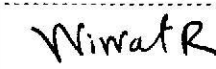
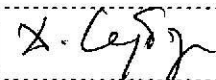
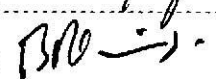
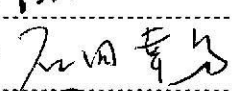
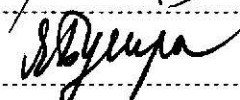
ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

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
J. Tsolmon, MD, PhD, Vice Minister of Health And Chair of ICC	Ministry of Health		April 23, 2009
S. Togsdelger, MD, MPH Director Health Policy and Planning	Ministry of Health		April 23, 2009
D. Narangerel, MD, MSc,(Officer in charge of Communicable Diseases)	Ministry of Health		April 23, 2009
Mr. J. Oyunbileg, PhD, DSc(biol)	Public Health Institute		April 23, 2009
Mr. G.Tseveendorj, (Officer)	Ministry of Finance and Economy		April 23, 2009
Dr. Wiwat Rojanapithayakorn (Resident Representative)	WHO		April 23, 2009
Dr. D. Sodbayar (EPI in country advisor)	WHO		April 23, 2009
Mr. Bertrand Desmoulin (Resident Representative)	UNICEF		April 23, 2009
Mr. Ishida Yukio (Resident Representative)	JICA		April 23, 2009
Dr. Y. Byanjargal, (Consultant, "Health Sector Development" project)	ADB		April 23, 2009

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

As this report been reviewed by the GAVI core RWG: y/n

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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 2008

1.1 Immunization Services Support (ISS)

Are the funds received for ISS on-budget (reflected in Ministry of Health and Ministry of Finance budget): 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?

The budget of the MoH is approved by the government on an annual basis. However, training, supervision and monitoring activities organized and funded by the Immunization Services Support is reflected in the Action Plan of the MoH.

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.

The ICC on Immunization was established in June 2002 by the order number 91 of the Minister of Health, which endorses the proposal. It also reviews country immunization activities and the progress of the ISS during its quarterly meetings.

ICC meeting of June 19, 2008 discussed "RED strategy" for reaching and providing immunization services to unreached and difficult to reach population and activities of the Immunization Services Support are directed towards implementation of RED strategy in selected sites.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 yes (for Penta vaccine and injection supplies)

Remaining funds (carry over) from 2007 _____

Balance to be carried over to 2008 30493

Table 1: Use of funds during 2008* only GAVI supported

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
1.Vaccines (DTPw-HB+HIB)	585,200.00				
2.Injection supplies	20,999.94				
3.Personnel					
4.Transportation					
5.Maintenance and overheads					
6.Training	18,500.00				
7.IEC / social mobilization					
8.Outreach	3200				
9.Supervision	6685				
10.Monitoring and evaluation					
11.Epidemiological surveillance	2000				
12.Vehicles					
13.Cold chain equipment					
14. Other ... 1. (Measles NID, Oct in 2008) 2. National cold room... (specify)					
Total:	636,692.94				
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.

1. Conducted several training on immunization and introducing of RED strategy.
2. Conducted supportive supervision activities in the selected sites.
3. Conducted mopping up immunization activities to reach unregistered in migrated children.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for No

**If no DQA has been passed, when will the DQA be conducted? In 2009*

**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?

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.

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 2008 (for example, coverage surveys).

1.1.4. ICC meetings

How many times did the ICC meet in 2008? **3 times have been conducted ICC meeting**

Please attach all minutes.

Are any Civil Society Organizations members of the ICC and if yes, which ones?

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

1.2.1. Receipt of new and under-used vaccines during 2008

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 2008.

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2008)
1.ZILBBRIX+HiB	1x2 dose	41800	Jan 1, 2005	April 29, 2008
2. TRITANRIX-HB	2Dx100	41800	Jan 1, 2005	December 13, 2007

Please report on any problems encountered.

Dry or lyophilized pentavaccine were very slow for dilution which may cause AEFI if administered when it was not fully diluted.

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.

1. Training

- Trainings on safe immunization and surveillance of vaccine preventable diseases were conducted in 9 aimags involving 414 doctors and vaccinators.

2. Immunization activities

- 167200 dose of Pentavalent (DTP-Hib-Hep B) vaccine, 241000 AD syringes were distributed.
- Out of 60697 children, 59293 were administered the first doses. (Immunization coverage 97.7%)
- Out of 59744 children 57354 were administered three doses of Pentavalent vaccine (Immunization coverage 96.0%) in 2008.
- 2 cases of AEFI were registered after Pentavalent vaccine administered in 2008.

3. ICC

In 2008, the Inter-Agency Coordinating Committee (ICC) meeting was held 3 times. The meetings were held in the Ministry of Health on June 19, October 10, 2008 and February 05, 2009 (Minutes of these meetings are attached).

Main topics discussed during the meetings are:

- *EVSM assessment of the National Vaccine Store (NVS)*
- *National action plan of MMR combined vaccine introduction into Expanded Programme on Immunization and Meningitis NID*
- *Draft RED strategy in Mongolia*

Main comments given by ICC members are:

- *To start developing GAVI project proposal of "Health sector strengthening" together with Bayanzurkh district working group. We should reflect the Health sector strengthening, encountered problems and decisions on outreach immunization, health information, education, and social mobilization of governors, and other sectors. It should reflect measures how to link 24 programmes to this HSS project.*
- *To pay attention to the planning at all levels and must plan from primary level*
- *We should take notice of maintenance of the cold chain equipment and vaccine management*

especially during disaster. Therefore, we need action plan at all levels.

- In addition, we should conduct trainings accordingly..

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: _____ in 2005 MOH received 100,000.00 US\$_____

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

According to the Health Minister's order No. 213 issued in September 2004, The National plan of phased introduction of pentavalent vaccine was approved and started to be implemented from January 1, 2005 and the pentavalent vaccine was introduced in the National EPI. In 2008 the new vaccine was introduced to the remaining 6 aimags namely Bayan-Olgii, Zavkhan, Arkhangai, Bayankhongor, Dundgovi and Khentii. In 2008, the pentavalent vaccine introduced all over the country. Reported coverage of penta: Bayan-Olgii-99.6%, Zavkhan-97.4%, Arkhangai-97.0%, Bayankhongor-98.9%, Dundgovi-99.2%, Khentii-97.1% respectively.

According to the "**National plan of introduction of pentavalent (DTP+Hepatitis B+ Hib B) vaccine into EPI**" /2004 -2011/ the following activities have been undertaken.

- Appropriate legislations have been passed including order of the Health Minister, orders of the Health Departments Directors of 21 aimags and Ulaanbaatar, resolutions of the aimag Governors;
- Vaccine procurement has been done on time;

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in October, 2008

Please summarize the major recommendations from the EVSM/VMA

UNICEF, STC Dr. Andrew Garnett conducted EVSM assessment in October, 2008 using 10 international criteria. All criteria were met international requirement which should be above 80% except stock control, maintenance of transport, buildings, and cold chain equipment and vaccine delivery reporting. These areas needed significant improvement in the near future.

The major recommendations are:

Vaccine arrivals-Monitor delivery dates and quantities against the UNICEF annual shipment plan. Record reasons for significant changes in quantities received and significant changes in delivery dates. Discuss and agree on planning improvement with UNICEF.

Temperature monitoring-Use fridge tags as the principle temperature-monitoring device in all ice-lined refrigerators in UB district store. Alternatively, and preferably, install an additional multilog system or extend the existing National Vaccine Store system.

Available storage capacity-Make full use of the cold rooms and freezer room in preference to using ILRs and freezers. Carry out a vaccine volume check at the time of each annual order. Include campaign and supplementary vaccines and pandemic influenza in the calculation. Ensure that pandemic influenza preparations include a decision on the preferred choice of vaccine and vaccine presentation and that this decision is tested against available cold chain capacity at national level and below.

Maintenance-Establish maintenance plan and draw up relevant SOPs for the store building.

Stock management-Ensure that stock records are kept up to date on a daily basis. In the short term, carry out physical counts every six weeks until the stock balance record becomes reliable. Review the existing manual stock management system and evaluate alternative computer based systems. Maintain a six weekly physical count routine until the new system works reliably.

Was an action plan prepared following the EVSM/VMA? Yes. which is awaiting an approval of MOH.

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

- To invite consultant on software use for vaccine and cold chain management and conduct training for EPI team in June, 2009 in cooperation with UNICEF.
- To translate the questionnaire used for vaccine management (EVSM) and conduct EVSM assessment in 1 aimag and 1 district
- Sent 2 participants in the Vaccine management course to be organized by Regional Office of UNICEF and WHO.
- Develop a guideline for vaccine management , print and distribute
- To revise vaccine stock control booklet for aimag/district/soum level health facilities as per the recommendations of EVSM
- Improve step by step the areas in the Central Vaccine storage(fire control, internet connection etc)

The next EVSM/VMA* will be conducted in: still under discussion with UNICEF

**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

Please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
1. Syringe, AD, 0.5ml, Terumo / BOX-100	400 boxes	18 April , 2008
2. Syringe, 2.0ml, w / needle, 21G x 1.5" / BOX-100	200 boxes	18 April , 2008
3. Syringe, AD, 0.5ml, Terumo / BOX-100	1281 boxes	30 July , 2008
4. Syringe, 2.0ml, w / needle, 21G x 1.5" / BOX-100	528 boxes	30 July , 2008
5. Safety box, 5lt / BOX-25	116 boxes	30 July , 2008

Please report on any problems encountered.

None.

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

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

Under the GAVI safe injection project in 2005 we have been introduced AD syringe for EPI. After GAVI support ends the Government of Mongolia will continue to use Ad syringe in EPI. Injection safety supplies will fully funded by the Immunization Fund of Mongolia.

Please report how sharp waste is being disposed of.

1. The Safety immunization strategic plan was approved by the MOH, Mongolia in 2006.
2. Sharp waste is disposed according to the regulation and the order No. 313 of Minister of Health issued in 2003.
 - a. Used AD and reconstitution disposable syringes are collected in the safety box.
 - b. Filled safety boxes are destroyed in the incinerator and metal drums.

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

1. All level of health facilities have not been adequately supplied by incinerators.
2. Safety boxes are used only at immunization units.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (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:

The fund has not been received for injection safety support.

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to help GAVI understand broad trends in immunization programme expenditures and financing flows. In place of Table 2.1 an updated cMYP, updated for the reporting year would be sufficient.

	2008	2008	2009	2010
	Actual	Planned	Planned	Planned
<i>Expenditures by Category</i>				
Vaccines (EPI vaccine)	\$ 774,285	\$896.178	\$1.095.658	
Injection supplies	\$34,603	\$42.562	\$43.966	
Cold Chain equipment	\$158,507	\$102.981	\$75.610	
Operational costs (vaccine transportation cost)	\$ 12,650	\$542.076	\$536.992	
Other (please specify)				
Cost for training of health workers	\$103,260			
Cost for monitoring and supervision	\$19,400			
<i>Financing by Source</i>				
Government (only for EPI vaccine procurement)	\$ 149,000	\$1,243.457	\$1,223.697	
GAVI Fund (penta-vaccine and injection device)	\$ vaccine 585,200 Injection supply	\$729.765	\$745.713	

	\$ 20,999			
			\$20.000(ordered items in 2008 will arrive in 2009)	
UNICEF (cold chain and other activities)	\$541,600			
WHO (Training for HCWs cost)	\$190,000			
JICA (vaccine DPT and Hep B)	\$ 40,075		\$ 40,075	
Other (please specify)				
UNICEF, meningitis NID operational cost	\$ 22,000	\$ 5000		
Total Expenditure	\$ 2,651,579	\$3.562.019	\$3.781.711	
Total Financing				
Total Funding Gaps				

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the coming three years; whether the funding gaps are manageable, a challenge, or alarming. If either of the latter two, explain what strategies are being pursued to address the gaps and what are the sources of the gaps—growing expenditures in certain budget lines, loss of sources of funding, a combination.

There is no financing gaps for immunization activities.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB+HIB)	2008	2009	2010	2011
	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose) GAVI	585,200	732,107	748,046	382,211
Government				382,211
Other sources (please specify)				
GAVI co-financing	100%	100%	100%	50%
Total Co-Financing (US\$ per dose)	585,200	732,107	748,046	764,422

Please describe and explain the past and future trends in co-financing levels for the first GAVI awarded vaccine.

In 2011 GAVI will be provide 50% of DTP-HepB+HIB vaccine and Government 50% we request for co –financing for 50%.

Table 2.3: Country Co-Financing (in US\$)

The purpose of Table 2.3 is to understand the country-level processes related to integration of co-financing requirements into national planning and budgeting.

Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?			
Procurement activity shall be in cooperation with UNICEF in accordance with signed Memorandum of Understanding between MOH and UNICEF. The purpose of the MOU uses standart format of MOU which sets out the framework of processes, rights and obligations related to procurement services as well as to outline areas of understanding between the parties. It added 2 Annexes which clarifies routine workprocess for vaccine procurement starting forecasting till delivery and highlighted vaccine types, amounts and devices to be procured for the next 5 years.			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding	X	OPV, BCG, Measles, additional amount of pentavalent vaccine	Immunization fund, Government of Mongolia
Government Procurement- Other			
UNICEF (*Through UNICEF procurement channel)	X*	EPI vaccines	
PAHO Revolving Fund			
Donations	X	DTP, Hep-B, DT	JICA
Other (specify)	X	DTP-Hep B-Hib	GAVI

Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Schedule	Date of Actual Payments Made in 2008
	(month/year)	(day/month)
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?	
	Enter Yes or N/A if not applicable
Budget line item for vaccine purchasing	Yes
National health sector plan	Yes
National health budget	Yes
Medium-term expenditure framework	
SWAp	
cMYP	Yes
Annual immunization plan	Yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1.
2.
3.
4.
5.

3. Request for new and under-used vaccines for year 2009

Section 3 is related to the request for new and under-used vaccines and injection safety for 2009.

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.

<p><i>Baseline data has been revised according to 3rd revised cMYP on Immunization of Mongolia (May 5, 2007)</i></p> <p><i>Birth rate increased by 11.9 % in 2008 compared with 2007.</i></p>
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Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2008 and projections from 2009 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
DENOMINATORS										
Births	47376	55774	63262	64527	65817	67134	68476	69846	71243	72668
Infants' deaths	937	994	1240	1265	1290	1316	1342	1369	1396	1424
Surviving infants	46439	54780	62022	63262	64527	65818	67134	68477	69847	71244
Infants vaccinated till 2008 (JRF) / to be vaccinated in 2009 and beyond with 1 st dose of DTP (DTP1)*	17932	50424	59293							
Infants vaccinated till 2008 (JRF) / to be vaccinated in 2009 and beyond with 3 rd dose of DTP (DTP3)*	19690	48654	57354							
NEW VACCINES **										
Infants vaccinated till 2008 (JRF) / to be vaccinated in 2009 and beyond with 1 st dose of DTP (DTP1)* penta (<i>new vaccine</i>)	26997	38722	59293	63262	64527	65818	67134	68477	69847	71244
Infants vaccinated till 2008 (JRF) / to be vaccinated in 2009 and beyond with 3 rd dose of penta (<i>new vaccine</i>)	25756	38198	57354	60731	61945	63185	64449	65738	67053	68394
Wastage rate until 2007 and plan for 2008 beyond*** (<i>new vaccine</i>)	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Infants vaccinated / to be vaccinated with BCG	46531	55155	63241	63236	64501	65791	67106	68449	69818	71214
Infants vaccinated / to be vaccinated with Measles (1 st dose)	44218	45986	57844	60099	61300	62527	63777	65053	66354	67681

* 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 2009

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.

The number of births has been increasing in Mongolia. Therefore, we need more doses of penta than planned. At present we use DTP-HepB+Hib (liquid+Lyophilized) vaccine. Since 2010 we have planned to use DTP-Hep-Hib (Liquid) vaccine.

Please provide the Excel sheet for calculating vaccine request duly completed.

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

Vaccine :	2008	2009	2010
Total doses required	205,973	212,770	268,594
Doses to be funded by GAVI	167,200	167,200	268,594
Doses to be funded by country	0	0	0
Country co-pay in US\$/dose*	0	0	0
Total co-pay	0	0	0

*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 2009: 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, <u>excluding</u> 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 2009

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)

8a.BCG

		Formula	2009	2010
A	Target if children for BCG Vaccination (for TT: target of pregnant women) (1)	#	64,527	65,817
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number ofdoses	A x B	64,527	65,817
D	AD syringes (+10% wastage)	C x 1.11	71,625	73,057
E	AD syringes buffer stock (2)	D x 0.25	17,906	18,264
F	Total AD syringes	D + E	89,531	91,321
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	14,325	14,611
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,153	1,176

- 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.

8b.Penta

		Formula	2009	2010
A	Target if children for Penta Vaccination (for TT: target of pregnant women) (1)	#	64,527	65,817
B	Number of doses per child (for TT: target of pregnant women)	#	3	3
C	Number ofdoses	A x B	193,581	197,451
D	AD syringes (+10% wastage)	C x 1.11	214,875	219,171
E	AD syringes buffer stock (2)	D x 0.25	53,719	54,793
F	Total AD syringes	D + E	268,594	273,963
G	Number of doses per vial	#	2	2
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	214,875	219,171
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	5,367	5,474

- 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.

8c. Measles

		Formula	2009	2010
A	Target if children for measles vaccination	#	64,527	65,817
B	Number of doses per child (for TT: target of pregnant women)	#	2	2
C	Number ofdoses	A x B	129,054	131,634
D	AD syringes (+10% wastage)	C x 1.11	143,250	146,114
E	AD syringes buffer stock (2)	D x 0.25	35,812	36,528
F	Total AD syringes	D + E	179,062	182,642
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	28,650	29,223
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	2,306	2,352

- 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.

8d. Hep B

		Formula	2009	2010
A	Target if children for Hep B vaccination	#	64,527	65,817
B	Number of doses per child (for TT: target of pregnant women)	#	1	1
C	Number ofdoses	A x B	64,527	65,817
D	AD syringes (+10% wastage)	C x 1.11	71,625	73,057
E	AD syringes buffer stock (2)	D x 0.25	17,906	18,264
F	Total AD syringes	D + E	89,531	91,321
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	14,325	14,611
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	1,153	1,176

- 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.

8e. Polio

		Formula	2009	2010
A	Target if children for polio vaccination	#	64,527	65,817
B	Number of doses per child (for TT: target of pregnant women)	#	4	4
C	Number ofdoses	A x B	258,108	263,268
D	AD syringes (+10% wastage)	C x 1.11	286,500	292,227
E	AD syringes buffer stock (2)	D x 0.25	71,625	73,057
F	Total AD syringes	D + E	358,125	365,284
G	Number of doses per vial	#	10	10
H	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	57,300	58,445
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	4,611	4,703

- 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)

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 2009. Countries are therefore asked to report on activities in 2008.

Health Systems Support started in: _____

Current Health Systems Support will end in: _____

Funds received in 2008: 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 2009 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.

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

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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 2009.

Table 9. HSS Expenditure in 2007 in expenditure on HSS activities and request for 2009 <i>(In case there is a change in the 2009 request, please justify in the narrative above)</i>			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
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			
Support costs			
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS			

Table 10. HSS Activities 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. Baseline indicators <i>(Add other indicators according to the HSS proposal)</i>						
Indicator	Data Source	Baseline Value¹	Source²	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 has occurred in measuring the indicators, how the monitoring process has been strengthened and whether any changes are proposed.

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¹ If baseline data is not available indicate whether baseline data collection is planned and when
² Important for easy accessing and cross referencing

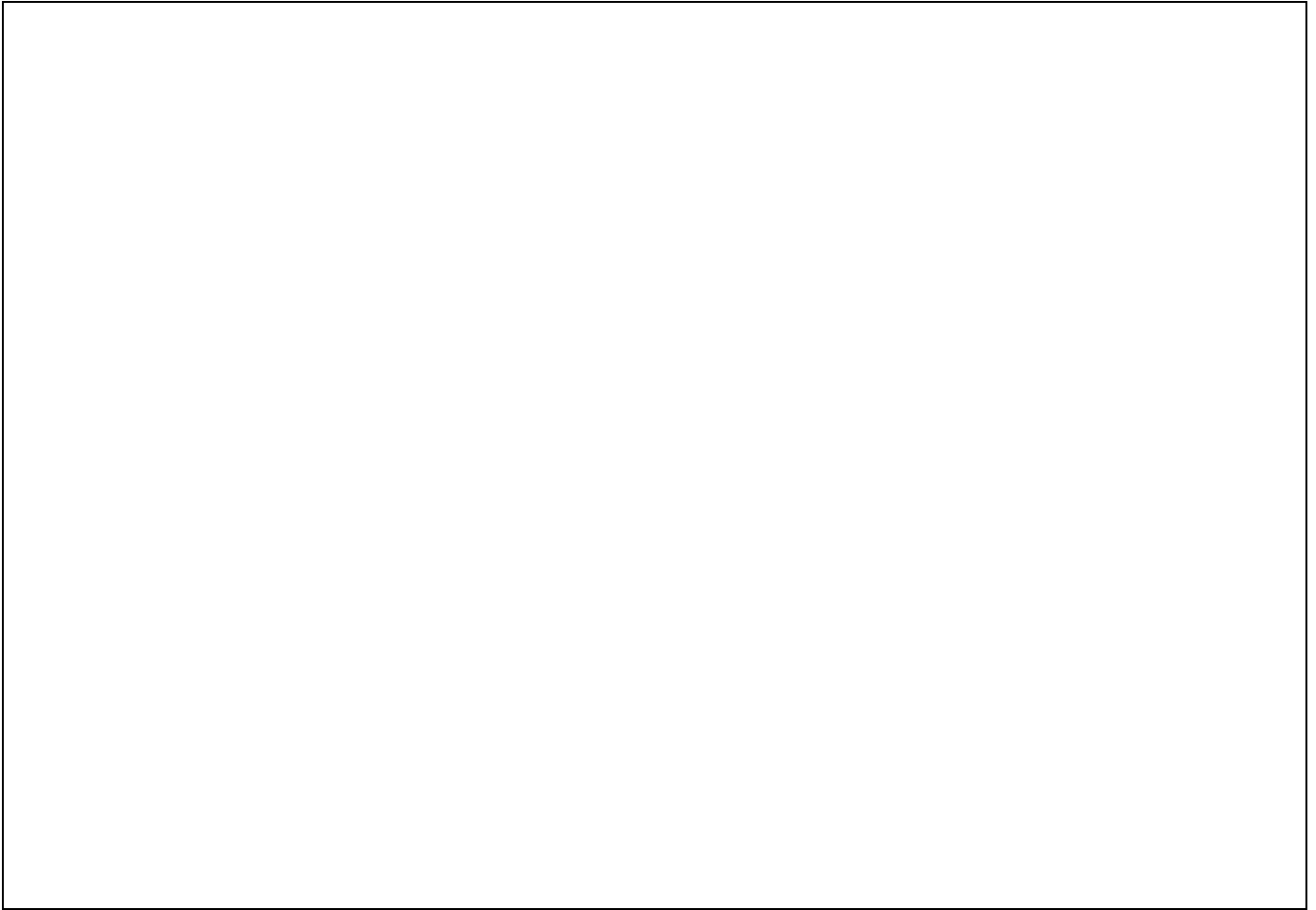
5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	✓	
Reporting Period (consistent with previous calendar year)	✓	
Government signatures	✓	
ICC endorsed	✓	
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on	✓	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	✓	
New Vaccine Request including co-financing completed and Excel sheet attached	✓	
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report	✓	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:



~ End ~