



# Annual Progress Report 2007

Submitted by

The Government of

MYANMAR

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**(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](mailto: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 2007 and specifies requests for January – December 2009*

## Signatures Page for ISS, INS and NVS

For the Government of ...the Union of Myanmar.....

### Ministry of Health:

Title: .....

Signature: .....

Date: .....

### Ministry of Finance:

Title: .....

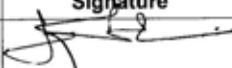
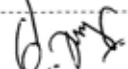
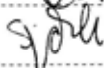
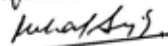


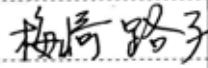



Signature: .....

Date: .....

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report, including the attached excel sheet. 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
Dr Maung Win, Acting Director General	Department of Health		
Dr Kyaw Nyunt Sein, Deputy Director General (Disease Control)	Department of Health		
Professor Adik Wibowo, Country Representative	WHO		
Dr. Nihal Singh, Medical Officer	WHO		9 July 08
Mr. Ramesh Shrestha, Country Representative	UNICEF		
Dr. Osamu Kunii, Chief, Health & Nutrition Section	UNICEF		
Ms. Michiko Umezaki, Country Representative	JICA		
Dr. Soe Lwin Nyein, Director(Epidemiology)	Department of Health		
Dr. Than Htein Win, Assistant Director(EPI)	Department of Health		
Dr. Than Tun Aung, Assistant Director(EPI)	Department of Health		

## **1. Report on progress made during 2007**

### **1.1 Immunization Services Support (ISS)**

1.1.1 Management of ISS Funds

1.1.2 Use of Immunization Services Support

1.1.3 Immunization Data Quality Audit

1.1.4 ICC Meetings

### **1.2 GAVI Alliance New and Under-used Vaccines (NVS)**

1.2.1 Receipt of new and under-used vaccines

1.2.2 Major activities

1.2.3 Use of GAVI Alliance financial support (US\$100,000) for introduction of the new vaccine

1.2.4 Evaluation of Vaccine Management System

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

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

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

## **3. Request for new and under-used vaccine for 2009**

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## **4. Health System Strengthening (HSS)**

## **5. Checklist**

## **6. Comments**

*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 2007

### 1.1 Immunization Services Support (ISS)

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

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?

GAVI funds are provided to Ministry of Health, Government of Myanmar through World Health Organization. Planning department from the Department of Health prepares detailed activity plans for Immunization Services strengthening which are proposed to ICC for approval. Department of Health develops proposals after being approved by ICC in the form of APW/DFC and submits to WHO country office for release of funds. Department of Health implements the activities accordingly.

#### 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.*

Central EPI unit at the Department of Health develops the plan of action for immunization services strengthening in the country. Plans are discussed and approved in the ICC meeting. Proposals are prepared by the Programme manager, EPI for the planned activities and submitted to WHO through international Health Department of Ministry of Health in the form of Direct Financial Cooperation (DFCs) or Agreement on performance of Work (APWs). These proposals are reviewed by the MO / Technical officer in WHO and sent it to Budget and Finance unit for the release the funds for the activities as per plans. DoH receives the funds and releases to Central, State/ Division and township levels depending upon the implementation status.

Regarding the status of the utilization of ISS funds, there have been balances of USD 1,486,079 (Investment USD 614,994 + Rewards USD 842,440 + previous year un-liquidated obligation USD 28,645) as on 1<sup>st</sup> January 2007.

Utilization details are mentioned in Table 1.

Problem: No problem encountered during 2007. Funds utilization rate has been improved during 2007.

## 1.1.2 Use of Immunization Services Support

In 2007, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2007 USD 903,020

Remaining funds (carried over) from 2006 USD 1486,079 (Invest 614,994 + Rewards 842,440 + Credited for prior year un-liquidated obligation 28,645)

Balance to be carried over to 2008 USD 883,113

**Table 1: Use of funds during 2007\***

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	16,187	6,187	10,000		
Transportation					
Maintenance and overheads expenses of Central EPI unit	37,583	37,583			
Training	174,000	14,320	69,600	90,080	
IEC / social mobilization					
Outreach					
Supervision	9,985	9,985			
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment	445,778	122,338	323,440		
Other ..... (NID)	509,091			509,091	
(EPI Complex Unit)	217,362	217,362			
(Crash)	41,000			41,000	
(Cold Chain & logistic)	55,000	2,464	40,337	12,199	
<b>Total:</b>	<b>1,505,986</b>	<b>410,239</b>	<b>443,377</b>	<b>652,370</b>	
Remaining funds for next year:	883,113				

*\*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.

**To strengthen the Immunization, following major activities were conducted in 2007:**

- Trainings at Central, State/Divisional and Township levels on MLM, RED Strategy, IIP and SIAs microplanning, implementation, monitoring and supervision.
- Refurbishment of the central EPI office and construction of Disease Control Complex in Nay Pyi Taw.
- Procurement of Cold chain equipments and logistics.
- Supported operational cost for NID
- Supported operational cost for NID and Crash immunization in hard to reach areas.

**1.1.3 Immunization Data Quality Audit (DQA)**

Next\* DQA scheduled to be conducted in 2009

*\*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?

NA

*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.*

NA

**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 2007 (for example, coverage surveys).*

NA

**1.1.4. ICC meetings**

*How many times did the ICC meet in 2007? **Please attach all minutes.***

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

Three ICC meetings were conducted in 2007, (minutes attached). These meetings were attended by all ICC members and representatives from Myanmar Medical Association, JICA, and Faculty Members from Universities of Medicine.

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

### **1.2.1. Receipt of new and under-used vaccines during 2007**

*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.*

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hep B (mono)	1 dose	0		
	6 dose	2083860		25.10.2007

*Please report on any problems encountered.*

*No problem encountered during 2007.*

### **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.*

Hep B was introduced in phased manner from 2003 to 2005 and all the townships were covered by 2005. Hospital birth dose was introduced at the major hospitals (200 bedded and above) and in the hospitals where there are at least 30 births per month. Now, following the recommendations by the Hep B Review team during 2007, all health facilities with cold chain capacity are providing Hep B birth dose.

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

These funds were received on: May 2002

Funds were used for 1) advocacy meeting at national, state/ divisional and township levels;2) production of Hep B training manuals, EPI registers IEC materials and 3) for trainings.

### **1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment**

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in 2004.

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

The next EVSM/VMA\* will be conducted in: 2008-2009

*\*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 2007 (add rows as applicable).

Injection Safety Material	Quantity	Date received
AD syringe	0	
Mixing syringe	0	
BCG reconstitution syringe	0	
BCG AD syringe	0	
Safety box	0	

**Remarks:** The following injection safety supports were received through UNICEF support.

Injection Safety Material	Quantity	Date received
AD syringe	858,500	
Mixing syringe	300,000	
BCG reconstitution syringe	335,900	
BCG AD syringe	1,252,500	
Safety box	20,000	

Please report on any problems encountered.

No problem was encountered.

#### 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.

As mentioned above, injection safety supplies are being procured by UNICEF country office.

Please report how sharps waste is being disposed of.

Sharp wastes are being disposed off by incineration in urban areas and by burning and burying methods in rural areas.

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

#### 1.3.3. Statement on use of GAVI Alliance injection safety support in 2007 (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: NA



## **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.

	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b><i>Expenditures by Category</i></b>	Actual	Planned	Planned	Planned
Vaccines	5,638,391	630,042	5,642,583	
Injection supplies	447,614	874,547	877,120	
Cold Chain equipment	704,144	969,358	319,857	
Operational costs (for TA and DSA for cold chain engineers)	13,990	20,000	25,000	
Operational costs (Measles campaign)	1,044,299	1,200,000	189,000	
Operational costs (SNIDs)	69,959	65,000	65,572	
Operational costs (NIDs)	337,560	200,000	355,000	
Operational costs (Crash)	273,971	120,000	150,000	
Operational costs (Measles and VPD surveillance)	266,358	27,000		
Operational costs (MNTE)		137,000	820,000	
Other cash assistance	145,553	1,067,863	312,952	
Other supplies	513,184	1,114,381	323,187	
Other (cold chain spare parts)	175,792			
	<b>9,455,023</b>	<b>6,425,191</b>	<b>9,080,271</b>	
<b><i>Financing by Source</i></b>				
Government (incl. WB loans)				
GAVI Fund	1,505,986			
UNICEF	9,455,023	6,425,191	9,080,271	
WHO(NID and RB funds)	820,000			
Other (please specify)				
<b>Total Expenditure</b>	<b>11,781,009</b>	<b>6,425,191</b>	<b>9,080,271</b>	
<b>Total Financing</b>				
<b>Total Funding Gaps</b>				

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...

**Table 2.2: Country Co-Financing (in US\$) – N A**

Table 2.2 is designed to help understand country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete a separate table for each new vaccine being co-financed.

For 1st GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	Actual	Planned	Planned	Planned
<b>Co-financing amount (in US\$ per dose)</b>				
Government				
Other sources (please specify)				
<b>Total Co-Financing (US\$ per dose)</b>				

Please describe and explain the past and future trends in co-financing levels for the 1<sup>st</sup> GAVI awarded vaccine.

For 2 <sup>nd</sup> GAVI awarded vaccine. Please specify which vaccine (ex: DTP-HepB)	<b>2007</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	Actual	Planned	Planned	Planned
<b>Co-financing amount (in US\$ per dose)</b>				
Government				
Other sources (please specify)				
<b>Total Co-Financing (US\$ per dose)</b>				

Please describe and explain the past and future trends in co-financing levels for the 2<sup>nd</sup> GAVI awarded vaccine.

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

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.

<b>Q. 1: What mechanisms are currently used by the Ministry of Health in your country for procuring EPI vaccines?</b>			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding			
Government Procurement- Other			
UNICEF	✓		Donors
PAHO Revolving Fund			
Donations			
Other (specify)			

<b>Q. 2: How have the proposed payment schedules and actual schedules differed in the reporting year?</b>		
Schedule of Co-Financing Payments	Proposed Payment Schedule (month/year)	Date of Actual Payments Made in 2007 (day/month)
1st Awarded Vaccine (specify)		
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

<b>Q. 3: Have the co-financing requirements been incorporated into the following national planning and budgeting systems?</b>	
	Enter Yes or N/A if not applicable
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	

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

Table 5: Update of immunization achievements and annual targets. Provide figures as reported in the JRF in 2007 and projections from 2008 onwards.

Number of	Achievements and targets									
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
<b>DENOMINATORS</b>										
Births	1525794	1556615	1588059	1620137	1652862					
Infants' deaths	91488	93336	95221	97145	99106					
Surviving infants	1434306	1463279	1492838	1522992	1553756					
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of DTP (DTP1)*	1066260	1243716	1343554	1370693						
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of DTP (DTP3)*	992866	1201495	1343554	1370693						
<b>NEW VACCINES **</b>										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1 <sup>st</sup> dose of Heb B	1050020	1242778	1343554	1370693						
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3 <sup>rd</sup> dose of Heb B	979055	1194772	1343554	1370693						
Wastage rate till 2007 and plan for 2008 beyond*** ..... ( new vaccine)										
<b>INJECTION SAFETY****</b>										
Pregnant women vaccinated / to be vaccinated with TT	648930	1254887								
Infants vaccinated / to be vaccinated with BCG	949816	1246016								
Infants vaccinated / to be vaccinated with Measles (1 <sup>st</sup> dose)	873210	1130320								

\* 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.

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
<ul style="list-style-type: none"> <li>▪ <b>Phasing:</b> 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</li> <li>▪ <b>Wastage of vaccines:</b> 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.</li> <li>▪ <b>Buffer stock:</b> The buffer stock is recalculated every year as 25% the current vaccine requirement</li> <li>▪ <b>Anticipated vaccines in stock at start of year 2009:</b> 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.</li> <li>▪ <b>AD syringes:</b> A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.</li> <li>▪ <b>Reconstitution syringes:</b> it applies only for lyophilized vaccines. Write zero for other vaccines.</li> <li>▪ <b>Safety boxes:</b> 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</li> </ul>

**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)

		Formula	2009	2010
<b>A</b>	Target if children for BCG Vaccination	#	1,522,992	1,553,756
<b>B</b>	Number of doses per child	#	1	1
<b>C</b>	Number of ....doses	A x B	1,522,992	1,553,756
<b>D</b>	AD syringes (+10% wastage)	C x 1.11	1,690,521	1,724,670
<b>E</b>	AD syringes buffer stock (2)	D x 0.25	422,630	431,167
<b>F</b>	Total AD syringes	D + E	2,113,151	2,155,837
<b>G</b>	Number of doses per vial	#	20	20
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	169,052	172,467
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	25,332	25,844

- 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.

		Formula	2009	2010
<b>A</b>	Target if children for DPT Vaccination	#	1,522,992	1,553,756
<b>B</b>	Number of doses per child	#	3	3
<b>C</b>	Number of ....doses	A x B	4,568,976	4,661,269
<b>D</b>	AD syringes (+10% wastage)	C x 1.11	5,071,563	5,174,009
<b>E</b>	AD syringes buffer stock (2)	D x 0.25	1,267,891	1,293,502
<b>F</b>	Total AD syringes	D + E	6,339,454	6,467,511
<b>G</b>	Number of doses per vial	#	20	20
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6	2	2
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	507,156	517,401
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	75,997	77,533

- 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.

		Formula	2009	2010
<b>A</b>	Target if children for Measles Vaccination	#	1,522,992	1,553,756
<b>B</b>	Number of doses per child	#	1	1
<b>C</b>	Number of ...doses	A x B	1,522,992	1,553,756
<b>D</b>	AD syringes (+10% wastage)	C x 1.11	1,690,521	1,724,670
<b>E</b>	AD syringes buffer stock (2)	D x 0.25	422,630	431,167
<b>F</b>	Total AD syringes	D + E	2,113,151	2,155,837
<b>G</b>	Number of doses per vial	#	10	10
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6	1.6	1.6
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	270,483	275,947
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	26,458	26,993

- 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.

		Formula	2009	2010
<b>A</b>	Target if children for TT Vaccination	#	13,840,086	14,119,656
<b>B</b>	Number of doses per WCBA	#	2	2
<b>C</b>	Number of ...doses	A x B	27,680,173	28,239,312
<b>D</b>	AD syringes (+10% wastage)	C x 1.11	30,724,991	31,345,636
<b>E</b>	AD syringes buffer stock (2)	D x 0.25	7,681,248	7,836,409
<b>F</b>	Total AD syringes	D + E	38,406,239	39,182,045
<b>G</b>	Number of doses per vial	#	20	20
<b>H</b>	Vaccine wastage factor (3)	Either 2 or 1.6	1.6	1.6
<b>I</b>	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	2,457,999	2,507,651
<b>J</b>	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	453,593	462,756

- 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.*



## 5. Checklist

Checklist of completed form:

<b>Form Requirement:</b>	<b>Completed</b>	<b>Comments</b>
Date of submission		
Reporting Period (consistent with previous calendar year)	2007	
Government signatures	Y	
ICC endorsed	Y	
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	Y	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

## **6. Comments**

*ICC/HSCC comments:*

GAVI-Annual Progress Report 2007 was presented to ICC members on 9<sup>th</sup> July 2008 for review and also for the endorsement.

Members congratulated the Ministry of Health and Programme managers for the improvement in the implementation of the GAVI-Phase 1 supported activities for Immunization Services Strengthening at central, state/divisional and township levels.

ICC members observed that many important activities (trainings at all levels, procurement of cold – chain equipments, construction of cold rooms and supplementary Immunization activities) were supported by GAVI funds, which are in line with the general agreement under ISS.

ICC members also pointed out that there is a considerable amount remained up –spent as on 1<sup>st</sup> January 2008, and requested DoH and Programme Managers to speed up the utilization rate so the country can apply for Phase -2 GAVI support.

~ End ~