



Global Alliance for Vaccines and Immunization (GAVI)

Annual Progress Report 2007

Submitted by

The Government of

The People's Republic of Bangladesh

Date of submission: 15 May 2008



Joint Secretary (PH & WHO)
Ministry of Health & Family Welfare
Govt. of the People's Republic of Bangladesh
Bangladesh Secretariat, Dhaka-1000.

Memo No. : Ph-2/GAVI/Country Proposal-4/2007/222 Dated: 14 May, 2008

Dr. Julian Lob-Levyt
Executive Secretary
GAVI Secretariat
Palais des Nations
CH 1211, Geneva 10
Switzerland

Subject: Annual Progress Report-2007 of Bangladesh

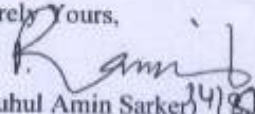
Dear Dr. Julian

On behalf of the Government of the People's Republic of Bangladesh and Interagency Coordination Committee I would like to take this opportunity to send herewith the Annual Progress Report-2007 on GAVI activities of Bangladesh along with the supporting documents for your kind information and necessary action.

We have prepared the Annual Progress Report with the comments from ICC members.

With best regards,

Sincerely Yours,


(Dr.Md. Ruhul Amin Sarker) 14/5/08



Annual Progress Report 2007

Submitted by

The Government of

The People's Republic of Bangladesh

Date of submission: 15 May 2008

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, raj कुमार@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*

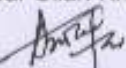
Signatures Page for ISS, INS and NVS

For the Government of the People's Republic of Bangladesh

Ministry of Health:

Title: Secretary, MOH&FW

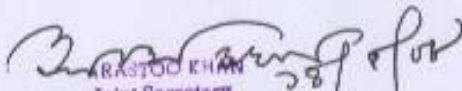
A K M Zafar Ullah Khan

Signature: 

Date: 14.5.2008

Ministry of Finance:

Title: Joint Secretary, Ministry of Finance

Signature: 

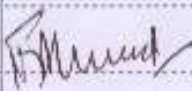
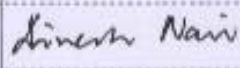
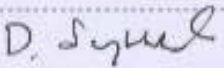
Date:

RASTOU KHAN
Joint Secretary
Finance Division, M/o. Finance
Govt. of the People's Republic
of Bangladesh.

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
Mr. Mizanur Rahman, Joint Secretary (Dev)	MoLG&RD		
Ms. Alison Forder	DFID		
Mr. Faruque Ahmed, Director	BRAC		14/05/08
1 st Secretary, Canadian Embassy	CIDA		
Mr. Masami Tamura	Government of Japan		
Dr. Dinesh Nair, Health Specialist	World Bank		15/05/08
Mr. Iftekharul Alam, Chairman	Rotary International		
Josephine Iziku Ippe, OIC, H & N Section	UNICEF		14/05/08
Sheri- Nouane Johnson, Director, PHN Office	USAID		
Dr. Duangvadee Sungkhobol, WR	WHO		14/05/08

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 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?

The Government of Bangladesh received ISS fund for the year 2004, 2005 and 2006 and was reflected in the budget of the MOH&FW under "Estimated Development Partners (DPs) support in the Health, Nutrition and Population Sector Program (HNPSPP)". Under HNPSPP the work areas are divided in to 38 operational plans. The EPI program is one of the components of the Essential Services Delivery (ESD) and has annual operational plan under PIP. The revision of the annual operational take place based on the program priority and need.

Besides the ISS fund, the reward money received from GAVI was also reflected in the HNPSPP.

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 Technical Sub-Committee (TSC) is responsible to prepare the annual budget. The TSC selected the activities along with detailed budget break-up based on the need of the immunization program. The activities without secured budget get the priority. The budget is then approved in the ICC meeting.

Based on the approved budget national EPI execute the planned activities within the existing Government rules. The Joint Secretary (PH & WHO) and the Program Manager, CH & LCC are the joint signatories for operating the GAVI fund. In case of any revision of the budget the TSC has to persuade the ICC with proper justification for approval.

The GAVI/VF is audited by FAFA in every financial year. The National EPI planned to organize an independent audit in the year 2007 but could not complete and the process in this regard started. The 3rd Party audit is in progress.

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 1,304,000

Remaining funds (carry over) from 2006: USD 6,288,405

Balance to be carried over to 2008: USD 5,385,153

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	267,356			267,356	
Transportation	24,894			24,894	
Maintenance and overheads	218,173			218,173	
Training	46,399			46,399	
IEC / social mobilization	614,087			614,087	
Outreach	558,459			558,459	
Supervision	362,431	132,645		229,786	
Monitoring and evaluation	-				
Epidemiological surveillance	-				
Vehicles	-				
Cold chain & IT equipment	77,516			77,516	
Other EVSM (specify)	37,937	37937			
Total:		170,582	0	2,036,670	
Grand Total	2,207,252			2,207,252	
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.

- Preparation of micro-plan based on RED strategy for every Upazila, Zone, Municipality, District and City Corporation. The guideline was reviewed and updated and shared with all concerned personnel before preparing the micro-plan. The yearly session plan was also incorporated in the micro-plan.
- With support from UNICEF, national EPI identified 15 low performing Districts based on CES to provide additional financial support to increase vaccination coverage.
- With support from WHO, national EPI identified 23 Districts for additional financial support where large number of un-immunized children (LAUNCH) to vaccinate the left out and drop out children.
- Training on DQS was completed for all District Immunization Medical Officers (DIMOs) and Surveillance Medical Officers (SMOs) with assistance from WHO-Geneva and SEARO. For institutionalizing the DQS national EPI trained 2 persons from each District and City Corporation (CC). In 2007 Managers and Supervisors of 32 Districts and 2 CCs were trained.
- Training on vaccine transportation was completed for cold chain personnel at District/Upazila and City corporation level.
- Preparation of micro-plan based on RED strategy for every Upazila, Zone, Municipality, District and City Corporation. The guideline will be reviewed and updated and will share with all concerned personnel. The yearly session plan will also be incorporated in the micro-plan.
- Organization four rounds of 15th and 16th National Immunization Day (NIDs). Vitamin-A and Anthelmintic will also be provided along with OPV.
- Increased cold chain capacity at national level

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for: **2008**

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

**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?* **NA

What were the major recommendations of the DQA?

The DQA was done in 2002 and 2003. The major recommendations were-

- Denominators used for the calculation of vaccination coverage at all levels should be consistent and agreed upon for all levels
- Procedures should be developed to calculate and monitor vaccine wastage
- Recording system of vaccine stocks should be designed in such a way that the expiry dates/batch number/lot number of the closing stocks can be known instantly from the vaccine ledger
- Reporting and recording formats should allow for the recording of immunization given to migrating children
- National injection safety policy should be introduced soon
- In every year physical verification and count should be made
- Upazila/District/City Corporation/National staff should promptly write or stamp the date of receipt on incoming reports
- The storage space at the Upazila/District vaccine stores should be increased
- Used child & women registers should be kept in the Upazila Health Complex/ Municipality/CC and properly filed
- Unused vaccines should be returned daily to the Upazila/Municipality/City Corporation vaccine store

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.

The plan of action was prepared based on the recommendation and shared in the 2004 Annual Progress Report (APR). The issues were addressed accordingly and the DIMOs, SMOs and EPI Facilitators are regularly monitoring the implementation status of the recommendations.

Please highlight in which ICC meeting the plan of action for the DQA was discussed and endorsed by the ICC. The POA of DQA was discussed in the 12th ICC meeting

Please report on studies conducted regarding EPI issues during 2007 (for example, coverage surveys).

Coverage Evaluation Survey 2006, Published in 2007, Conducted CES-2007

1.1.4. ICC meetings

*How many times did the ICC meet in 2007? **The ICC met 2 times in the year 2007 (Please attach all minutes.)***

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

There is only one Civil Society Organization who is the member of ICC and the Organization is Rotary International.

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 2007

Vaccine	Vials size	Doses	Date of Introduction	Date shipment received (2007)
Hep-B (mono)	10 Doses	3400000	2003	01/02/2007
	10 Doses	1559400		19/03/2007
	10 Doses	1119100		20/03/2007
	10 Doses	3570000		24/05/2007
	10 Doses	1726800		18/06/2007
	10 Doses	3400000		16/07/2007
	10 Doses	2000000		10/09/2007
	10 Doses	1883000		24/09/2007
	10 Doses	884000		09/12/2007
		19542300		09 shipment

Please report on any problems encountered.

Not Applicable

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.

Not Applicable

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

These funds were received on: **November 2002**

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

The Government of Bangladesh had received this amount in November 2002. This fund had been used for training of Hepatitis-B and also for development of materials related to training and advocacy meetings at different level. Expenditure related to collection of baseline information prior to Hepatitis-B introduction was also covered from this fund. To complete these activities all over the country for Hep-B introduction, a total amount of 0.5 million US \$ was required and remaining 0.4 million was covered from ISS account.

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**

Please summarize the major recommendations from the EVSM/VMA

According to the recommendation made by the EVSM assessment team the key areas to focus as first priority are as follows:

1. Make use of UNICEF recommended VAR for all vaccine arrivals with emphasis on all mandatory documentations.
2. Install shelves in the new FR & CR to optimise storage space utilisation
3. Reorganise EPI store area.
4. Plan out vaccine arrivals to and dispatches from the primary store to overcome the space limitations there.
5. Regularly carry out physical stock verification, particularly for freeze dried vaccines /diluent and adjust stock records.
6. Introduce preventive maintenance procedures for building, equipment and vehicles
7. Replace ledger system by batch cards and computerized inventory for vaccine stock management.
8. Use freeze watch with every despatch of freeze sensitive vaccines. Implement recording of status of all temperature indicators during despatch and arrival of vaccines

The VM assessment team made the following recommendation and suggested for implementation as a priority:

1. Install stand by generators at district level
2. Install voltage regulators with every cold chain appliance
3. Improve stock recording system to include all vital parameters
4. Make use of batch cards in order to display contents of DFs & ILRs
5. Implement use of freeze indicators with every delivery & train the associate staff
6. Ensure that freeze dried vaccines are requisitioned, received, re-distributed and used with their matching diluents only
7. The Government should consider the possibility to apply MDVP in a pilot basis to reduce wastage
8. Establish a vaccine wastage monitoring system in order to reduce the currently rather high (1.5) wastage factor

Was an action plan prepared following the EVSM/VMA: **Yes**

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

To address the recommendation, national EPI already increased the dry storage and cold storage capacity.

1. Total 17 cold and fridger rooms are now functioning at central level. Previous capacity of cold space at central level was 197 m3 that has been increased to 623 m3 with a net storage cold space of 223m3 (based on 35% of total volume). National EPI already installed shelves in the new FR & CR to optimise storage space utilisation.
2. 630 KVA sub-station installed at central level for supplying power to cold plants at EPI HQ.
3. 145 KVA stand by generator with ATS installed for back up power supply to cold plants.
4. 10 solar refrigerators installed and functioning in remote areas including some islands.
5. Fridge dried vaccines are distributed and used with their matching diluents only.
6. MDVP introduced at fixed facility level to reduce vaccine wastage.
7. Use of UNICEF recommended VAR for all vaccine arrivals is established.
8. Regular updating of vaccines and other logistics at districts and Upazila stores through DIMO network.

The next EVSM/VMA* will be conducted in: **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: **Not Applicable**

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

Please report on any problems encountered.

There was no problem in receiving the injection safety support. Government of Bangladesh procured reconstitution syringe from the local syringe manufacturing companies to meet up the shortfall.

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.

The injection safety support from GAVI was for three years (2004-2006) which ended in 2006. With the help of WHO Government of Bangladesh explored the possibility of local production of AD syringes and a local syringe manufacturing company showed their interest. This company already started production of AD syringes and by this time national EPI has been procure AD syringe and safety box. This company has the capacity to supply required number of AD syringes use from January 2007 for all routine EPI vaccines in the country.

Please report how sharps waste is being disposed of.

Currently there are two types of recommended practice for sharps waste disposal of routine EPI. The first one is incineration and the second one is open burning. The incineration is confined in the major urban areas where the incinerator is available and for most of the rural areas the choice is open burning.

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

There was no major problem during the transitional period as because Government of Bangladesh completed all necessary procedures before the end of injection safety support from GAVI. A committee has been formed to finalize the national policy on sharps waste management. Before finalizing the national policy incineration and open burning is the choice for sharps waste management.

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:

Gov't of Bangladesh received Injection Safety Support from 2004-2006. After ending support GoB procuring Injection Safety materials using development fund from 2007 from local Manufacturing Company.

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.

	2007	2007	2008	2009
	Actual	Planned	Planned	Planned
<i>Expenditures by Category</i>				
Vaccines	44,403,026	44,403,026	37,845,562	32,261,662
Injection supplies	3,214,131	3,989,084	9,269,307	6,790,213
Cold Chain equipment	201,752	342,768	471,333	1,140,510
Operational costs	6,313,146	10,764,920	11,065,354	8,202,577
Other Printing (please specify)	431,446	659,910	895,324	693,326
Sub Total	54,563,501	60,159,708	59,546,880	49,088,287
<i>Financing by Source</i>				
Government (incl. WB loans)	46,472,256	47,621,099	50,437,325	45,764,384
GAVI Fund	2,207,252	6,654,616	5,385,152	
UNICEF	5,160,090	5,160,090	3,000,500	2,600,000
WHO	723,903	723,903	723,903	723,903
Other (please specify)				
Total Expenditure	54,563,501			
Total Financing	54,563,501	60,159,708	59,546,880	49,088,287
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...

No funding gap

Table 2.2: Country Co-Financing (in US\$)

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)	2007	2007	2008	2009
Hep-B (mono)	Actual	Planned	Planned	Planned
Co-financing amount (in US\$ per dose)				
Government			50%	60%
Other sources (please specify)				
Total Co-Financing (US\$ per dose)			50%	60%

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

Not Applicable

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

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

Government of Bangladesh has applied for Hib pentavalent vaccine is yet to be received and for formal response in this regard.
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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?			
	Tick for Yes	List Relevant Vaccines	Sources of Funds
Government Procurement- International Competitive Bidding	as per purchase agreement between GoB & UNICEF		
Government Procurement- Other			
UNICEF	√	BCG, DTP, OPV, Measles, TT	IDA-Pool Fund, UNICEF(CIDA)
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	Date of Actual Payments Made in 2007
	(month/year)	(day/month)
1st Awarded Vaccine (specify)	N/A	N/A
2nd Awarded Vaccine (specify)	N/A	N/A
3rd Awarded Vaccine (specify)	N/A	N/A

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	yes
SWAp	yes
cMYP Cost & Financing Analysis	yes
Annual immunization plan	yes
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing? <i>Not Applicable</i>
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.

Not Applicable

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
DENOMINATORS										
Births	4,062,594	4,135,453	4,210,773	4,288,671	4,369,276	4,452,726	4,539,167	4,625,607	4,712,046	4,798,484
Infants' deaths	264,069	268,804	273,700	278,764	284,003	289,427	295,046	300,664	306,281	311,897
Surviving infants	3,798,525	3,866,649	3,937,073	4,009,907	4,085,273	4,163,299	4,244,121	4,324,942	4,405,762	4,486,587
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1st dose of DTP (DTP1)*	3,736,286	3,736,873	3,953,243	4,026,376	4,102,051	4,180,398	4,261,552	4,342,706	4,423,860	4,505,014
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd dose of DTP (DTP3)*	3,347,090	3,677,941	3,630,529	3,697,692	3,850,905	3,924,455	4,000,640	4,076,825	4,153,010	4,229,195
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 1st dose of Hepatitis-B	3,736,286	3,737,682	3,953,243	4,026,376	4,102,051	4,180,398	4,261,552	4,342,706	4,423,860	4,505,014
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd dose of Hepatitis-B	3,347,090	3,676,235	3,630,529	3,697,692	3,850,905	3,924,455	4,000,640	4,076,825	4,153,010	4,229,195
Wastage rate till 2007 and plan for 2008 beyond Hepatitis-B (<i>new vaccine</i>)	40%	34%	30%	25%	25%	25%	25%	25%	25%	25%
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	4,458,944	3,119,649	4,826,984	5,020,884	5,115,251	5,321,550	5,424,859	5,528,168	5,631,477	5,734,786
Infants vaccinated / to be vaccinated with BCG	4,021,961	3,805,316	4,168,665	4,245,784	4,325,583	4,408,199	4,493,775	4,579,351	4,664,927	4,750,503
Infants vaccinated / to be vaccinated with Measles (1 st dose)	3,038,820	3,660,660	3,307,141	3,448,520	3,595,040	3,746,969	3,819,709	3,892,449	3,965,189	4,037,929

* 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)

Not Applicable

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.

Not Applicable

Please provide the Excel sheet for calculating vaccine request duly completed

Remarks
▪ Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided ▪ Wastage of vaccines: 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, 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 2009

Not Applicable

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
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 ofdoses	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 2009. Countries are therefore asked to report on activities 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 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.

Not Applicable

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.

Not Applicable

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

Not Applicable

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.

Not Applicable

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 (In case there is a change in the 2009 request, please justify in the narrative above)			
Area for support	2007 (Expenditure)	2007 (Balance)	2009 (Request)
Activity costs			
Objective 1	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>
Activity 1.1			
Activity 1.2			
Activity 1.3			
Activity 1.4			
Objective 2	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>
Activity 2.1			
Activity 2.2			
Activity 2.3			
Activity 2.4			
Objective 3	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>
Activity 3.1			
Activity 3.2			
Activity 3.3			
Activity 3.4			
Support costs	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>
Management costs			
M&E support costs			
Technical support			
TOTAL COSTS	<i>Not Applicable</i>	<i>Not Applicable</i>	<i>Not Applicable</i>

Table 10. HSS Activities in 2007	
Major Activities	2007
Objective 1:	<i>Not Applicable</i>
Activity 1.1:	
Activity 1.2:	
Activity 1.3:	
Activity 1.4:	
Objective 2:	<i>Not Applicable</i>
Activity 2.1:	
Activity 2.2:	
Activity 2.3:	
Activity 2.4:	
Objective 3:	<i>Not Applicable</i>
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.

Not Applicable

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	15 May, 2008	
Reporting Period (consistent with previous calendar year)	January-December, /2007	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on		
DQA reported on	Yes	
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	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector evaluation report attached to report		

6. Comments

ICC/HSCC comments:

The members of the ICC hope that the application for **GAVI II** support will be seriously considered by GAVI review committee and Government of Bangladesh will receive the support for Hib vaccine in the form of single dose vial.

~ End ~