Annual Progress Report 2007

Submitted by

The Government of

DEMOCRATIC SOCIALIST REPUBLIC OF SRI LANKA

Date of submission _____

Deadline for submission 15 May 2008

(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 2007 and specifies requests for January – December 2009

Signatures Page for ISS, INS and NVS

For the Government of ……..……

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 excelsheet. 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

Signatures Page for HSS

For the Government of ……..……

Ministry of Health:

Title: ……

Signature: ……

Date: ……

Ministry of Finance:

Title: ……

Signature: ……

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

Progress Report Form: Table of Contents

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 if GAVI Alliance financial support (US$100,000) for introduction of the new vaccine
1.2.4 Evaluation of Vaccine Management System
1.3 Injection Safety (INS)
1.3.1 Receipt of injection safety support
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

3.1 Up-dated immunization targets
3.2 Confirmed/revised request for new vaccine (to be shared with UNICEF Supply Division) for year 2009 and projections for 2010 and 2011
3.3 **Confirmed/revised request for injection safety support for the year 2009 and 2010**

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): **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?

Not Necessary to fill, as advised by the GAVI Review Report July 2004

1.1.1 Management of ISS Funds

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

Not Necessary to fill, as advised by the GAVI Review Report July 2004

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 _____**Nil**_____
Remaining funds (carry over) from 2006 ___**Nil**_____
Balance to be carried over to 2008 _____**Nil**_____

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 -**Hep B** **DTP-HepB-Hib****	**297042** **3465500**				
Injection supplies	**114160**				
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles	**42250***				
Cold chain equipment					
Other …… *(specify)*					
Total:	**3918952**				
Remaining funds for next year:					

**** Sri Lanka has introduced DTP-HepB-Hib in January 2008, received vaccine in latter part of 2007**

*** This was from the balance of US$ 100,000 received during the introduction of HepB- GAVI Phase I - 2005**

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.

Strengthening Vaccine storage /Transport facilities

(a) Central Level
Construction of the new central cold room complex was completed. All 10 cold rooms in the complex are functioning at optimum capacity. This help to save money by avoiding vaccine storage in private cold stores. These new cold rooms have increased nearly two fold vaccine storage capacity at central level, which is a good preparedness in the introductions of new vaccines planned into the national EPI.

Further steps have been taken to strengthen the central level vaccine delivery activities. New vaccine delivery vehicle was purchased under the GAVI US$ 100,000 received in phase I [2005]. This enhanced the vaccine delivery capacity and efficiency at the central level.

(b) District Level
Seventeen (17) cold rooms were installed at the Regional Medical Supply Divisions (including 8 Tsunami affected districts) to strengthen the cold store facility at the district level. Further it is planned to supply another 03 cold rooms to the Regional Medical Supply divisions, where at present cold room facilities are not available. UNICEF has expressed its willingness to fund this activity.
These new cold rooms will enhance vaccine storage capacity at district level, which is also a good preparedness in the introductions of new vaccines planned into the national EPI.

(c) Divisional Level
UNICEF has provided 350 data lodgers to monitor cold chain at divisional stations and necessary training on data lodger management for the divisional staff also has been given. Data lodgers were installed in all divisional level vaccine storage sites.

Strengthening Injection Safety Practices

The Government of Sri Lanka has taken a policy decision to introduce AD syringes for all immunizations in the country. Therefore, the Government of Sri Lanka has managed to procure the total requirement of EPI injection safety items for the country in 2007. The supply of injection safety items took place without any delay or interruption, even in the civil disturbed North and Eastern provinces.

Improving the quality of immunization Services
The World Bank funded 5 year (2005-2009) Health Sector Development Project with US$ 1.3 million has commenced in 2005 to improve the quality of immunization services in the country. The major component of this project is to improve the infrastructure and other logistic facilities to provide the immunization services, setting model immunization and child & mother well being clinics in all 285 health divisions and to the training of staff in EPI services. National level Immunization Quality Assessment survey was conducted in all districts except in the few in the conflict affected fareas and selected "best practicing immunization clinics" in each medical officer of health divisions. Under this project U$$ 208315 were spend to improve 244 selected "best practicing immunization clinics". This project will be continued for the next 2 years.
EPI data management software was developed.

UNICEF funded EPI reviews have been conducted in 21 districts jointly by the Epidemiology Unit and Family Health Bureau, MoH in 2007.

There is no significant problems encountered in implementing the cMYP activities.

1.1.3 Immunization Data Quality Audit (DQA)

Next* DQA scheduled for **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?

Not applicable

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

YES ☐ *NO* ☑

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

Not applicable

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

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

Not applicable

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?

In 2007, two ICC meetings were held in January and July. Both meetings were chaired by the Secretary of Health. High level Ministry officials including Director General of Health Services, International agencies (WHO, UNICEF, WB) and local NGOs are the members and their active participation and contribution in ICC is significant. **(The minutes are attached: Annex I)**

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)
HepB	**2 dose**	**335,000**	**2003**	**June/Nov 2007**
HepB	**10 dose**	**1030600**	**2003**	**June/Oct 2007**
DTP-HepB-Hib	**Single dose**	**870,800**	**January 2008**	**December 2007**

Please report on any problems encountered.

None

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.

With the approval of GAVI and MoH Epidemiology Unit has done all the necessary ground work including staff training, improve regional and divisional level cold chain facilities, distribution of vaccines and other logistics, AEFI surveillance and public propaganda activities in view of introducing DTP-HepB-Hib vaccine in to the national EPI programme.

Very high HepB coverage which Sri Lanka achieved over the past few years was maintained during this year too.

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

These funds were received on: US$ 100,000 received during the introduction of HepB in 2003 –GAVI Phase I

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

Sri Lanka has utilized this fund completely. Vaccine delivery vehicle was purchased in year 2007 by using part of this fund.

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

The last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) was conducted in **2007**

Please summarize the major recommendations from the EVSM/VMA

Pre shipment & Arrival procedures

1. **Standard VAR to be introduced for all vaccines.**
2. **WHO/V&B/05.23 version of the WHO Guidelines on international packaging and shipping of vaccines is to be referred[1].**
3. **Procure all vaccines with VVMs.**

Maintaining correct storage temperatures

1. **A multi channel electronic PC based temperature monitoring system is installed for the new cold storage facility equipment.**
2. **All thermo-sensors of cold and freezer rooms should be tested for accuracy using TinyTalk devices.**
3. **Recommended to transferred guidelines available for power cuts into a proper contingency plan and this plan to be rehears at least once a year.**

Building, equipment and transport

1. **Adequate shelving to be provided along the walls of the primary store for consumables and diluents.**

Effective stock management

1. **A computerized stock control system should be adopted.**
2. **All vaccines should be arranged in a way to promote EEFO principle.**

Reliable delivery to intermediate stores minimizing damage during distribution

1. **Taking into consideration that the longest journey for vaccine distribution in Sri Lanka takes not more than 6 hours, it is strongly recommended that the programme stops using frozen icepacks for vaccine distribution and introduces use of cool water packs (+2^{o}C to +8^{o}C).**
2. **Monitor vaccine temperature during transport using Tiny - Talk**

Standard Operating Procedures

1. **In order to ensure correct practices and BEP sustain quality it is highly recommended that routine procedures be translated into SOP format.**
2. **The new version of the Immunization Manual should be in line with recent WHO recommendations on vaccine management and store management training course.**

[1] *It should also be noted that this document is currently under revision and will be replaced with an updated version*

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.

1. **To introduce the standard VAR for all vaccines.**
2. **WHO/V&B/05.23 version of the WHO Guidelines on international packaging and shipping of vaccines is referred in future.**
3. **Reviewe the guidelines available for vaccine management in interruption of power supply and rehersal it periodically.**
4. **A multi channel electronic PC based temperature monitoring system is installed for the new cold storage facility equipment.**
5. **All thermo-sensors of cold and freezer rooms should be tested for accuracy using TinyTalk devices.**
6. **Introduce use of cool water packs (+2^{o}C to +8^{o}C).**
7. **The regular monitoring the temperatures during vaccine distribution using standard WHO study protocol.**
8. **A computerized stock control system should be adopted.**
9. **Assistant storekeeper is recommended to attend GTN/VM vaccine store management training course.**
10. **The new version of the Immunization Manual should be in line with recent WHO recommendations on vaccine management.**
11. **Introduce periodic physical verification of stocks;**

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

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 Syringers	**2,042,300**	**Feb & Nov 2007**

Please report on any problems encountered.

All injection safety items were received well on time, without any delay and in good condition. UNICEF support and coordination in this regard is appreciated.

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.

GAVI support for injection safety will be completely over from 2008. As requested by MoH Sri Lanka, GAVI continues to support partially in injection safety in 2007 as the final stage of Phase I of the new vaccine supply.

The Government of Sri Lanka has already taken a policy decision to ensure continued supply of injection safety items through Government funds for the entire EPI programme and in 2007, the MoH has purchased the balance Injection safety items, which were not covered by GAVI support.

The Government of Sri Lanka has already included a separate budget line for EPI expenses within the MoH budget from 2007 and this includes injection safety items too.

Medical Supply Division (MSD) of the MoH is responsible for the procurement and distribution of injection safety items, whereas Epidemiology Unit/MoH coordinates and monitors this activity to ensure the smooth functioning of the EPI programme in the country.

Please report how sharps waste is being disposed of.

One of the limitations in safe injection practice is the waste disposal. Yet there is no advanced system of waste disposal following immunization. Burning of immunization waste (filled safety boxes) in open pits is the common practice. However, there is a rigorous method of monitoring this process at field level, and possibility of unsafe waste disposal is very low.

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

The procurement of Injection safety items by MoH was delayed due to the lengthy tender procedures. This delay is largely due to technical evaluation of AD syringes, as MoH is much concerned on high quality products while it is in affordable cost.
However, this has not affected the EPI programme, as there was no shortage of injection safety items. Availability of buffer stocks and continued GAVI injection safety supply in 2007 are the reasons for the smooth management of injection safety logistics in the country.

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:

Not applicable

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
Expenditures by Category				
Vaccines		4,670,155	7,106,900	7,163,497
Injection supplies		922,944	586,788	600,266
Cold Chain equipment		1,790,610	65,545	58,897
Operational costs		2,620,270	1,996,610	1,955,724
Other (please specify)				
Financing by Source				
Government (incl. WB loans)	**Almost**			
GAVI Fund	**453452***	478,800*	5,116,411	3,394,022
UNICEF	**insignificant**	167,000		
WHO	**insignificant**	13,000		
Other (please specify)				
Total Expenditure	**9,764,756**	**9,973,369**	**15,617,242**	**15,282,373**
Total Financing				
Total Funding Gaps				

* Note: GAVI Phase I support for Hep B, DTP-HepB-Hib- cost not included

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$)

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**
	Actual	Planned	Planned	Planned
Co-financing amount (in US$ per dose)	**NA***	**NA**		
Government			**$0.30**	**$0.40**
Other sources (please specify)			**None**	**None**
Total Co-Financing (US$ per dose)			**$0.30**	**$0.40**

Sri Lanka has introduced DTP-HepB – Hib in January 2008

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

Not applicable.

For 2nd 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)	**NA**	**NA**	**NA**	**NA**
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.

Not applicable.

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			
Government Procurement- Other	√	**BCG, DTP, DT, TT, aTd, OPV, Measles, MR, Rubella, JE**	**Government of Sri Lanka**
UNICEF			
PAHO Revolving Fund			
Donations	√	**Hep B**	**GAVI**
Other (specify) **Co- Financing**	√	**DTP-HepB-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 2007
	(month/year)	(day/month)
	N/A	
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 Cost & Financing Analysis	**Yes**
Annual immunization plan	
Other	

Q. 4: What factors have slowed and/or hindered mobilization of resources for vaccine co-financing?
1. None
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.

1. In January 2007, Sri Lanka has submitted a NVS application to the GAVI and received conditional approval. In April 2007, Sri Lanka has submitted additional information requested by the GAVI review board.

It is important to note that in the January 2007 application, Sri Lanka expected to introduce the new vaccine (DTP-HepB-Hib) from 2007 itself , but it didn't work.

Therefore, in 2006 APR, Sri Lanka has revised its target assuming that GAVI NVS support would be available from 2008 and therefore introduction of the new vaccine would take effect from January 2008. Because of this adjustment, the number estimated and amount of co-finance given in NVS application in January 2007 was slightly differ from the estimates and co-finance given in both 2006 and 2007 APR.

2. In the APR before 2006 and cMYP, the survival infants were calculated based on stable IMR of 11.2/1000. However, in 2006 APR, a slight adjustment was made, based on the assumption that IMR which will decline gradually from 11.2/1000 in 2006 to 10.5/1000 in 2013. In this APR too the same adjustment was made as the previous year. Therefore, the baseline target will slightly differ from the previous APR [before 2006] and cMYP.

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	367,657	378,695	375,000	380,000	385,000	390,000	395,000	400,000		
Infants' deaths	3,886	4,545	4,162	4,180	4,196	4,212	4,226	4,240		
Surviving infants	363,771	374,150	370,838	375,820	380,804	385,788	390,774	395,760		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP (DTP1)*	349,413	348,968	370,838	375,820	380,804	385,788	390,774	395,760		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of DTP (DTP3)*	340,975	346,633	370,838	375,820	380,804	385,788	390,774	395,760		
NEW VACCINES **										
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with **1st dose** of DTP [**DTP-HepB-Hib from 2008]…….** *(new vaccine)*	338,059	370,838	370,838	375,820	380,804	385,788	390,774	395,760		
Infants vaccinated till 2007 (JRF) / to be vaccinated in 2008 and beyond with 3rd **dose** of…[**DTP-HepB-Hib from 2008]**…… *(new vaccine)*	330,374	370,838	370,838	375,820	380,804	385,788	390,774	395,760		
Wastage rate till 2007 and plan for 2008 beyond*** …[**DTP-HepB-Hib from 2008]**……. *(new vaccine)*	10%	10%	10%	10%	7.5%	5%	5%	5%		
INJECTION SAFETY****										
Pregnant women vaccinated / to be vaccinated with TT	339,759	345,840	375,000	380,000	385,000	390,000	395,000	400,000		
Infants vaccinated / to be vaccinated with BCG	352,869	374,918	370,838	375,820	380,804	385,788	390,774	395,760		
Infants vaccinated / to be vaccinated with Measles (1st dose)	352,859	364,227	370,838	375,820	380,804	385,788	390,774	395,760		

* 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.

There is No significant change of the amounts or presentation of the new vaccine of DTP-HepB-Hib introduced from 2008.

Please provide the Excel sheet for calculating vaccine request duly completed

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

Vaccine :	2008	2009	2010
Total doses required	1,564,351	1,199,533	1,215,232
Doses to be funded by GAVI	1,361,942	949,951	851,809
Doses to be funded by country	202,409	249,581	363,423
Country co-pay in US$/dose	0.43	0.63	0.83
Total co-pay (US$)	672,671	755,706	1.008,643
Country co finance as a %	12.94%	20.81%	29.91%

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

Note: A row is added to Table 6, to show country co finance as a percentage

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 a10 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

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)*	#	**380,804**	**385,788**
B	Number of doses per child (for TT: target of pregnant women)	#	**3**	**3**
C	Number of ….doses	A x B	**1,142,412**	**1,157,364**
D	AD syringes (+10% wastage)	C x 1.11	**1,268,077**	**1,284,674**
E	AD syringes buffer stock (*2)*	D x 0.25	**317,019**	**321,169**
F	Total AD syringes	D + E	**1,585,097**	**1,605,843**
G	Number of doses per vial	#	**1**	**1**
H	Vaccine wastage factor (*3)*	Either 2 or 1.6	**1**	**1**
I	Number of reconstitution syringes (+10% wastage) (4)	C x H X 1.11/G	**1,331,481**	**1,284,674**
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11/100	**32,374**	**32,085**

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.

Sri Lanka expected to introduce the new vaccine (DTP-HepB-Hib) from 2007, but it didn't work. Sri Lanka has managed to introduced DTP-HepB-Hib in January 2008. Therefore, in this APR too [like in the 2007 APR], Sri Lanka has revised its target accordingly Because of this adjustment, the estimated injection safety given in NVS application in January 2007 was slightly differ from the estimates given in this APR (Table 8).

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 2007.

Health Systems Support started in: _May 2008 _

Current Health Systems Support will end in: _May 2013_

Funds received in 2007:	Yes/No - No	
	If yes, date received: (dd/mm/yyyy)	
	If Yes, total amount:	US$ _____
Funds disbursed to date:		US$ __887,500
Balance of installment left:		US$ __887, 495

Requested amount to be disbursed for 2009 US$ __1,012,500

Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): ***Yes***
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.

The activities that are been scheduled for the first year of operation will be implemented.

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

Yes. Some components of the project will be implemented with participation of the civil societies at provincial and district levels. Plan is being developed.

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 (*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			
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	**Nil**	**Nil**	**To be requested later**

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 *(Add other indicators according to the HSS proposal)*						
Indicator	**Data Source**	**Baseline Value[2]**	**Source[3]**	**Date of Baseline**	**Target**	**Date for Target**
1. National DTP3 coverage (%)	Epidemiology unit	96%		2005	99%	2012
2. Number / % of districts achieving ≥80% DTP3 coverage	Epidemiology unit	25 (100%)		2005	100%	
3. Under five mortality rate (per 1000)	Registrar General Department	16/1000		2005	8/1000 11/1000	2015 2012
4.Infant Mortality rate	Epidemiological unit	11/1000 LB		2005	7/1000 LB 9/1000 LB	2015 2012
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.

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