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ཐོན་སྐྱོད།



ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
THIMPHU : BHUTAN

PO BOX 108

Date, 16.10.2003

File No.10(95)GAVI/EPI/B/2003/ 425

To
Dr. Tore Godal,
Executive Secretariat,
GAVI Secretariat,
UNICEF Palaid des National
CH-1211 Geneva 10.

RECEIVED ON

2 OCT 2003

GAVI Secrétariat

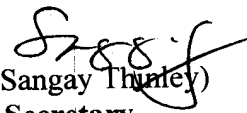
03/370

Dear Sir,

Kindly find herewith the 1st GAVI inception report of Bhutan for your kind perusal. The original report will be sent by pouched. We would like to apologise for the late submission of report.

With warm regards,

Yours Sincerely,


(Dr. Sangay Thuley)
Secretary.

Copy to:

The Secretariat, GAVI Regional Working Group, WHO, SEARO, New Delhi for kind Action.



Partnering with The Vaccine Fund

June 2003

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

COUNTRY: BHUTAN

Date of submission:

Reporting period: **Jan- December 2002.** (Information provided in this report **MUST** refer to the previous calendar year)

(Tick only one) :

- Inception report
- First annual progress report
- Second annual progress report
- Third annual progress report
- Fourth annual progress report
- Fifth annual progress report

1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

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.

No.

1.1.2 Use of Immunization Services Support

→ *In the past year, the following major areas of activities have been funded with the GAVI Vaccine Fund contribution.*

Funds received during the reporting year : 2002

Remaining funds (carry over) from the previous year : No.

Table 1 : Use of funds during reported calendar year : 2002

Area of Immunization Services Support	Total amount in US \$	Amount of funds		
		Central	PUBLIC SECTOR Region/State/Province	PRIVATE SECTOR & Other
Vaccines	-			
Injection supplies	-			
	-			

Maintenance and overheads	-			
Training	-			
IEC / social mobilization	-			
Outreach	-			
Supervision	-			
Monitoring and evaluation	-			
Epidemiological surveillance	-			
Vehicles	-			
Cold chain equipment	-			
Other	-			
Total:	-			
Remaining funds for next year:				

**If no information is available because of block grants, please indicate under 'other'.*

Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed.

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

The following were the main problem encountered in the multi year plan of action:

1. Due to the shortage of manpower, supervision & monitoring were not conducted periodically

The following activities were conducted to strengthen the immunization activities:

1. Around 170 health workers were trained on EPI mid level management training
2. From March 2003 for all hospitals Acute Flaccid Paralysis surveillance was started
3. The Adverse Following on Immunization (AEFI) were initiated for reporting & investigating on case based
4. The monthly integrated AFP, Maternal, Neonatal Tetanus & Measles reporting were initiated
5. In 2002 SNID were conducted in high-risk area & high-risk population groups in Nov. & December.

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Please attach the minutes of the ICC meeting where the plan of action for the DOA was discussed and endorsed by the ICC.

➔ ***Please list studies conducted regarding EPI issues during the last year (for example, coverage surveys, cold chain assessment, EPI review).***

1. 30 cluster EPI coverage survey was conducted in 2002
2. The EPI review was conducted in 2002
3. The Hib burden study was conducted in 2002

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

➔ ***Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.***

8350 Vials of 10 dose DPT-Hep. B combination vaccine was received in good condition.

.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

1. The training for health workers on EPI mid level management was initiated and further it will continue
2. The supervision & monitoring is the programme strategy & it will further strengthen
3. Due to the certain changes of immunization policy, the revised EPI policy will adopt to implement uniformly through out the country.
4. The DPT,Hep-B and Hib. Vaccine will be introduced with the prior approval of proposal by GAVI.
5. Phasing out of reusable syringe and introduce AD syringe by end of 2003

1.2.3 Use of GAVI/The Vaccine Fund financial support (US\$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US\$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Activities intended to be undertaken through the fund like incorporation of training requirement for introduction of new vaccines in mid level management was carried out utilising available support to strengthen the immunization services. Therefore, the 100,000 US\$ was invested in the Health Trust Fund, a mechanism which is in place to strengthen/fund immunization services in the near future.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

→ Please report on receipt of injection safety support provided by GAVI/IF, including problems encountered

<p>Injection safety support receiving for all vaccines.</p>

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

→ Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/IF support.

Indicators	Targets	Achievements	Constraints	Updated targets
A national policy on injection safety in EPI (including disposal of injection associated waste) is prepared	Dec.2002	The injection safety policy, which is incorporated with EPI mid level management training, is currently practice. Injection safety policy is part of the draft National EPI policy.	Injection safety assessment could not be done due to lack of technical capacity.	Injection safety assessment by Jan.2004. Finalization of EPI policy March 2004

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

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

The major area for immunization is funded by GAVI.	
1. DPT-Hep.B Combination vaccine.	1. Injection safety equipments
For year 2003 = US\$ 75,150	For year 2003 = US\$ 69,000
2004 = US\$ 57,600	2004 = US\$ 56,500

2. Financial sustainability

- Inception Report :** Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
Report progress on steps taken and update timetable for improving financial sustainability
Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.
- First Annual Report**
Append financial sustainability action plan and describe any progress to date.
Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator.
- Second Annual Progress Report :** Summarize progress made against the FSP strategic plan. Describe successes, difficulties and how challenges encountered were addressed. Include future planned action steps, their timing and persons responsible.
- Subsequent reports:** Report current values for indicators selected to monitor progress towards financial sustainability. Describe the reasons for the evolution of these indicators in relation to the baseline and previous year values.
Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the

FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on <http://www.gaviff.org> under FSP guidelines and annexes).

Highlight assistance needed from partners at local, regional and/or global level

WHO/GAVI is organising the training for financial sustainability early in 2004 and there will be Government participants from the Ministry of Finance & Health and Bhutan is due for submission for the plan in Nov. 2004.

3. Request for new and under-used vaccines for year (indicate forthcoming year)

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

3.1 Up-dated immunization targets

Confirm/update basic data (= surviving infants, DTP3 targets, New vaccination targets) approved with country application: revised Table 4 of approved application form.

DTP3 reported 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 (page 10). Targets for future years MUST be provided.

Table 2 : Baseline and annual targets

Number of	Baseline and targets							
	2000	2001	2002	2003	2004	2005	2006	2007
DENOMINATORS								
Births	-	23,827	24,423	25,033	25,659	26,301	26,958	27,632
Infants' deaths	-	1442	1478	1515	1552	1591	1631	1671
Surviving infants	-	22,386	22,945	23,519	24,107	24,710	25,327	25,961
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form	-	15,048	14,950	19,991	20,491	22,239	22,794	23,364
NEW VACCINES								
Infants vaccinated with _____* (use one row per new vaccine)	-	-	-	-	-	-	-	-
Wastage rate of ** (new vaccine)	-	-	-	-	-	-	-	-
INJECTION SAFETY								
Pregnant women vaccinated with TT	-	10,739	9275	21,847	22,392	24,302	24,910	26,147
Infants vaccinated with BCG	-	14,165	14,965	19,991	20,490	22,239	22,794	23,364
Infants vaccinated with Measles	-	13,317	13,950	19,991	20,490	22,239	22,794	23,364

* Indicate actual number of children vaccinated in past years and updated targets

** Indicate actual wastage rate obtained in past years

→ 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.

The immunization coverage figures reported in the WHO/UNICEF joint reporting form is calculated only 90% of the report completeness.

→ **3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2004...** (indicate forthcoming year)

→ Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

Only the approved consignment is shared with UNICEF supply Division.		
	2003	2004
AD syringes BCG	31,300	25,700
AD syringes for other vaccines	93,700	76,800
Re-constitution syringes for BCG	3,200	2,600
Re-constitution syringes for Measles	4,700	3,900
Nos. of safety Box	1,475	1,225
DPT-Hep.B vaccine	8350 Vials	6,400 Vials

Table 3: Estimated number of doses of vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

	For year: 2003	
Formula		Remarks

Table 3: Estimated number of doses of vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

	DPT-Hep.B	Formula	For year: 2003
A	Number of children to receive new vaccine		21,167
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		3
D	Number of doses	$A \times B / 100 \times C$	63,501
E	Estimated wastage factor	(see list in table 3)	1.33
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	84,456
G	Vaccines buffer stock	$F \times 0.25$	21,114
H	Anticipated vaccines in stock at start of year		83,500
I	Total vaccine doses requested	$F + G - H$	22,070
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	1115
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	2450
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	15

Remarks

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

Wastage of vaccines: The country would aim for a maximum of 25% for the first year with a plan to gradually reduce it to 15% by No maximum limits have been set for yellow fever vaccine in mult...

Buffer stock: The buffer stock for vaccines and AD syringes is added to the first stock of doses required to introduce the vaccine in a given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the following read: [F – number of doses (incl. wastage) received in previous year

Anticipated vaccines in stock at start of year.... : It is calculated by deducting the buffer stock received in previous years from the current year's vaccines in stock.

AD syringes: A wastage factor of 1.11 is applied to the total number of doses requested from the Fund, excluding the wastage of vaccines.

Reconstitution syringes: it applies only for lyophilized vaccines and other vaccines.

Safety boxes: A multiplying factor of 1.11 is applied to safety boxes where one box will be used for less than 100 syringes.

Table 4: Estimated number of doses of vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund

DPT-Hep.B	Formula	For year: 2004
A Number of children to receive new vaccine		21,696
B Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C Number of doses per child		3 doses
D Number of doses	$A \times B / 100 \times C$	3
E Estimated wastage factor	(see list in table 3)	1.33
F Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	86,567
G Vaccines buffer stock	$F \times 0.25$	21,642
H Anticipated vaccines in stock at start of year		64,000
I Total vaccine doses requested	$F + G - H$	44,209
J Number of doses per vial		10 doses
K Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	25,230
L Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	-
M Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	462

Remarks

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

Wastage of vaccines: The country would aim for a maximum of 25% for the first year with a plan to gradually reduce it to 15% by the second year. No maximum limits have been set for yellow fever vaccine in multivalent vaccines.

Buffer stock: The buffer stock for vaccines and AD syringes is set at 25% of the first stock of doses required to introduce the vaccine in a given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula to calculate the buffer stock is: $F - \text{number of doses (incl. wastage) received in previous year}$.

Anticipated vaccines in stock at start of year... ..: It is calculated by deducting the buffer stock received in previous years from the current year's buffer stock.

AD syringes: A wastage factor of 1.11 is applied to the total number of doses requested from the Fund, excluding the wastage of vaccines.

Reconstitution syringes: it applies only for lyophilized vaccines and other vaccines.

Safety boxes: A multiplying factor of 1.11 is applied to safety box areas where one box will be used for less than 100 syringes.

ed/revised request for injection safety support for the year (indicate forthcoming year)

Table 4: 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 4 to 8)

DPT-Hep.B		Formula	For year 2003	For year 200
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#	21,167	21,693
B	Number of doses per child (for TT woman)	#		3
C	Number of doses	A x B		65,088
D	AD syringes (+10% wastage)	C x 1.11		72,248
E	AD syringes buffer stock ²	D x 0.25		18,062
F	Total AD syringes	D + E		90310
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	
I	Number of reconstitution ³ syringes (+10% wastage)	C x H x 1.11 / G	-	
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	978	1002

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM	For the year 2003	For the year 2004
Total AD syringes		
for BCG		
for other vaccines		
Total of reconstitution syringes		
Total of safety boxes		

¹ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will 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. Write zero for other years.

³ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/ revised request for injection safety support for the year (indicate forthcoming year)

Table 5: 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 4 to 8)

BCG	Formula	For year 2003	For year 200
A Target of children for vaccination (for DPT-Hep.B : target of pregnant women) ⁷	#	23,519	24,107
B Number of doses per child (for DPT-Hep.B	#	1	
C Number of doses	A x B	23,519	
D AD syringes (+10% wastage)	C x 1.11	26,107	
E AD syringes buffer stock ⁸	D x 0.25	6527	
F Total AD syringes	D + E	32,634	
G Number of doses per vial	#	20	
H Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	
I Number of reconstitution ⁹ syringes (+10% wastage)	C x H x 1.11 / G	3128	
J Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	397	417

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM	For the year 2003	For the year 2004
Total AD syringes	31,300	25,700
for BCG		
for other vaccines	93,700	76,800
Total of reconstitution syringes	7,900	6,500
Total of safety boxes	1475	2123

⁷ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁸ 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. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/revised request for injection safety support for the year (indicate forthcoming year)
Table 6: 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 4 to 8)

BCG	Formula	For year 2003	For year 200
A Target of children for vaccination (for DPT-Hep.B : target of pregnant women) ⁷	#	23,519	24,107
B Number of doses per child (for DPT-Hep.B)	#	1	1
C Number of doses	A x B	23,519	
D AD syringes (+10% wastage)			
E AD syringes buffer stock ⁸	D x 0.25		
F Total AD syringes	D + E		
G Number of doses per vial	#		
H Vaccine wastage factor ⁴	Either 2 or 1.6	1.6	
I Number of reconstitution ⁹ syringes (+10% wastage)	-C x H x 1.11 / G	3128	
J Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	397	417

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM	For the year 2003		For the year 2004	
Total AD syringes	for BCG	31,300	25,700	
	for other vaccines	93,700	76,800	
Total of reconstitution syringes		7,900	6,500	
Total of safety boxes		1475	2123	

⁷ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

⁸ 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. Write zero for other years.

⁹ Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

3.3 Confirmed/ revised request for injection safety support for the year (indicate forthcoming year)

Table 7: 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 4 to 8)

Measles		Formula	For year 2003	For year 200
A	Target of children for .. . vaccination (for DPT-Hep.B : target of pregnant women) ¹⁰	#	23519	24,107
B	Number of doses per child (for DPT-Hep.B	#	1	1
C	Number of doses			
D	AD syringes (+10% wastage)	C x 1.11		
E	AD syringes buffer stock ¹¹	D x 0.25		
F	Total AD syringes	D + E		
G	Number of doses per vial	#		
H	Vaccine wastage factor ⁴	Either 2 or 1.6		
I	Number of reconstitution ¹² syringes (+10% wastage)	C x H x 1.11 / G		
J	Number of safety boxes (+10% of extra need)	(F + I) x 1.11 / 100	475	576

Table 5: Summary of total supplies for safety of vaccinations with BCG, DTP, TT and measles for the next two years.

ITEM	For the year 2003	For the year 2004
Total AD syringes	31,300	25,700
for BCG		
for other vaccines	93,700	76,800
Total of reconstitution syringes	7,900	6,500
Total of safety boxes	1475	2123

¹⁰ GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

¹¹ 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. Write zero for other years.

¹² Only for lyophilized vaccines. Write zero for other vaccines

⁴ Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

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

1. The vaccine wastage is calculated as 1.33 for both years, in Bhutan the wastage is very high due to difficult terrain, scattered population and limited. Number of children attending each immunization.

4. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/F support

Indicators	Targets	Achievements	Constraints	Updated targets
<ul style="list-style-type: none"> ➤ District Medical Officers, District Health Supervisory Officer & Programme Personnel were trained on training of trainers 	22 health personals trained	100%	Training duration needs to be extended from 6 to 7 days.	Dec. 2002

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	13.10.2003	For submission of report timing has been requested to GAVI board for further extension.

Form Requirement:	Completed	Comments
Date of submission	13.10.2003	For submission of report timing has been requested to GAVI board for further extension.
Reporting Period (consistent with previous calendar year) Table 1 filled-in		-
DQA reported on		So far, Data Quality has been not implemented
Reported on use of 100,000 US\$		Contributed to the Health Trust Fund.
Injection Safety Reported on		Assessment could not done due to lack of technical capacity.
FSP Reported on (progress against country FSP indicators) Table 2 filled-in		To be prepared in 2004
New Vaccine Request completed		No changes
Revised request for injection safety completed (where applicable)		-
ICC minutes attached to the report		Attached
Government signatures		
ICC endorsed		

6. Comments

→ *ICC comments:*

Any comments received from the GAVI secretariat should be shared with the members.

7. Signatures

FOR THE GOVERNMENT OF BHUTAN

Signature:
Title Chairman: Secretary, Ministry of Health.

Date: 16.10.2003

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI/The Vaccine Fund 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 have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Ministry of Health, Royal Government of Bhutan.	Dr. Sangay Thinley, Secretary.	16/10/03		Bhutan Broad Casting Service	Tshelthrim Dukar, HRD Officer	7/10/03	
Ministry of Health	Dr. Gado Tshering Director.			Youth Guidance and Counselling Division, Education Department, Ministry of Education.	Rinzin Wangmo Programme Officer	21/10/03	
Ministry of Finance, Royal Government of Bhutan.	Aum Yanki T Wangchuk, Secretary.			Multisectoral Task Force, Thimphu District	Dr. Tobgyal Wangchuk, Dy. Superintendent, JDWNR Hospital		
Ministry of Health	Dr. Dorji Wangchuk Director, DOPH			Ministry of Health, Chief Technical Advisor. DANIDA, JICA	Dr. Hedvig Pelle	15/10/03	
Ministry of Health	Pemba Wangchuk, Dy. Secretary, PPD.				Yasuyuki Mori, Resident Representative	20/10/03	
Bhutan Chamber of Commerce and Industry Planning Commission, Royal Government of Bhutan.	Tshering Dorji, Secretary General			WHO	Dr. Orapin Singhadej, Representative		
Health & Religion	Dorji Norbu Dy. Director			UNICEF	Dr. Hemlal Sharma Project Officer, Health & Nutrition.		
	Ugyen Penjor, Project Manager						

End ~