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GAVI

THE GLOBAL ALLIANCE FOR
VACCINES & IMMUNIZATION

Partnering with The Vaccine Fund

Progress Report

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

February 2004

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By the Government of

COUNTRY: BHUTAN

Date of submission:

January to December 2003.

Reporting period: (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

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.

**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

Bhutan

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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.

Not applicable

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 : 2003

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

Table 1 : Use of funds during reported calendar year : No ISS find given to Bhutan

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					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other. <i>(Specify)</i>					
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 activities been carried out to strengthen the immunization activities:

1. EPI, mid level Management Training were conducted for (120) primary health workers in the districts to improve the skills of health workers on immunization.
2. AFP surveillance was introduced to all hospitals on monthly and quarterly basis.
3. Supervision & monitoring were regularised to visits all the health centres at least twice in a year by District Health Supervisory Officer and the program personnel.

1.1.3 Immunization Data Quality Audit (DQA) (If it has been implemented in your country)

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

If yes, please attach the plan.

YES NO **Not applicable**

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

- 1st dose DPT-Hep.B combination vaccine were administered : 8612
- 3rd dose DPT-Hep.B combination vaccine were administered 5212

Please attach the minutes of the ICC meeting where the plan of action for the DQA 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).*

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

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

▶ Start of vaccinations with the new and under-used vaccine: Month ----- Year

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

The vaccine were received in good condition:

- 8350 vials of DPT-Hep.B Combination vaccine of 10 dose received on 30.7.2002
- 4630 vials of DPT-Hep.B Combination vaccine of 10 dose received on 10.2.2003

1.2.2 Major activities

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

1. Mid level Management training for health workers on vaccine and cold chain management, disease surveillance.
2. IEC for EPI- participatory EPI communication plan development workshop to develop a comprehensive national IEC plan.
3. Introduction of AEFI Surveillance system in the country
4. Rubella burden assessment

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.

1. Prior to the allocation of GAVI fund, Bhutan received donors supports to strengthen immunization services. Therefore, GAVI allocated 100,000US\$ was contributed to the Health Trust Fund. The major objective of Health Trust Fund is to ensure availability of vaccines and drugs to the Bhutanese people

1.3 Injection Safety

1.3.1 Receipt of injection safety support

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

- Injection safety support received for all vaccines for the year 2003: US \$ 69,000
- Injection safety support received for all vaccines for the year 2004: US \$ 43,000
- 74,000 0.5 ml AD syringes received on 30.12.02
- Safety box 650 nos. received on 30.12.02
- Reconstitute Syringes BCG 2 ml 16 00 nos.
- Reconstitute Syringes 5 ml 4700 Nos.
- BCG Syringes 0.01 ml 32,000 received on 19.9.03
- 0.5 ml AD syringes 48,000

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/VF 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 in the draft national EPI policy currently being finalised with EPI mid level management training manual has injection Safety policy & practice. All Mid level managers health workers have been trained on it		Assessment of injection safety practices by 2005
Introduction of AD syringes				

for all EPI vaccines	Dec. 2003	All health facilities use AD syringes for all inject- able vaccines		
Percentage of health facilities with one or more incidence of stock out of AD Syringes and /or safety boxes in a quarter	None	No assessment has been conducted on this		
Percentage of health facilities, disposing off injection associated wastage according to given procedures (Minimum 75% in 2003 and 100% in 2004	-	All the health facility were practicing safe disposal of injection wastes		

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:*

No cash grant received for injection safety

2. Financial sustainability

Inception Report :	Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.
First Annual Report :	<ul style="list-style-type: none">• Core groups for developing Financial Sustainability formed work plan The work plan of the core groups is attached. 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.
Second Annual Progress 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.
Subsequent reports:	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. 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.gavifit.org under FSP guidelines and annexes). Highlight assistance needed from partners at local, regional and/or global level

3. Request for new and under-used vaccines for year2005..... (indicate forthcoming year)

Section 3 is related to the request for new and under used vaccines and injection safety for the forthcoming year 2005

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	14,846	15,131	15,434	15,434
Infants' deaths		1442	1478	1515	898	915	934	940
Surviving infants		22,386	22,945	23,519	14,548	14,816	15,100	15,094
Infants vaccinated with DTP3 *								
Infants vaccinated with DTP3: administrative figure reported in the WHO/UNICEF Joint Reporting Form		15,048	14,950	8312				
NEW VACCINES								
Infants vaccinated with _____ * (use one row per new vaccine) DPT-Hep.B 3 combination				5212	13,820	13,334	14,345	14,339
Wastage rate of ** (new vaccine)								
INJECTION SAFETY								
Pregnant women vaccinated with TT		10,739	9275	12,200	14075	14,427	15,657	15,581
Infants vaccinated with BCG		14,165	14965	14023	14,864	14,816	15,100	15,094
Infants vaccinated with Measles		13,317	13,950	12,567	13,821	14075	14,345	14,339

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

** Indicate actual wastage rate obtained in past years

Note: Approximately 600 children were added in the column of the surviving infants ie for expatriates and visitors.

➔ 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 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 Combination vaccine	Formula	For year: 2005	Remarks
A	Number of children to receive new vaccine		* 14,816	<ul style="list-style-type: none"> ▪ 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 wastage 25% for the first year with a plan to gradually reduce it to 15% by the end of the year. No maximum limits have been set for yellow fever vaccine in multi-year introductions. ▪ 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 is: [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, <u>excluding</u> the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes in areas where one box will be used for less than 100 syringes
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	$A \times B / 100 \times C$	59,116	
E	Estimated wastage factor	(see list in table 3)	1.33	
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	59,116	
G	Vaccines buffer stock	$F \times 0.25$	14,779	
H	Anticipated vaccines in stock at start of year		-	
I	Total vaccine doses requested	$F + G - H$	73,895	
J	Number of doses per vial		10 doses	
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	82024	
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	-	
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	-	

Table 5: Estimated number of doses of vaccine (specify for one presentation only) : (Please repeat this table for any other vaccine presentation requested from
G.W The Vaccine Fund

	Measles	Formula	For year: 2005
A	Number of children to receive new vaccine		* 14,816
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%
C	Number of doses per child		1 doses
D	Number of doses	$A \times B / 100 \times C$	14,816
E	Estimated wastage factor	(see list in table 3)	1.33
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$	19,706
G	Vaccines buffer stock	$F \times 0.25$	4926
H	Anticipated vaccines in stock at start of year		-
I	Total vaccine doses requested	$F + G - H$	24,632
J	Number of doses per vial		10 doses
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	21,914
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	2734
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	Sufficient stock

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 wastage 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 multi-dose presentations.
- **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 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 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. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes in areas 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
G.W The Vaccine Fund

	BCG	Formula	For year: 2005	Remarks
A	Number of children to receive new vaccine		* 15,131	<ul style="list-style-type: none"> ▪ 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 wastage 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 multi-year introductions. ▪ Buffer stock: The buffer stock for vaccines and AD syringes is set at 10% 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 reads: [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, <u>excluding</u> the wastage of vaccines. ▪ Reconstitution syringes: it applies only for lyophilized vaccines. Write zero under other vaccines. ▪ Safety boxes: A multiplying factor of 1.11 is applied to safety boxes in areas where one box will be used for less than 100 syringes.
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%	100%	
C	Number of doses per child		1 doses	
D	Number of doses	$A \times B / 100 \times C$	15,131	
E	Estimated wastage factor	(see list in table 3)	1.33	
F	Number of doses (incl. wastage)	$A \times C \times E / B / 100$	20,124	
G	Vaccines buffer stock	$F \times 0.25$	5031	
H	Anticipated vaccines in stock at start of year		-	
I	Total vaccine doses requested	$F + G - H$	25,155	
J	Number of doses per vial		20 doses	
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$	22,380	
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$	1396	
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$	Sufficient stock	

- *Under one-year target population from 2004 onwards is calculated based on the current 2% population. Growth rate.*
- *Vaccine wastage is calculated at 25% only as permitted by the GAVI board. However, wastage is high due to the following reasons:*
- *Scattered population clinic attendance in the out reach clinic (454 nos) is approximately 4 to 5 children and this is the major strategy of reaching immunization in Bhutan.*
- *Open Vial Policy (VVM) introduced only in (hospital & BHUs) not in the out reach clinics. Hence wastage from open vials is unavoidable.*
- *We are trying to reach the most difficult to reach target of about 10-15% and to avoid missed opportunities, wastage is imminent.*

Therefore, ICC members requested to GAVI board to consider the vaccine wastage up to 40% for the combination vaccine or to provide smaller dose vials.

3.2 Confirmed/Revised request for new vaccine (to be shared with UNICEF Supply Division) for the year 2005..... (Indicate forthcoming year)

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

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

		Formula	For year: 2005	Remarks
A	Number of children to receive new vaccine		*	<ul style="list-style-type: none"> Phasing: Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided Wastage of vaccines: The country would aim for a maximum wastage rate of 25% for the first year with a plan to gradually reduce it to 15% by the third year. No maximum limits have been set for yellow fever vaccine in multi-dose vials. Buffer stock: 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 under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25. Anticipated vaccines in stock at start of year... ..: It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock. AD syringes: A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, <u>excluding</u> the wastage of vaccines. Reconstitution syringes: it applies only for lyophilized vaccines. Write zero for other vaccines. Safety boxes: A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	%		
C	Number of doses per child		3 doses	
D	Number of doses	$A \times B / 100 \times C$		
E	Estimated wastage factor	(see list in table 3)	1.11	
F	Number of doses (incl. wastage)	$A \times C \times E \times B / 100$		
G	Vaccines buffer stock	$F \times 0.25$		
H	Anticipated vaccines in stock at start of year			
I	Total vaccine doses requested	$F + G - H$		
J	Number of doses per vial		10 doses	
K	Number of AD syringes (+ 10% wastage)	$(D + G - H) \times 1.11$		
L	Reconstitution syringes (+ 10% wastage)	$I / J \times 1.11$		
M	Total of safety boxes (+ 10% of extra need)	$(K + L) / 100 \times 1.11$		

Table 3: 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

*Please report the same figure as in table 1.

3.3 Confirmed/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)

		Formula	For year 2005
A	Target of children for vaccination (for TT : target of pregnant women) ¹	#	15,427
B	Number of doses per child (for TT woman)	#	2
C	Number of doses	A x B	30,854
D	AD syringes (+10% wastage)	C x 1.11	34,248
E	AD syringes buffer stock ²	D x 0.25	8562
F	Total AD syringes	D + E	42,810
G	Number of doses per vial	#	10
H	Vaccine wastage factor ⁴	Either 2 or 1.6	1.6
I	Number of reconstitution ³ syringes (+10% wastage)	$C \times H \times 1.11 / G$	-
J	Number of safety boxes (+10% of extra need)	$(F + I) \times 1.11 / 100$	Sufficient stock

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 2004	For the year 2005
Total AD syringes	for BCG Received	22,380
	for other vaccines	64,724
Total of reconstitution syringes		4130
Total of safety boxes		Sufficient stock

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

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.

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/IF support

Indicators	Targets	Achievements	Constraints	Updated targets
Nos. of health workers trained on EPI mid level management training.	361	195	Shortage of fund	166

5. Checklist

Checklist of completed form:

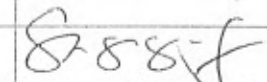

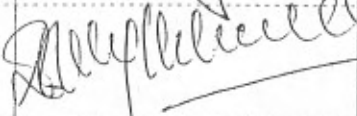
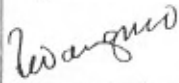
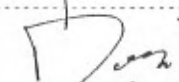

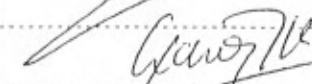
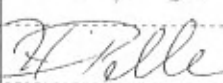
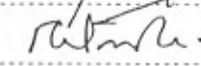

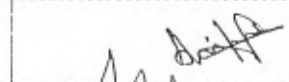
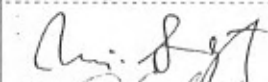

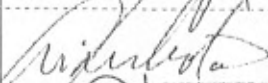

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	Yes	
Table 1 filled-in	Yes	
DQA reported on		Not applicable
Reported on use of 100,000 US\$		Contributed to the health trust fund.
Injection Safety Reported on		AD syringes were used for all EPI vaccines
FSP Reported on (progress against country FSP indicators)		Core group's member's forum to develop the FSP Plan
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	Yes	
Government signatures	Yes	
ICC endorsed	Yes	

6. Comments

→ ICC comments:

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

- In accuracy of the target population.
- Key personnel in Ministry of Health, Ministry of Finance (DADM & National Budget & Accounts) should be given familiarization training on GAVI objectives and processes so they understand their roles & responsibilities better.

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Ministry of Health, Royal Government of Bhutan.	Dr. Sangay Thinley, Secretary.	8/8/87		Bhutan Broad Casting Service	Tsheltrim Dukar HRD Officer		
Ministry of Health	Dr. Gado Tshering Director.			Youth Guidance and Counselling Division, Education Department, Ministry of Education.	Ms. Rinzin Wangmo Program Officer		
Ministry of Finance, Royal Government of Bhutan.	Mr. Nima Wangdi			Multisectoral Task Force, Thimphu District	Dr. Tobgyal Wangchuk, Dy. Superintendent, JDWNR Hospital		
Ministry of Health	Dr. Dorji Wangchuk, Director, DOPH			Health & Religion	Ugyen Penjor, Project Manager		
Ministry of Health	Pemba Wangchuk, Dy. Secretary, PPD.			DANIDA	Dr. Hedrig Pelle, Chief Technical Advisor.		
Bhutan Chamber of Commerce and Industry.	Tshering Dorji, Secretary General			JICA	Mr. Mitsukuni Sugimoto, Resident Representative		
Planning Commission, Royal Government of Bhutan	Dorji Norbu Joint Director			WHO	Dr. Ei Kubota, Representative		
				UNICEF	Dr. Hemlal Sharma Project Officer, Health & Nutrition.		

~ End ~

Bhutan

Agency/Organisation	Name/Title	Date	Signature	Agency/Organisation	Name/Title	Date	Signature
Ministry of Health, Royal Government of Bhutan	Dr. Jigme Singay Minister Secretary	28/5/87	[Signature]	Blumenfeld Camp Service	Edeltraud Dinkler ERD Officer		[Signature]
Ministry of Health	Dr. Ginko Tshering Director		[Signature]	Youth Guidance and Counselling Division, Education Department, Ministry of Education	Ed. Kuzin Wamphos Program Officer		[Signature]
Ministry of Finance, Royal Government of Bhutan	Mr. Hnam Wunpho		[Signature]	Abellectoral Task Force, Thimphu District	Dr. Tshelal Wangchuk Dr. Supornkhandep JHWPH Hospital		[Signature]
Ministry of Health	Dr. Deep Wangchuk Director DCH		[Signature]	Health & Religion	Ngawa Penpai, Project Manager		[Signature]
Ministry of Health	Yendo Wangchuk Dr. Secretary, PPD		[Signature]	DANIDA	Dr. Heshay Palle, Chief Technical Advisor		[Signature]
Ministry of Health	Tshering Dorji, Secretary General		[Signature]	JICA	Ed. Misarlum Suprasitvan Resident Representative		[Signature]
Minister Chamber of Commerce and Industry, Planning Commission, Royal Government of Bhutan	Devi Dorjee Joint Director		[Signature]	WHO	Dr. Sa Kubota Representative		[Signature]
				OSHC	Dr. Hengul Sharma Project Head Health & Nutrition		[Signature]