# Annual Progress Report 2008

Submitted by

# The Government of

[BHUTAN]

Reporting on year: __2008__

Requesting for support year: _2009/2010_

Date of submission: _____

**Deadline for submission: 15 May 2009**

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: **apr@gavialliance.org**

and any hard copy could be sent to :

**GAVI Alliance Secrétariat,**
**Chemin de Mines 2.**
**CH 1202 Geneva,**
**Switzerland**

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

## Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*Name of Country*]……**BHUTAN…**……

**Minister of Health:**
Dr. Gado Tshering
Title: Secretary…

Signature: ……

Date: ……

**Gross National Happiness Commission:**
Mr. Karma Tshiteem
Title: Secretary ……

Signature: ……

Date: ……

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## ICC Signatures Page

*If the country is reporting on ISS, INS, NVS support*

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 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 |
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*Comments from partners:*
*You may wish to send informal comments to: apr@gavialliance.org*
*All comments will be treated confidentially*

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As this report been reviewed by the GAVI core RWG: y/n

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## HSCC Signatures Page

*If the country is reporting on HSS, CSO support*

We, the undersigned members of the National Health Sector Coordinating Committee, …… (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

| Name/Title | Agency/Organisation | Signature | Date |
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*Comments from partners:*
*You may wish to send informal comment to: apr@gavialliance.org*
*All comments will be treated confidentially*

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# Annual Progress Report 2008: Table of Contents

*This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.*



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

**Table A: Latest baseline and annual targets** (*From the most recent submissions to GAVI)*

| Number | | Achievements as per JRF | Targets | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| Births | | 14123 | 14791 | 15046 | 15306 | 15571 | 15840 | 16114 | 16393 |
| Infants' deaths | | 40/1000 | 40/1000 | 40/1000 | 40/1000 | 40/1000 | 25/1000 | 25/1000 | 25/1000 |
| Surviving infants | | 13580 | 14199 | 14444 | 14694 | 14948 | 15444 | 15711 | 15983 |
| Pregnant women | | 13580 | 14791 | 15046 | 15306 | 15571 | 15840 | 16114 | 16393 |
| Target population vaccinated with BCG | | 13543 | 14643 | 14896 | 15153 | 15415 | 15681 | 15953 | 16229 |
| BCG coverage* | | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| Target population vaccinated with OPV3 | | 13091 | 13631 | 13866 | 14106 | 14903 | 15161 | 15424 | 15424 |
| OPV3 coverage** | | 96 | 96 | 96 | 96 | 96.5 | 96.5 | 96.5 | 96.5 |
| Target population vaccinated with DTP (DTP3)*** | | 13072 | 13631 | 13866 | 14106 | 14903 | 15161 | 15424 | 15424 |
| DTP3 coverage** | | 96 | 96 | 96 | 96 | 96.5 | 96.5 | 96.5 | 96.5 |
| Target population vaccinated with DTP (DTP1)*** | | 13066 | 13773 | 14010 | 14253 | 14574 | 15058 | 15318 | 15583 |
| Wastage[1] rate in base-year and planned thereafter | | 1.2 | 2.5 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 |
| **Duplicate these rows as many times as the number of new vaccines requested** | | | | | | | | | |
| Target population vaccinated with **3rd dose** of pentavalent…….. | | | 13631 | 13866 | 14106 | 14903 | 15161 | 15424 | 15424 |
| …3rd dose pentavalent Coverage** | | | 96 | 96 | 96 | 96.5 | 96.5 | 96.5 | 96.5 |
| Target population vaccinated with **1st dose** of pentavalent | | | 13773 | 14010 | 14253 | 14574 | 15058 | 15318 | 15583 |
| Wastage[1] rate in base-year and planned thereafter | | | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 |
| Target population vaccinated with **1st dose** of Measles | | 13629 | 13915 | 14155 | 14400 | 14649 | 15135 | 15396 | 15663 |
| Target population vaccinated with **2nd dose** of Measles | | 6274 | 12779 | 13144 | 13518 | 13935 | 14672 | 14925 | 15183 |
| Measles coverage** | | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| Pregnant women vaccinated with TT+ | | 11095 | 12720 | 12940 | 13316 | 13702 | 14098 | 14503 | 14754 |
| TT+ coverage**** | | 82 | 85 | 86 | 87 | 88 | 89 | 90 | 90 |
| Vit A supplement | Mothers (<6 weeks from delivery) | | | | | | | | |
| | Infants (>6 months) | | | | | | | | |
| Annual DTP Drop out rate [( DTP1-DTP3)/DTP1] x100 | | .04 | 1.03 | 1.03 | 1.03 | 1.17 | 1.03 | 1.03 | 1.02 |
| Annual Measles Drop out rate (for countries applying for YF) | | | | | | | | | |

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined

[1] The formula to calculate a vaccine wastage rate (in percentage): [ ( A – B ) / A ] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

## Table B: Updated baseline and annual targets

| Number | Achievements as per JRF | Targets | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
| Births | 14123 | 14791 | 15046 | 15306 | 15571 | 15840 | 16114 | 16393 |
| Infants' deaths | 40/1000 | 40/1000 | 40/1000 | 40/1000 | 40/1000 | 25/1000 | 25/1000 | 25/1000 |
| Surviving infants | 13580 | 14199 | 14444 | 14694 | 14948 | 15444 | 15711 | 15983 |
| Pregnant women | 13580 | 14791 | 15046 | 15306 | 15571 | 15840 | 16114 | 16393 |
| Target population vaccinated with BCG | 13543 | 14643 | 14896 | 15153 | 15415 | 15681 | 15953 | 16229 |
| BCG coverage* | 99 | 99 | 99 | 99 | 99 | 99 | 99 | 99 |
| Target population vaccinated with OPV3 | 13091 | 13631 | 13866 | 14106 | 14903 | 15161 | 15424 | |
| OPV3 coverage** | 96 | 96 | 96 | 96 | 96.5 | 96.5 | 96.5 | 96.5 |
| Target population vaccinated with DTP (DTP3)*** | 13072 | 13631 | 13866 | 14106 | 14903 | 15161 | 15424 | 15424 |
| DTP3 coverage** | 96 | 96 | 96 | 96 | 96.5 | 96.5 | 96.5 | 96.5 |
| Target population vaccinated with DTP (DTP1)*** | 13066 | 13773 | 14010 | 14253 | 14574 | 15058 | 15318 | 15583 |
| Wastage[2] rate in base-year and planned thereafter | 1.2 | 2.5 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 |
| **Duplicate these rows as many times as the number of new vaccines requested** | | | | | | | | |
| Target population vaccinated with **3rd dose** of pentavalent …… | | 13631 | 13866 | 14106 | 14903 | 15161 | 15424 | 15424 |
| …3rd dose of pentavalent Coverage** | | 96 | 96 | 96 | 96.5 | 96.5 | 96.5 | 96.5 |
| Target population vaccinated with **1st dose** of …….. | | 13773 | 14010 | 14253 | 14574 | 15058 | 15318 | 15583 |
| Wastage[1] rate in base-year and planned thereafter | | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 |
| Target population vaccinated with **1st dose** of Measles | 13629 | 13915 | 14155 | 14400 | 14649 | 15135 | 15396 | 15663 |
| Target population vaccinated with **2nd dose** of Measles | 6274 | 12779 | 13144 | 13518 | 13935 | 14672 | 14925 | 15183 |
| Measles coverage** | 98 | 98 | 98 | 98 | 98 | 98 | 98 | 98 |
| Pregnant women vaccinated with TT+ | 11095 | 12720 | 12940 | 13316 | 13702 | 14098 | 14503 | 14754 |
| TT+ coverage**** | 82 | 85 | 86 | 87 | 88 | 89 | 90 | 90 |
| Vit A supplement | | | | | | | | |
| Annual DTP Drop out rate [( DTP1-DTP3)/DTP1] x100 | .04 | 1.03 | 1.03 | 1.03 | 1.17 | 1.03 | 1.03 | 1.02 |
| Annual Measles Drop out rate (for countries applying for YF) | | | | | | | | |

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of surviving infants
*** Indicate total number of children vaccinated with either DTP alone or combined
**** Number of pregnant women vaccinated with TT+ out of total pregnant women

The formula to calculate a vaccine wastage rate (in percentage): [ ( A – B ) / A ] x 100. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

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

### 1.2.1. Receipt of new and under-used vaccines during 2008

*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)*

Two dose liquid DTP-HepB vaccine continued to be used in 2008 as well.

*Dates shipments were received in 2008.*

| Vaccine | Vials size | Total number of Doses | Date of Introduction | Date shipments received (2008) |
|---|---|---|---|---|
| **Liquid DTp_HepB** | **2 dose** | **28700** | | **6/3/2008** |
| **Liquid DTP-HepB** | **2 dose** | **28700** | | **6/3/2008** |

*Please report on any problems encountered.*

[No problems encountered]

### 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.*

In 2008, the major activity was focused on improving the immunization service qualities at all level of health facilities. The capacity building of incharges of basic health units and MCH incharges was initiated in 2007, and in 2008, 85 health workers from BHUs and hospitals were trained on Revised EPI manual. The main objective of the training was to enhance the capacity of health workers in vaccine logistics and management, cold chain equipment maintenance, surveillance, supervision and monitoring and reporting and investigation of VPDs.

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

These funds were received on: *[30/01/2009]*

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

| Year | Amount in US$ | Date received | Balance remaining in US$ | Activities | List of problems |
|---|---|---|---|---|---|
| January 2009 | 99997 | 30/1/2009 | | | |
| | | | | | |

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

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *[mm/yyyy]*

*If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.*

| |
|---|
| [EVSM was not conducted in 2008, it has been planned in 2009 through UNICEF support] |

Was an action plan prepared following the EVSM/VMA? Yes/No✓

*If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.*

| |
|---|
| [List main activities] |

When will the next EVSM/VMA* be conducted? *[second quarter /2009]*

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

**Table 1.2**

| | |
|---|---|
| **Vaccine 1: .....** | |
| **Anticipated stock on 1 January 2010** | **22,600** |
| **Vaccine 2: .....** | |
| **Anticipated stock on 1 January 2010** | **.....** |
| **Vaccine 3: .....** | |
| **Anticipated stock on 1 January 2010** | **.....** |

### 1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

*If support has ended, please report how injection safety supplies are funded.*

As of now the injection safety supplies for immunization are being met through JCV and GAVI NVI support along with the support to procure vaccines. Injection safety equipments for use for other purposes are procured by Drug Vaccines and Equipment Division (DVED) and is funded by Royal Government of Bhutan. Procurement of injection equipments are done only at the central therefore the uniformity and standards are maintained.

*Please report how sharps waste is being disposed of.*

Standard protocol for disposal of sharps exists in "Guideline for infection control and Health Care waste management in health facilities, 3rd Edition 2006 developed by Department of Medical Services, Ministry of Health, Thimphu, Bhutan. Safety boxes are supplied to all the health facilities and also to the out reach clinics. Usually from the outreach clinics, the sharp wastes are collected in the safety boxes are brought back to basic health unit or to the hospitals where they are burned and in some case incinerated. Due to lack of space, burial is not a common practice.

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

No major problems encountered except for the underutilization of steam sterilization after the implementation of Ad syringes for immunization and disposable syringes for therapeutic purposes. Guideline for infection control and Health Care waste management in health facilities have standardized the safe injection and waste disposal practices in all the health facilities'.

### 1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (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:*

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

*No cash support received for the injection safety in 2008*

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

**Table 2.1: Overall Expenditures and Financing for Immunization**

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

| | Reporting Year 2008 | Reporting Year + 1 | Reporting Year + 2 |
|---|---|---|---|
| | Expenditures | Budgeted | Budgeted |
| ***Expenditures by Category*** | | | |
| Traditional Vaccines | 95460 | 98000 | |
| New Vaccines | 91680 | 119758 | |
| Injection supplies | 26734.95 | 13875 | |
| Cold Chain equipment | 15000 | 21398 | |
| Operational costs | 69500 | 86532 | |
| Other (please specify) | | | |
| | | | |
| **Total EPI** | 0.27 million | | |
| **Total Government Health** | 1.4 million* | 1170912* | |

** source Accounts and Finance Division, Ministry of health for fiscal year 07-08.*

| **Exchange rate used** | |
|---|---|

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 next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

There was not much variation in the immunization cost for the year 2008 compared to 2007. The major source for immunization financing remains RGoB, UNICEF, WHO, GAVI, JICA, JCV and BHTF. And 58% of the total immunization costs are born by RGoB. With the introduction of pentavalent in 2009, the cost of immunization will rise up especially in terms of cold chain equipment and logistics requirements such as vehicles. At present the existing cold chain space is considered sufficient to meet the demand of pentavalent introduction; further, the current state of cold chain equipment is deemed satisfactory. However, there is need to carry out systematic replacement of refrigerators and freezers and vehicles as many of these are more than 10 years of age. It is expected that over the years there will be slight increase in the cost especially during the year of introduction of new vaccines. The major sources of "probable" funding are GAVI and UNICEF (cMYP), along with other development partners, although the funding from UNICEF is on annual basis. Bhutan Health Trust Fund remains an important source for vaccine procurement, however, advocacy on partner support needs to continue till the BHTF matures to gain financial self sustainability. Royal government of Bhutan will be the secured source for immunization. Other option of dealing with fund risks are by accelerating the potential improvements in programme efficiency – reduction in wastage rate and exploring various additional funding sources such as development loans. Although possibility of reducing the open vial wastage is low due to small target population, larger vial size, nature and frequency of sessions conducted, efforts to reduce unopened vial wastage (due to expiry and freezing) are being carried out through continued training of the health in charges and through periodic wastage monitoring. Vaccine wastage due to freezing and expiry certainly has reduced in 2008 as compared to 2007.

**Future Country Co-Financing (in US$)**

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ….)

**Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)**

| *1st vaccine: Single dose liquid pentavalent* | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|
| Co-financing level per dose | | 0.2 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 |
| Number of vaccine doses | # | 63045 | 51530 | 52755 | 54644 | 55379 | 56337 |
| Number of AD syringes | # | 60649 | 47705 | 48852 | 50627 | 51269 | 52156 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 673 | 530 | 542 | 562 | 569 | 579 |
| **Total value to be co-financed by country** | **$** | 12609 | 15459 | 15827 | 16393 | 16614 | 16901 |

**Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)**

| *2nd vaccine:……* | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|
| Co-financing level per dose | | | | | | | |
| Number of vaccine doses | # | | | | | | |
| Number of AD syringes | # | | | | | | |
| Number of re-constitution syringes | # | | | | | | |
| Number of safety boxes | # | | | | | | |
| **Total value to be co-financed by country** | **$** | | | | | | |

**Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)**

| *3rd vaccine:……* | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|
| Co-financing level per dose | | | | | | | |
| Number of vaccine doses | # | | | | | | |
| Number of AD syringes | # | | | | | | |
| Number of re-constitution syringes | # | | | | | | |
| Number of safety boxes | # | | | | | | |
| **Total value to be co-financed by country** | **$** | | | | | | |

**Table 2.3: Country Co-Financing in the Reporting Year (2008)**

| **Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?** | | | |
|---|---|---|---|
| **Schedule of Co-Financing Payments** | Planned Payment Schedule in Reporting Year | Actual Payments Date in Reporting Year | Proposed Payment Date for Next Year |
| | (month/year) | (day/month) | |
| 1st Awarded Vaccine (specify) | January 2009 | July 2009 | Feb. 2010 |
| 2nd Awarded Vaccine (specify) | | | |
| 3rd Awarded Vaccine (specify) | | | |

| **Q. 2: How Much did you co-finance?** | | |
|---|---|---|
| **Co-Financed Payments** | Total Amount in US$ | Total Amount in Doses |
| 1st Awarded Vaccine (specify) | | |
| 2nd Awarded Vaccine (specify) | | |
| 3rd Awarded Vaccine (specify) | | |

| **Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?** |
|---|
| **1.** |
| **2.** |
| **3.** |
| **4.** |

If the country is in default please describe and explain the steps the country is planning to come out of default.

| |
|---|
| No default |

## 3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

### 3.1. Up-dated immunization targets

*Please provide justification and reasons for 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.*

*Are there changes between table A and B? Yes/no No.*

*If there are changes, please describe the reasons and justification for those changes below:*

Provide justification for any changes ***in births**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in surviving infants**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in Targets by vaccine**:*

_____
_____
_____
_____
_____

*Provide justification for any changes **in Wastage by vaccine**:*

_____
_____
_____
_____
_____

**Vaccine 1:** ***Single dose liquid pentavalent vaccine*****.....**

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

***(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; .....)***

**Table 3.1: Specifications of vaccinations with new vaccine**

| | *Use data in:* | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|---|
| Number of children to be vaccinated with the third dose | *Table B* | # | 13866 | 14106 | 14425 | 14904 | 15162 | 15424 |
| Target immunization coverage with the third dose | *Table B* | # | 96% | 96% | 96.5% | 96.5% | 96.5% | 96.5% |
| Number of children to be vaccinated with the first dose | *Table B* | # | 14010 | 14253 | 14574 | 15058 | 15318 | 15583 |
| Estimated vaccine wastage factor | *Excel sheet Table E - tab 5* | # | 1.18 | 1.18 | 1.18 | 1.18 | 1.18 | 1.18 |
| Country co-financing per dose * | *Excel sheet Table D - tab 4* | $ | 0.2 | 0.3 | 0.3 | 0.3 | 0.3 | 0.3 |

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

**Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)**

| | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|
| Number of vaccine doses | # | 59243 | 46560 | 47315 | 47526 | 47471 | 47749 |
| Number of AD syringes | # | 56991 | 43105 | 43814 | 44032 | 43948 | 44205 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 633 | 478 | 486 | 489 | 488 | 491 |
| **Total value to be co-financed by GAVI** | **$** | 196452 | 144844 | 137634 | 109450 | 99731 | 93965 |

**Vaccine 2: .....**

*Same procedure as above (table 3.1 and 3.2)*

### Table 3.3: Specifications of vaccinations with new vaccine

| | *Use data in:* | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|---|
| Number of children to be vaccinated with the third dose | *Table B* | # | | | | | | |
| Target immunisation coverage with the third dose | *Table B* | # | | | | | | |
| Number of children to be vaccinated with the first dose | *Table B* | # | | | | | | |
| Estimated vaccine wastage factor | *Excel sheet Table E - tab 5* | # | | | | | | |
| Country co-financing per dose * | *Excel sheet Table D - tab 4* | $ | | | | | | |

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

### Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

| | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|
| Number of vaccine doses | # | | | | | | |
| Number of AD syringes | # | | | | | | |
| Number of re-constitution syringes | # | | | | | | |
| Number of safety boxes | # | | | | | | |
| **Total value to be co-financed by GAVI** | **$** | | | | | | |

**Vaccine 3: .....**

*Same procedure as above (table 3.1 and 3.2)*

### Table 3.5: Specifications of vaccinations with new vaccine

| | *Use data in:* | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|---|
| Number of children to be vaccinated with the third dose | *Table B* | # | | | | | | |
| Target immunisation coverage with the third dose | *Table B* | # | | | | | | |
| Number of children to be vaccinated with the first dose | *Table B* | # | | | | | | |
| Estimated vaccine wastage factor | *Excel sheet Table E - tab 5* | # | | | | | | |
| Country co-financing per dose * | *Excel sheet Table D - tab 4* | $ | | | | | | |

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

### Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

| | | **2010** | **2011** | **2012** | **2013** | **2014** | **2015** |
|---|---|---|---|---|---|---|---|
| Number of vaccine doses | # | | | | | | |
| Number of AD syringes | # | | | | | | |
| Number of re-constitution syringes | # | | | | | | |
| Number of safety boxes | # | | | | | | |
| **Total value to be co-financed by GAVI** | **$** | | | | | | |

## 4. Health Systems Strengthening (HSS)

**Instructions for reporting on HSS funds received**

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

### 4.1 Information relating to this report:

a) Fiscal year runs from ……June(month) to July….(month).

b) This HSS report covers the period from …Feb 2008..(month/year) to Feb 2009 ..(month year)

c) Duration of current National Health Plan is from …June 2009..(month/year) to …July 2013….(month/year).

d) Duration of the immunisation cMYP: 2009-2013

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: '*This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

| Name | Organisation | Role played in report submission | Contact email and telephone number |
|---|---|---|---|
| **Government focal point to contact for any clarifications** | | | |
| **Sangay Wangmo, Planning Officer,**<br>**.** | **Policy and Planning Division Ministry of Health.**<br>**Thimphu Bhutan** | Fund dispersement.<br>Activity coordination<br>Supervised and monitored the implementation.<br>Report compiled. | swangmo@health.gov.bt |
| **Other partners and contacts who took part in putting this report together** | | | |
| **Tshewang Tamang** | **Program Officer, VPDP**<br>**DoPH. Ministry of Health.** | Activity coordination<br>Supervised and monitored the implementation.<br>Report compiled. | t_tamang@hotmail.com |
| | | | |

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO´s own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

Source of information is from the implementing agents and the status of the implementation was updated through periodic meetings with stakeholders whereby the administrative and financial information were verified. The expenditure details were certified by the accounts section of the ministry.

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

We did not face much difficulty in putting up this report.

**4.2 Overall support breakdown financially**

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

| | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
|---|---|---|---|---|---|---|
| Amount of funds approved | | 37500 | 38400 | 40000 | 37000 | 40800 |
| Date the funds arrived | | 04/06/08 | | | | |
| Amount spent | | 32500 | | | | |
| Balance | | 5000 | | | | |
| Amount requested | | 37500 | | | | |

Amount spent in 2008: 32500
Remaining balance from total:5000

*Table 4.3 note:* This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

| Table 4.3 HSS Activities in reporting year (ie. 2008) | | | | | | |
|---|---|---|---|---|---|---|
| **Major Activities** | **Planned Activity for reporting year** | **Report on progress[3] (% achievement)** | **Available GAVI HSS resources for the reporting year (2008)** | **Expenditure of GAVI HSS in reporting year (2008)** | **Carried forward (balance) into 2009)** | **Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements** |
| **Objective 1:** | To ensure the Royal Institute of Health Sciences has the capacity to use the revised curriculum for maternal and child health best practices, for all pre-service training by end of 2010. | | | | | |
| Activity 1.2: | Purchase teaching learning aids and models for RIHS and district training centre | Procurement process completed and supply order placed. Advance payment made. Supplies coming in MAY<br>**90% progress.** | $10,000 | $10000 | - | |
| Activity 1.3 | Purchase of Audio Visual material for | Procurement process completed and supply order placed. Advance | $5,000 | $5000 | | |

[3] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

| | | | | | | |
|---|---|---|---|---|---|---|
| | training | payment made. Supplies coming in May<br>**90% progress** | | | | |
| Activity 1.4 | Send faculty for training on educational technology and pedagogy | Three faculties trained on facilitation skills for development in Bangkok, Thailand.<br>**100% progress** | $10,000 | $10000 | | |
| **Objective 2:** | To establish a continuing education system that delivers standardized training on MCH and PHC best practices by end of 2012 for > 50% of targeted health workers | | | | | |
| Activity 2.1: | Recruit a consultant to develop the systematic Continuing Education (CE) model | The Bhutan Medical and Health Council of the Ministry have developed the CE model in consultation with the Human Resource Division and other relevant | $5,000 | 0000 | $5000 | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | stakeholders. Hence we didn't recruit a consultant.<br>However, Ministry is in the process of developing National Health Policy and we propose to use this money to support this activity in 2009.<br>**100% progress** | | | | |
| Activity 2.2: | Purchase hardware and software required to establish a data base mechanism for systematic CE | Procured one high tech computer and two ordinary computers fro for Human Resource Division.<br>**100% progress.** | $5,000 | $5000 | | |
| **Objective 3:** | To pilot a low-cost intervention targeting village health workers of five districts to increase the percentage of institutional deliveries at medical institutions, with appropriate | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | referral facilities, by 10% from the 2007 level, by the end of 2010 | | | | | |
| Activity 3.1: | Revise the training module for Village Health Workers | Village health workers program has revised the module and it's been sent for printing.<br>**100% progress.** | $2500 | $2500 | | |
| **Support Functions** | | | | | | |
| Management | Policy and Planning Division coordinated the implementation of the activities. Conducted meetings with the implementers like Royal Institute of Health Sciences, Human Resource Division, Village Health workers program, EPI program manager and Reproductive Health Program and decided on how to implement the activities planned for 2008. Accordingly we have developed a work plan to implement the activities as | We have been meeting these costs from the regular budget from Government. | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | attached. The progresses on the implementation of the HSS activities were presented to the PCM members. | | | | | |
| M&E | The implementation of the work plan was monitored and supervised by the focal from Policy and planning Divisor through organising periodic meetings to discuss the progress. The progress made by the implementers were collected and compiled by the focal from Policy and planning division. It was then presented and shared with the PCM members. | | | | | |
| Technical Support | In between we had Dr. Thushara from WHO SEARO to review the progress on the implementation of GAVI HSS in Bhutan. | | | | | |
| Total | | | **$37,500** | **$32,500** | $5000 | |

*Table 4.4 note:* This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

**Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009**

| Major Activities | Planned Activity for current year (ie.2009) | Planned expenditure in coming year | Balance available (To be automatically filled in from previous table) | Request for 2009 | Explanation of differences in activities and expenditures from original application or previously approved adjustments** |
|---|---|---|---|---|---|
| **Objective 1:** | To ensure the Royal Institute of Health Sciences has the capacity to use the revised curriculum for maternal and child health best practices, for all pre-service training by end of 2010. | | | | |
| Activity 1.1: | Revise maternal and child Health components of curricula of nursing and PHC categories based on job descriptions. | $3,000 | | $3000 | |
| Activity 1.2: | Send faculty for training on educational technology and pedagogy | $10,000 | | $10,000 | |
| **Objective 2:** | To establish a continuing education system that delivers standardized training on MCH and PHC best practices by end of 2012 for > 50% of targeted health workers | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Activity 2.1: | Purchase hardware and software required to establish a data base mechanism for systematic CE | $5,000 | | $5,000 | |
| Activity 2.2: | Develop ToT kits as needed and conduct Training of Trainer programmes for district level providers. | $9,400 | | $9,400 | |
| **Objective 3:** | To pilot a low-cost intervention targeting village health workers of five districts to increase the percentage of institutional deliveries at medical institutions, with appropriate referral facilities, by 10% from the 2007 level, by the | | | | |
| Activity 3.1: | Train Village Health Workers in selected districts | $10,000 | | $10,000 | |
| Activity 3.2: | Carryout monitoring and supervision of pilot projects. | $1,000 | | $1,000 | |
| **Support costs** | | - | | | |
| Management costs | We have not projected these costs. | - | | | |
| M&E support costs | We have not projected these costs. | - | | | |
| Technical support | We have not projected these costs. | - | | | |
| **TOTAL COSTS** | | **$38,400** | | **$38,400** | |

| Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments | | | | | |
|---|---|---|---|---|---|
| **Major Activities** | **Planned Activity for current year (ie.2010)** | **Planned expenditure in coming year** | **Balance available (To be automatically filled in from previous table)** | **Request for 2010** | **Explanation of differences in activities and expenditures from original application or previously approved adjustments**** |
| **Objective 1:** | To ensure the Royal Institute of Health Sciences has the capacity to use the revised curriculum for maternal and child health best practices, for all pre-service training by end of 2010. | | | | |
| Activity 1.1: | Revise maternal and child Health components of curricula of nursing and PHC categories based on job descriptions | $5000 | | $5000 | |
| Activity 1.2: | Purchase teaching learning aids and models for RIHS and district training centre | $14,000 | | $14,000 | |
| **Objective 2:** | To establish a continuing education system that delivers standardized training on MCH and PHC best practices by end of 2012 for > 50% of targeted health workers | | | | |

| | | | | | |
|---|---|---|---|---|---|
| Activity 2.1: | Provide district based in-service training programmes in all 20 districts. | $10,000 | | $10,000 | |
| **Objective 3:** | To pilot a low-cost intervention targeting village health workers of five districts to increase the percentage of institutional deliveries at medical institutions, with appropriate referral facilities, by 10% from the 2007 level, by the | | | | |
| Activity 3.1: | Train Village Health Workers in selected districts | $10,000 | | $10,000 | |
| Activity 3.2: | Carryout monitoring and supervision of pilot projects. | $1,000 | | $1,000 | |
| **Support costs** | | | | | |
| Management costs | We have projected budget for these activities. | | | | |
| M&E support costs | We have projected budget for these activities. | | | | |
| Technical support | We have projected budget for these activities. | | | | |
| **TOTAL COSTS** | | $40,000 | | $40,000 | |

**4.6 Programme implementation for reporting year:**

a) Please provide a narrative on 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. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

Preservice training component (**immunization and reproductive health services**) has been strengthened through the support to Royal Institute of Health Services. It has also strengthened the capacity of the faculty members in using new and innovative eeducational technology. Teaching and learning will be enhanced with the addition of enhanced teaching and learning materials.

Through this support we could update and revise the VHW's manual and will soon used to train the VHWs on the revised manual.

We could also develop the Continuing the Education model that will help in enhancing the skills of service providers at all levels. Further the procurement of high tech computer for our Human Resource division will generate required information to facilitate the health human resource management.

**Problems:**

- Delay in fund receipt, due to which implementation, especially procurements were delayed to some extent.
- Fund deficit due to exchange rate fluctuations. This hampered the implementation of ex-country training and ex-country procurements.
- Delay in receipt of the reports from the implementers.

**Suggestions:**

- Financial support to co-ordinate the meetings with PCM members.

*b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

The civil society organizations involved in the implementation of the HSS were the members from National Women Association of Bhutan, Bhutan Chamber of Commerce and Industry and Local Governance.

**4.7 Financial overview during reporting year:**

*4.7 note:* In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

*a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget? Please provide details.*

The funds from GAVI are incorporated in the overall annual budget of ministry of health and for that matter it's reflected in the national budget. We have already projected the fund that is planned under GAVI for 2009 in our work plan and budget for 2009-2010.

*b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

As of now we have not faced any such issue.

**4.8 General overview of targets achieved**

| strategies | objectives | Indicator | Numerator | Denominator | Data Source | Baseline ValueError! Bookmark not defined.Error! Bookmark not defined. | Source | Date of Baseline | Target | Date for Target | Current status | Explanation of nay reasons for non achievement of targets |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | To ensure the Royal Institute of Health Sciences has the capacity to use the revised curriculum for maternal and child health best practices, for all pre-service training by end of 2010. | 1. Number of PHC workers/Nurses who graduate annually under the revised curriculum<br>Objective 1) | Number of PHC workers/Nurses who graduate annually from RIHS | - | RIHS registers | 0 | RIHS registers | 2007 | ALL | 2012 | **nil** | Teaching aids upgraded & faculties trained.<br>Curriculum revision is planned in 2009 and will be producing the indicators from 2010. |
| | To establish a continuing education system that delivers standardized training on MCH and PHC best practices by end of 2012 for > 50% of targeted | 2. % of PHC staff provided with at least 24 hours (3 days) of need based in-service training per year<br>(objective 2) | Number of PHC staff provided with at least 24 hours of need based in-service training per year in project districts | Total number of all PHC staff in project districts | (Presently ad hoc training reports) The systematic CE data base will provide accurate reports starting in | Not known<br>It is assumed it is less than five percent | BHMC,<br>MoH | Dec 2006 | 50 % | From 1st January 2009 | **nil** | This activity is planned in 2009, and since we have already developed the CME model we will be producing the indicator from 2010. |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | health workers | | | | 2010 | | | | | | | |
| | To pilot a low-cost intervention targeting village health workers of five districts to increase the percentage of institutional deliveries at medical institutions, with appropriate referral facilities, by 10% from the 2007 level, by the | 3. % of institutional deliveries*, in pilot districts<br>(Objective 3) | Number of institutional deliveries per district (in pilot districts) | The total number of all deliveries per district | HMIS | Dagana: 11.6<br>Trongsa:27<br>Pemagatsel: 12.5<br>Lhuntse: 35.5<br>Trashiyangtse: 11.4 | MoH annual report | 2006 | Institutional deliveries increased by 10% of the baseline. | 2012 | **nil** | It's planned in 2009. Indicator will be produced from 2010. |

**4.9 Attachments**

Five pieces of further information are required for further disbursement or allocation of future vaccines.

a. Signed minutes of the HSCC meeting endorsing this reporting form
b. Latest Health Sector Review report
c. Audit report of account to which the GAVI HSS funds are transferred to
d. Financial statement of funds spent during the reporting year (2008)
e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

**Financial Comptroller Ministry of Health:**

Name: Nado Dukpa

Title / Post: Chief Administrative Officer

Signature:

Date:

# 5. Strengthened Involvement of Civil Society Organisations (CSOs)

## 1.1 TYPE A: Support to strengthen coordination and representation of CSOs

**This section is to be completed by countries that have received GAVI TYPE A CSO support[4]**

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

*Please list any abbreviations and acronyms that are used in this report below:*

| |
|---|
| Not applicable |

### 5.1.1 Mapping exercise

*Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).*

| |
|---|
| |
| Not applicable |
| |

[4] Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

*Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.*

| |
|---|
| Not applicable |
| |

### 5.1.2 Nomination process

*Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).*

| |
|---|
| Not applicable |
| |

*Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.*

| |
|---|
| |
| Not applicable |
| |

*Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.*

| |
|---|
| Not applicable |
| |

### 5.1.3 Receipt of funds

*Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).*

| ACTIVITIES | Total funds approved | 2008 Funds US$ | | | Total funds due in 2009 |
|---|---|---|---|---|---|
| | | Funds received | Funds used | Remaining balance | |
| **Mapping exercise** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Nomination process** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Management costs** | | | | | |
| **TOTAL COSTS** | | | | | |

### 5.1.4 Management of funds

*Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.*

## TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

**This section is to be completed by countries that have received GAVI TYPE B CSO support[5]**

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

*Please list any abbreviations and acronyms that are used in this report below:*

### 5.2.1 Programme implementation

*Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.*

*Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).*

*Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.*

[5] Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

*Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).*

*Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.*

*For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.*

| Name of CSO (and type of organisation) | Previous involvement in immunisation / HSS | GAVI supported activities undertaken in 2008 | Outcomes achieved |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
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*Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.*

*Please also indicate the new activities to be undertaken by those CSOs already supported.*

| Name of CSO (and type of organisation) | Current involvement in immunisation / HSS | GAVI supported activities due in 2009 / 2010 | Expected outcomes |
|---|---|---|---|
| | | | |
| | | | |
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### 5.2.2 Receipt of funds

*Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.*

| NAME OF CSO | Total funds approved | 2008 Funds US$ (,000) | | | Total funds due in 2009 | Total funds due in 2010 |
|---|---|---|---|---|---|---|
| | | Funds received | Funds used | Remaining balance | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Management costs (of all CSOs)** | | | | | | |
| **Management costs (of HSCC / TWG)** | | | | | | |
| **Financial auditing costs (of all CSOs)** | | | | | | |
| **TOTAL COSTS** | | | | | | |

### 5.2.3 Management of funds

*Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,*

*Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.*

### 5.2.4 Monitoring and Evaluation

*Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).*

*These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.*

| Activity / outcome | Indicator | Data source | Baseline value | Date of baseline | Current status | Date recorded | Target | Date for target |
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*Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.*

## 6. Checklist

Checklist of completed form:

| Form Requirement: | Completed | Comments |
|---|---|---|
| Date of submission | | |
| Reporting Period (consistent with previous calendar year) | | |
| Government signatures | | |
| ICC endorsed | | |
| ISS reported on | | |
| DQA reported on | | |
| Reported on use of Vaccine introduction grant | | |
| Injection Safety Reported on | | |
| Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators) | | |
| New Vaccine Request including co-financing completed and Excel sheet attached | | |
| Revised request for injection safety completed (where applicable) | | |
| HSS reported on | | |
| ICC minutes attached to the report | | |
| HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report | | |

## 7. Comments

*ICC/HSCC comments:*

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

~ End ~