



GAVI Alliance

Annual Progress Report **2012**

Submitted by
The Government of
Bangladesh

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **10/3/2013 5:11:15 AM**

Deadline for submission: 9/24/2013

Please submit the APR **2012** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI Alliance partner. The documents can be shared with GAVI Alliance partners, collaborators and general public. The APR and attachments must be submitted in English, French, Spanish, or Russian.

Note: *You are encouraged to use previous APRs and approved Proposals for GAVI support as reference documents. The electronic copy of the previous APRs and approved proposals for GAVI support are available at <http://www.gavialliance.org/country/>*

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

The applicant country ("Country") confirms that all funding provided by the GAVI Alliance will be used and applied for the sole purpose of fulfilling the programme(s) described in the Country's application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for the application are made at the discretion of the GAVI Alliance Board and are subject to the Independent Review Committee (IRC) and its processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report (APR) if it wishes to propose any change to the programme(s) description in its application. The GAVI Alliance will document any change approved by the GAVI Alliance, and the Country's application will be amended.

RETURN OF FUNDS

The Country agrees to reimburse to the GAVI Alliance all funding amounts that are not used for the programme(s) described in its application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION

The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in the Country's application, or any GAVI Alliance-approved amendment to the application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in its application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION

The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with its application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS

The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY

The Country and the signatories for the Country confirm that its application, and APR, are accurate and correct and form legally binding obligations on the Country, under the Country's law, to perform the programmes described in its application, as amended, if applicable, in the APR.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and complies with the requirements therein.

USE OF COMMERCIAL BANK ACCOUNTS

The Country is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support. The Country confirms that it will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to its application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The languages of the arbitration will be English or French.

For any dispute for which the amount at issue is US\$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US \$100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in the application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in its application.

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

Important problems that were encountered and how the country has tried to overcome them

Meeting accountability needs concerning the use of GAVI disbursed funding and in-country arrangements with development partners

Requesting more funds that had been approved in previous application for ISS/NVS/HSS, but have not yet been released

How GAVI can make the APR more user-friendly while meeting GAVI's principles to be accountable and transparent.

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016
INS			

DTP-HepB-Hib (Pentavalent) vaccine: Based on current country preferences the vaccine is available through UNICEF in fully liquid 1 and 10 dose vial presentations and in a 2 dose-2 vials liquid/lyophilised formulation, to be used in a three-dose schedule. Other presentations are also WHO pre-qualified, and a full list can be viewed on the [WHO website](#), but availability would need to be confirmed specifically.

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	Yes	N/A	N/A
VIG	Yes	N/A	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	Yes	next tranche of HSS Grant Yes	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2011** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Bangladesh** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Bangladesh**

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Mr. M. M. Neazuddin, Secretary, MoHFW	Name	Shahabuddin Ahmed, Additional Secretary, Ministry of Finance
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Dr. Mohammad Khairul Hassan	Deputy Chief (Health), MoHFW	+8801711866868	dr_md_khairul@yahoo.com
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Dr Jayantha Liyanage	Medical Officer-EPI, IVD, WHO, Bangladesh	+880-2-9899540 Ext. 109	liyanagej@searo.who.int
Dr Jucy Merina Adhikari	Immunization Specialist, Health Section, UNICEF, Bangladesh	+880-2-8852266 Ext. 7144	jmadhikari@unicef.org

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), 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.

Name/Title	Agency/Organization	Signature	Date
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Dr. Kaosar Afsana, Director, BRAC Health, Nutrition & Population Program	BRAC		
Peggy Thorpe, First Secretary, Development	CIDA		
Md. Akhter Hossain, Joint Secretary (Municipality)	Local Government Division, Ministry of Local Government, Rural Development & Co-operatives		
Gregory Adams, Acting Director, Population, Health & Nutrition	USAID		
Dr. Bushra Binte Alam, Senior Health Specialist, Health Sector Development Programme	World Bank		
Dr. Lianne Kuppens, Chief, Health Section	UNICEF		
Dr Thushara E.I. Fernando, WHO Representative	WHO		
Dr. Shehlina Ahmed, Health Advisor	DFID		
PDG Salim Reza, Chairman	Rotary International		
Maki Nagai Sawada, Representative	JICA		

ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

NA

Comments from the Regional Working Group:

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **LCG**, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Md Zakir Hossain, Joint Secretary	Ministry of Health and Family Welfare		
Md Asadul Islam, Joint Secretary	Ministry of Health and Family Welfare		
Nuru Shamsun Nahar, Joint chief	Ministry of Health and Family Welfare		
AKM Amir Hossain, DG	Directorate General of Family Planning		
Md Shafiquil Islam Lasker, Additional Secretary	Ministry of Health and Family Welfare		
Md Zahidul haque, Deputy Secretary	Ministry of Finance		
Dr. Bushra Binte Alam, Senior Health Specialist	World Bank		
Dr. Lianne Kuppens, Chief, Health Section	UNICEF - Bangladesh		
Dr Thushara Fernando, WR to Bangladesh	WHO		
Dr. Shehlina Ahmed, Health Advisor	DFID		

Shoko Sato	JICA		
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HSCC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

NA

Comments from the Regional Working Group:

NA

2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)

Bangladesh is not reporting on CSO (Type A & B) fund utilisation in 2013

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4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	3,983,990	3,431,228	4,041,758	3,478,236	4,100,364	3,525,888	4,159,819	3,574,192	4,220,136	3,623,159
Total infants' deaths	207,167	147,543	210,171	149,564	213,219	151,613	216,311	153,690	219,447	155,796
Total surviving infants	3776823	3,283,685	3,831,587	3,328,672	3,887,145	3,374,275	3,943,508	3,420,502	4,000,689	3,467,363
Total pregnant women	5,342,516	3,431,228	5,419,982	3,478,236	5,498,572	3,525,888	5,578,301	3,574,192	5,659,187	3,623,159
Number of infants vaccinated (to be vaccinated) with BCG	3,904,310	3,712,686	3,960,923	3,408,671	4,018,356	3,455,370	4,076,622	3,502,708	4,135,734	3,550,696
BCG coverage	98 %	108 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %	98 %
Number of infants vaccinated (to be vaccinated) with OPV3	3,512,445	3,623,290	3,563,376	3,095,665	3,615,045	3,138,075	3,667,463	3,181,067	3,720,641	3,224,647
OPV3 coverage	93 %	110 %	93 %	93 %	93 %	93 %	93 %	93 %	93 %	93 %
Number of infants vaccinated (to be vaccinated) with DTP1	3,587,982	3,671,240	3,640,007	3,162,238	3,692,787	3,205,561	3,746,333	3,249,477	3,800,655	3,293,995
Number of infants vaccinated (to be vaccinated) with DTP3	3,512,445	3,619,726	3,563,376	3,095,665	3,615,045	3,138,075	3,667,463	3,181,067	3,720,641	3,224,647
DTP3 coverage	93 %	110 %	93 %	93 %	93 %	93 %	93 %	93 %	93 %	93 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	3,587,982	3,671,240	3,640,007	3,162,238	3,692,787	3,205,561	3,746,333	3,249,477		
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	3,587,982	3,619,726	3,640,007	3,095,665	3,615,045	3,138,075	3,667,463	3,181,067		
DTP-HepB-Hib coverage	93 %	110 %	93 %	93 %	93 %	93 %	93 %	93 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%)	0	4	0	5	5	5	5	5		
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.04	1.05	1.05	1.05	1.05	1.05	1.05	1	1
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,605,150	3,653,134	3,448,428	3,328,672	3,498,430	3,374,274	3,746,333	3,420,502	3,800,655	3,467,363
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	3,210,299	759,603	3,448,428	3,328,672	3,498,430	3,374,274	3,746,333	3,420,502	3,800,655	3,467,363

Number	Achievements as per JRF		Targets (preferred presentation)							
	2012		2013		2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Measles coverage	85 %	23 %	90 %	100 %	90 %	100 %	95 %	100 %	95 %	100 %
Wastage[1] rate in base-year and planned thereafter (%) {0}	1	40	1	40	0	40	0	40	0	40
Wastage[1] factor in base-year and planned thereafter (%)	2	1.67	2	1.67	1	1.67	1	1.67	1	1.67
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %	50.00 %	40.00 %
Pregnant women vaccinated with TT+	5,342,516	1,850,368	5,419,982	3,478,236	5,498,572	3,525,888	5,578,301	3,574,192	0	3,623,159
TT+ coverage	100 %	54 %	100 %	100 %	100 %	100 %	100 %	100 %	0 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	0	2,546,556	0	2,546,556	0	0	0	0	0	0
Vit A supplement to infants after 6 months	3,399,140	2,264,511	3,448,428	2,264,511	3,498,430	0	3,746,333	0	3,800,655	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	2 %	1 %	2 %	2 %	2 %	2 %	2 %	2 %	2 %	2 %

** Number of infants vaccinated out of total 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

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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.

5. General Programme Management Component

5.1. Updated baseline and annual targets

Note: Fill in the table in section 4 Baseline and Annual Targets before you continue

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

In fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones:

- Justification for any changes in **births**

In 2011, population census data is published by BBS and BHDS 2011 data is available; EPI program updated the population table based on the current available statistics. Projected population from 2011 to 2016 is calculated based on the 2011 census adjusted population using growth rate 1.37 as BBS 2011 Census.

Total birth is calculated using CBR: 22.6/1000 population as BDHS 2011

- Justification for any changes in **surviving infants**

In 2011, population census data is published by BBS and BHDS 2011 data is available; EPI program updated the population table based on the current available statistics. Projected population from 2011 to 2016 is calculated based on the 2011 census adjusted population using growth rate 1.37 as BBS 2011 Census. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Surviving infant is calculated using CBR: 22.6/1000 population and IMR: 43/1000 Live Birth as BDHS 2011.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

The target of vaccines is calculated based on new projected population of the census 2011 data.

The target population for Measles Second dose (MSD) is considered 12 - <18 months children which is 1,670,067 in 2012. MSD nationwide introduced from 26 September 2012 and total dose administered in 2012 is 759,603. However in JRF the figure is not correctly reflected.

- Justification for any changes in **wastage by vaccine**

Not applicable <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

5.2. Immunisation achievements in 2012

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2012 and how these were addressed:

Vaccination coverage increased in terms of quantity and quality (reduced dropout rate and invalid doses), reduced number of district having fully vaccination coverage of below 80%<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Key major activities conducted: Intensified routine immunization activities in low performing districts - microplan deveopleed using RED strategy, updated the list of hard to reach areas, listing & vaccination of eligible children for MSD, listing of dropout & leftout children of under one year for vaccination, conducted regular monthly review meeting, conducted quarterly micro plan review meeting, conducted data quality self-assessment, training for monitoring EPI activities, computerized data management training to the key personnel of sub district level, computerized data monitoring system implemented in two low performing districts, conducted quarterly coordination meeting with Multi-sectoral partners.

Challenges: Urban immunization coverage due to high migration of population and total number of Measles cases in 2012 is 1986 cases.

5.2.2. If targets were not reached, please comment on reasons for not reaching the targets:

Not applicable

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Coverage Evaluation Survey.	2009	86%	85%
Coverage Evaluation Survey.	2010	89%	88%
Coverage Evaluation Survey.	2011	89%	90%

5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

There is no significant gender discrimination in vaccination coverage between boys and girls.

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **No**

5.3.4. How have any gender-related barriers to accessing and delivering immunisation services (eg, mothers not being empowered to access services, the sex of service providers, etc) been addressed programmatically ? (For more information on gender-related barriers, please see GAVI's factsheet on gender and immunisation, which can be found on <http://www.gavialliance.org/about/mission/gender/>)

Not applicable.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

Variation observed between survey and administrative coverage data.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

If Yes, please describe the assessment(s) and when they took place.

Data Quality Self Assessment (DQSA) regularly conducted by Surveillance Medical Officers, District Maternal Child Health and Immunization Officers (DMCH&IOs) and local level Health Managers

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Computerized data entry and electronic reporting system established in all districts and city corporations, regular monthly review of tally sheet and administrative data conducted at districts & sub-districts level, quarterly multi -sectoral review meeting conducted to improve administrative data reporting system at divisional level.

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

Computerized data entry system introduced in 102 upazila (sub district) of 19 districts. Continuous supervision and monitoring conducted by the 1st line and 2nd line supervisors. SMOs and DMCH&IOs regularly monitored data management system and provided technical assistance.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

Exchange rate used	1 US\$ = 81.2	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	World Bank/Pol Fund	NA	NA
Traditional Vaccines*	19,325,178	0	0	4,574,082	0	14,751,096	0	0
New and underused Vaccines**	25,880,413	0	23,560,000	0	0	2,320,413	0	0
Injection supplies (both AD syringes and syringes other than ADs)	2,211,085	2,211,085	0	0	0	0	0	0
Cold Chain equipment	1,580,356	0	0	1,107,298	473,058	0	0	0
Personnel	70,736	0	70,736	0	0	0	0	0
Other routine recurrent costs	3,907,816	2,279,726	203,772	1,379,680	44,638	0	0	0
Other Capital Costs	35,137	0	0	0	0	35,137	0	0
Campaigns costs	9,220,680	1,223,055	0	374,590	153,591	7,469,444	0	0
NA		0	0	0	0	0	0	0
Total Expenditures for Immunisation	62,231,401							
Total Government Health		5,713,866	23,834,508	7,435,650	671,287	24,576,090	0	0

* Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1st dose (or the combined MR, MMR), TT. Some countries will also include HepB and Hib vaccines in this row, if these vaccines were introduced without GAVI support.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Not applicable. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **No, not implemented at all**

If **Yes**, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?
NA	No

If the above table shows the action plan from Aide Memoire has been fully or partially implemented, briefly state exactly what has been implemented

Not applicable

If none has been implemented, briefly state below why those requirements and conditions were not met.

Not applicable.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2013 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.5 Overall Expenditures and Financing for Immunisation](#)

Not applicable.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Rotary International
BRAC

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Objective 1: Improve Immunization coverage among children under one and child bearing age women, namely<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Fully Vaccinated Children coverage at least 80% in 2012 and 83% in 2013 in every district
- TT 5 coverage at least 60% in 2012 and 65% in 2013 in every district

Key Activities:

- Implement RED strategy in every district, giving special emphasis to the 32 low performing districts and 4 City corporation
- Strengthen regular supportive supervision at each level
- Strengthen coordination with development partners and local NGOs/GoB
- Strengthening of coverage and VPD surveillance system in all districts
- Ensure sufficient, timely and potent vaccines and quality injection devices available at all level with no stock
- Improved capacity of health workers
- Improved cold chain capacity at all level and improved cold chain maintenance
- Periodical review of the National EPI program performance at each level and take timely and appropriate measures accordingly.
-

Objective 2. Maintain polio free status

- Intensify implementing Acute Flaccid Paralysis (AFP) Surveillance,
- Conducting supplementary OPV vaccination (NIDs/SNIDSs), mop-up OPV campaigns, and maintaining high routine OPV coverage to maintain the polio free status in the country.

Objective 3. Maintain maternal and neonatal tetanus elimination status

- Maintain high coverage of TT5 among childbearing age women
- Maintain high TT protection at birth
- Intensify current NT surveillance

Objective 4. Reduction of reported number of measles cases

- Maintain high MCV1 and MCV2 coverage among infants with special emphasis to the low coverage districts
- Intensify measles surveillance
- Conduct nationwide MR campaign

Objective 5. Prevention of diseases protected by new and underused vaccines

- Introduce Pneumococcal vaccine in to the national EPI programme i
- Identify priorities for vaccine introduction based on epidemiological evidence
- Ensure the future financial sustainability

Objective 6. Ensure safe injection practices and waste disposal

- Implementation on national plan on sharp and waste management
- Strengthen AEFI surveillance system
- Ensure injection safety

5.9. Progress of transition plan for injection safety

For all countries, please report on progress of transition plan for injection safety

Please report what types of syringes are used and the funding sources of Injection Safety material in 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD Syringes	GoB
Measles	AD Syringes	GoB
TT	AD Syringes	GoB
DTP-containing vaccine	AD Syringes	GAVI & GoB
Measles Second dose	AD Syringes	GAVI
Measles-Rubella vaccine	AD Syringes	GoB

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

No

Please explain in 2012 how sharps waste is being disposed of, problems encountered, etc.

There are two types recommended practice for sharp waste disposal of routine EPI: incineration and open pit burning. <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

The incineration is confined in the major urban areas where incinerator is available and for most of the rural areas the choice is open pit burning. In future proper shape waste management will be a big challenged with incorporating NUV in routine programme by government and need GAVI support in this area.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US\$	Amount local currency
Funds received during 2012 (A)	1,374,000	111,568,800
Remaining funds (carry over) from 2011 (B)	279,912	19,173,990
Total funds available in 2012 (C=A+B)	1,653,912	130,742,790
Total Expenditures in 2012 (D)	274,508	18,803,818
Balance carried over to 2013 (E=C-D)	1,379,404	111,938,972

6.1.1. Briefly describe the financial management arrangements and process used for your ISS funds. Indicate whether ISS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of ISS funds, such as delays in availability of funds for programme use.

Total fund available in 2012 US\$ 1 653,912 (carried over from 2011 US\$ 279,912 + from INS support in 2012 US\$ 1,374,000).

Unused money at district level was deposited at project account as per advice of FAPAD audit team.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Government bank account details:

Sonali Bank Ltd., a Government bank, Current Account

Technical sub-committee of ICC prepared the annual budget for all the activities at different levels which was approved by the ICC. After approval from ICC, the budgeted fund are channelized to the sub national levels through Government bank.

The ICC monitored and endorsed the expenditure of both national and sub national level as per approved budget.

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

- Support for District Immunization medical Officers and supportive staffs
- Development of annual EPI microplan based on RED strategy
- Volunteers support against vacant field workers post
- Divisional coordination meeting with multi-sectoral partners
- Meeting of different committees, sub-committees, ICC, TSC etc. as per planned
- Support for AEFI management
- Supervision & monitoring

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **Yes**

6.2. Detailed expenditure of ISS funds during the 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Yes**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Bangladesh is not applicable for 2012

7. New and Under-used Vaccines Support (NVS)

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	10,375,296	9,090,200	1,285,096	No
Measles	4,012,900	4,012,900	4,012,900	No

**Please also include any deliveries from the previous year received against this Decision Letter*

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

There was delayed in vaccine shipment due to global shortage of one dose vial presentation and the country used the buffer stocks to manage the shortage of vaccine.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

The country is using on dose presentation of vaccine and experienced very low wastage rate.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

NA

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	NA

Measles second dose, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	Yes	01/08/2012
Nationwide introduction	Yes	26/09/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **March 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

Report is attached.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Is the country sharing its vaccine safety data with other countries? **No**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

NA

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	1,195,500	97,074,600
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	1,195,500	97,074,600
Total Expenditures in 2012 (D)	1,107,464	89,926,069
Balance carried over to 2013 (E=C-D)	88,036	7,148,531

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Major Activities:<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Training materials development and prepared training plan
- Conduction of national level Training of Trainers'
- Orientation of vaccinators and supervisors
- Advocacy meeting at divisional, district and upazila level
- Nationwide launching
- Supervision & monitoring

Please describe any problem encountered and solutions in the implementation of the planned activities

NA

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

- Backup & electric support for central cold chain<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- Mid-level managers orientation
- Volunteer support in vacant position
- Multi-sectoral coordination meeting at divisional level

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2,320,413	790,200
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	NA	
Donor	Pool Fund (World Bank)	
Other	NA	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	62,378	831,700
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	August	Pool Fund (World Bank)
Awarded Vaccine #2: Measles second dose, 10 dose(s) per vial, LYOPHILISED		NA
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	NA	

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

NA

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

It is mandatory for the countries to conduct an EVM prior to an application for introduction of a new vaccine. This assessment concludes with an Improvement Plan including activities and timelines whose progress report is reported with annual report. The EVM assessment is valid for a period of three years.

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **April 2011**

Please attach:

- (a) EVM assessment **(Document No 12)**
- (b) Improvement plan after EVM **(Document No 13)**
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

Progress report on EVM/VMA/EVSM Improvement Plan' is a mandatory requirement

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

NA

When is the next Effective Vaccine Management (EVM) assessment planned? **March 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Bangladesh does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Bangladesh does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013

Renewal of multi-year vaccines support for Bangladesh is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per [7.11 Calculation of requirements](#)
Yes

If you don't confirm, please explain

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	3,283,685	3,328,672	3,374,275	3,420,502	13,407,134
	Number of children to be vaccinated with the first dose	Table 4	#	3,671,240	3,162,238	3,205,561	3,249,477	13,288,516
	Number of children to be vaccinated with the third dose	Table 4	#	3,619,726	3,095,665	3,138,075	3,181,067	13,034,533
	Immunisation coverage with the third dose	Table 4	%	110.23 %	93.00 %	93.00 %	93.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.04	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	5,523,000				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	5,523,000				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

NA

Co-financing tables for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID

Co-financing group	Low
--------------------	-----

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2013	2014	2015
Number of vaccine doses	#	9,041,500	9,196,300	9,298,500
Number of AD syringes	#	10,530,300	10,712,400	10,859,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	116,900	118,925	120,550
Total value to be co-financed by GAVI	\$	20,144,500	20,489,500	20,223,500

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2013	2014	2015
Number of vaccine doses	#	919,700	935,400	972,100
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	\$	1,992,500	2,026,500	2,054,500

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	9.23 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	3,671,240	3,162,238	291,948	2,870,290
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	11,013,720	9,486,714	875,844	8,610,870
E	Estimated vaccine wastage factor	Table 4	1.04	1.05		
F	Number of doses needed including wastage	D X E	11,454,269	9,961,050	919,636	9,041,414
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H	Stock on 1 January 2013	Table 7.11.1	5,523,000			
I	Total vaccine doses needed	F + G – H		9,961,100	919,641	9,041,459
J	Number of doses per vial	Vaccine Parameter		1		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		10,530,253	0	10,530,253
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		116,886	0	116,886
N	Cost of vaccines needed	I x vaccine price per dose (g)		20,280,800	1,872,388	18,408,412
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		489,657	0	489,657
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		67,794	0	67,794
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		1,297,972	119,833	1,178,139
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		0	0	0
T	Total fund needed	(N+O+P+Q+R+S)		22,136,223	1,992,220	20,144,003
U	Total country co-financing	I x country co-financing per dose (cc)		1,992,220		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		9.23 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	9.23 %			9.46 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	3,205,561	295,948	2,909,613	3,249,477	307,555	2,941,922
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	9,616,683	887,843	8,728,840	9,748,431	922,665	8,825,766
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	10,097,518	932,235	9,165,283	10,235,853	968,799	9,267,054
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	34,117	3,150	30,967	34,584	3,274	31,310
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	10,131,685	935,389	9,196,296	10,270,487	972,077	9,298,410
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	10,712,389	0	10,712,389	10,859,147	0	10,859,147
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	118,908	0	118,908	120,537	0	120,537
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	20,628,111	1,904,452	18,723,659	20,397,188	1,930,544	18,466,644
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	20,628,111	0	498,127	20,397,188	0	504,951
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	68,967	0	68,967	69,912	0	69,912
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	1,320,200	121,886	1,198,314	1,305,421	123,555	1,181,866
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	22,515,405	2,026,338	20,489,067	22,277,472	2,054,098	20,223,374
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	2,026,337			2,054,098		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	9.23 %			9.46 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	Country co-finance	V
B	Number of children to be vaccinated with the first dose	Table 5.2.1
C	Number of doses per child	Vaccine parameter (schedule)
D	Number of doses needed	$B \times C$
E	Estimated vaccine wastage factor	Table 4
F	Number of doses needed including wastage	$D \times E$
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$
H	Stock on 1 January 2013	Table 7.11.1
I	Total vaccine doses needed	$F + G - H$
J	Number of doses per vial	Vaccine Parameter
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$
T	Total fund needed	$(N+O+P+Q+R+S)$
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$

Table 7.11.1: Specifications for Measles second dose, 10 dose(s) per vial, LYOPHILISED

ID		Source		2012	2013	2014	2015	2016	TOTAL
	Number of surviving infants	Table 4	#	3,283,685	3,328,672	3,374,275	3,420,502	3,467,363	16,874,497
	Number of children to be vaccinated with the first dose	Table 4	#	3,653,134	3,328,672	3,374,274	3,420,502	3,467,363	17,243,945
	Number of children to be vaccinated with the second dose	Table 4	#	759,603	3,328,672	3,374,274	3,420,502	3,467,363	14,350,414
	Immunisation coverage with the second dose	Table 4	%	23.13 %	100.00 %	100.00 %	100.00 %	100.00 %	
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	1.67	1.67	1.67	1.67	1.67	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	2,873,000					
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	2,873,000					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.27	0.29	0.30	0.32	
cc	Country co-financing per dose	Co-financing table	\$		0.00	0.00	0.00	0.00	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		14.00 %	14.00 %	14.00 %	14.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

NA

Co-financing tables for Measles second dose, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low
--------------------	-----

	2012	2013	2014	2015	2016
Minimum co-financing	0.00	0.00	0.00	0.00	0.00
Recommended co-financing as per APR 2011			0.00	0.00	0.00
Your co-financing	0.00		0.00	0.00	0.00

Table 7.11.2: Estimated GAVI support and country co-financing (GAVI support)

		2013	2014	2015	2016
Number of vaccine doses	#	6,631,600	5,654,200	5,731,700	5,810,200
Number of AD syringes	#	4,885,400	3,766,600	3,818,200	3,870,500
Number of re-constitution syringes	#	736,200	627,700	636,300	645,000
Number of safety boxes	#	62,400	48,800	49,450	50,125
Total value to be co-financed by GAVI	\$	2,384,000	2,093,000	2,187,000	2,389,000

Table 7.11.3: Estimated GAVI support and country co-financing (Country support)

		2013	2014	2015	2016
Number of vaccine doses	#	0	0	0	0
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country ^[1]	\$	0	0	0	0

Table 7.11.4: Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILISED** (part 1)

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	759,603	3,328,672	0	3,328,672
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	B X C	759,603	3,328,672	0	3,328,672
E	Estimated vaccine wastage factor	Table 4	1.67	1.67		
F	Number of doses needed including wastage	D X E	1,268,538	5,558,883	0	5,558,883
G	Vaccines buffer stock	(F – F of previous year) * 0.25		1,072,587	0	1,072,587
H	Stock on 1 January 2013	Table 7.11.1	2,873,000			
I	Total vaccine doses needed	F + G – H		6,631,570	0	6,631,570
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		4,885,398	0	4,885,398
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		736,105	0	736,105
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		62,399	0	62,399
N	Cost of vaccines needed	I x vaccine price per dose (g)		1,810,419	0	1,810,419
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		227,172	0	227,172
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		27,236	0	27,236
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		36,192	0	36,192
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		253,459	0	253,459
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		29,060	0	29,060
T	Total fund needed	(N+O+P+Q+R+S)		2,383,538	0	2,383,538
U	Total country co-financing	I x country co-financing per dose (cc)		0		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		0.00 %		

Table 7.11.4: Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILISED** (part 2)

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	0.00 %			0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	3,374,274	0	3,374,274	3,420,502	0	3,420,502
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	3,374,274	0	3,374,274	3,420,502	0	3,420,502
E	Estimated vaccine wastage factor	Table 4	1.67			1.67		
F	Number of doses needed including wastage	$D \times E$	5,635,038	0	5,635,038	5,712,239	0	5,712,239
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	19,039	0	19,039	19,301	0	19,301
H	Stock on 1 January 2013	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	5,654,177	0	5,654,177	5,731,640	0	5,731,640
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	3,766,578	0	3,766,578	3,818,182	0	3,818,182
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	627,614	0	627,614	636,213	0	636,213
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	48,776	0	48,776	49,444	0	49,444
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,617,095	0	1,617,095	1,696,566	0	1,696,566
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,617,095	0	175,146	1,696,566	0	177,546
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	23,222	0	23,222	23,540	0	23,540
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	28,291	0	28,291	28,678	0	28,678
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	226,394	0	226,394	237,520	0	237,520
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	22,666	0	22,666	22,977	0	22,977
T	Total fund needed	$(N+O+P+Q+R+S)$	2,092,814	0	2,092,814	2,186,827	0	2,186,827
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0			0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %			0.00 %		

Table 7.11.4: Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILISED** (part 3)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	3,467,363	0	3,467,363
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	3,467,363	0	3,467,363
E	Estimated vaccine wastage factor	Table 4	1.67		
F	Number of doses needed including wastage	$D \times E$	5,790,497	0	5,790,497
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	19,565	0	19,565
H	Stock on 1 January 2013	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	5,810,162	0	5,810,162
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	3,870,491	0	3,870,491
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	644,928	0	644,928
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	50,122	0	50,122
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,870,873	0	1,870,873
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	179,978	0	179,978
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	23,863	0	23,863
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	29,071	0	29,071
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	261,923	0	261,923
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	23,292	0	23,292
T	Total fund needed	$(N+O+P+Q+R+S)$	2,389,000	0	2,389,000
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	0.00 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2012**. All countries are expected to report on:

- a. Progress achieved in 2012
- b. HSS implementation during January – April 2013 (interim reporting)
- c. Plans for 2014
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2012, or experienced other delays that limited implementation in 2012, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2012 fiscal year starts in January 2012 and ends in December 2012, HSS reports should be received by the GAVI Alliance before **15th May 2013**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2013, the HSS reports are expected by GAVI Alliance by September 2013.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 9.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2012
- b. Minutes of the HSCC meeting in 2013 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2012 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

9. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

9.1. Report on the use of HSS funds in 2012 and request of a new tranche

Please provide data sources for all data used in this report.

9.1.1. Report on the use of HSS funds in 2012

Please complete [Table 9.1.3.a](#) and [9.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of Table 9.1.3.a and 9.1.3.b.

9.1.2. Please indicate if you are requesting a new tranche of funding **Yes**

If yes, please indicate the amount of funding requested: **6428049** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2014.

9.1.3. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

NB: Country will fill both \$ and local currency tables. This enables consistency check for TAP.

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	7243370	0	7243500	5490161
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	7243500	0	5490161
Total funds received from GAVI during the calendar year (A)	0	0	7243370	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	7243500	7243500	5490161
Total Funds available during the calendar year (C=A+B)	0	0	7243370	7243500	7243500	5490161
Total expenditure during the calendar year (D)	0	0	0	0	1753339	3308601
Balance carried forward to next calendar year (E=C-D)	0	0	7243370	7243500	5490161	2181560
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	2181560	6428049	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	2181560	6428049	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (B)	2181560	1881389	0	0
Total Funds available during the calendar year (C=A+B)	2181560	1881389	0	0
Total expenditure during the calendar year (D)	300171	0	0	0
Balance carried forward to next calendar year (E=C-D)	1881389	1881389	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	8309438	0	0

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	0	588534375	0	588534375	446075581
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	0	0	588534375	0	446075581
Total funds received from GAVI during the calendar year (A)	0	0	588534375	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	588534375	588534375	446075581
Total Funds available during the calendar year (C=A+B)	0	0	588534375	588534375	588534375	446075581
Total expenditure during the calendar year (D)	0	0	0	0	142458793	268823831
Balance carried forward to next calendar year (E=C-D)	0	0	588534375	588534375	446075581	176924516
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	176924516	494959773	0	0
Revised annual budgets (if revised by previous Annual Progress Reviews)	176924516	494959773	0	0
Total funds received from GAVI during the calendar year (A)	0	0	0	0
Remaining funds (carry over) from previous year (B)	176924516	144866953	0	0
Total Funds available during the calendar year (C=A+B)	176924516	144866953	0	0
Total expenditure during the calendar year (D)	23113167	0	0	0
Balance carried forward to next calendar year (E=C-D)	144866953	144866953	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	639826726	0	0

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 9.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	0	0	0	0	81.25
Closing on 31 December	0	0	0	0	81.25	81.1

Detailed expenditure of HSS funds during the 2012 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2012 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2013 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

Briefly describe the financial management arrangements and process used for your HSS funds. Notify whether HSS funds have been included in national health sector plans and budgets. Report also on any problems that have been encountered involving the use of HSS funds, such as delays in availability of funds for programme use.

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements at both the sub-national and national levels; and the overall role of the HSCC in this process.

Upon received the fund from GAVI alliance, the received fund is deposited in a foreign currency account with the Sonali bank, Local Branch, open for GAVI-HSS. The required amount of fund was then transferred from foreign currency account to a local currency account of GAVI-HSS upon request from Joint Chief, MOHFW and with the approval from secretary, MOHFW. Fund transferred from local currency account to the designated account (opened for GAVI-HSS activities) of the concerned Line Directors by the Joint Chief (MOHFW) based on request letter from different Line Directors. The concerned Line Directors (LDs) disbursed fund to civil surgeons at district level and civil surgeons disburse fund to UHFPO at sub district level according to the approved budget and work plan.

Civil Surgeons send the Statement of Expenditure (SOE) to the concerned Line Directors. All the financial transaction was made following an implementation guideline which covers procedure for disbursement of fund, budget break-up, implementation schedule, financial accountability, end-use monitoring and deadline for submission of expenditure statement. All Line Directors will submit SOE to the Joint Chief (PW), Ministry of Health and Family Welfare following set Govt. standard procedure. Statement of expenditures is verified at different stages and levels before it is finally submitted for liquidation. All documents in connection with GAVI HSS funds kept for at least five years in a safe and secured place of the office with all supporting documents.

Supervisors, senior level HQ officials and officials of concerned organization/agencies (GAVI, WHO, UNICEF) can have access to these documents whenever needed. The Controller and Auditor General (CAG) conduct regular financial and compliance audits. The Foreign Aided Projects Audit Directorate (FAPAD) conducts audits of programs and projects with DP contributions.

Has an external audit been conducted? No

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 9.2. It is very important to be precise about the extent of progress and use the M&E framework in your original application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
Activity 1.1	1.1 Recruitment and training of 'Community MCH and Immunization Workers' where HA/FWA post lying vacant.	74	Administrative report from District
Activity 1.6	1.6 Pilot a scheme to recruit additional vaccine porters (VP) at taka 200/EPI session to ensure at least 1 VP per 3 unions for plains, and 1 VP per 1 union for the CHT.	82	Administrative & financial report from District
Activity 2.3	2.3 Pilot Joint monthly reporting on performance of CCs, between Upazilas Family Planning and Health Service Directorates (AHI, HI & FPI), with monthly review meetings jointly chaired by UHFPO & UFPO	90	Administrative report from District

Activity 3.6	3.6 Priority water and sanitation repairs for all CCs, including water (arsenic) filters supplied to all CCs with arsenic contamination	100	Report from District
Activity 3.2	3.2 Obtain 2 sets (computer/printer/UPS) per district and 1 set for each Upazila	100	National level financial expenditure report
Activity 2.5	2.5 CC Management committee (10+HA+FWA) hold monthly management review meeting	100	Administrative report from District
Activity 3.7	3.7 Critical gaps in transportation vehicles (boats and bicycles) are filled	60	National level financial expenditure report
New Activity 1	Recruitment, orientation, equipped with essential tools of District MCH and Immunization Officer in targeted 13 District and recruitment of a Admin & Financial asst. at HQ level to support the activities of DMCH & Immunization and other works	70	Administrative report
New Activity 2	Structure Development for EPI vaccines and logistics. Establishment of District EPI Cold and logistic room (EPI Store) with separate sitting arrangement for storekeeper, CCT in 13 targeted Districts	95	Expenditure report from project
Support Cost 1	Management costs: funds for covering costs of GAVI Annual report development (performance evaluation meetings, investigate visits to 13 districts, etc.)	55	Administrative & financial expenditure report
Support Cost 2	M&E support costs (funds to support tracking the completion and collection of monthly supervisory reports)	64	Administrative & financial expenditure report

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
1.1 Recruitment and training of 'Community MCH&I	In total 438 MCH & immunization workers were recruited during the project period. The implementation of this activity ensured regular vaccination session.
1.6 Pilot a scheme to recruit additional vaccine	In total 360 additional vaccine porters were recruited during the project period, which ensured timely supply of vaccine in challenging areas.
2.3 Pilot Joint monthly reporting on performance	This activity is implemented in improving reporting and cross-checking information at upazila level and shown very positive result.
2.5 CC Management committee monthly management review	CC management committee meeting is held monthly as planned
New activit-1:Recruitment & orientation of DMCH&IO	Recruitment was done through a competitive process. At present 10 DMCH&IO (out of 13) is in place. However due to difficult duty station & job insecurity, faced difficulties in getting right person and also few selected candidate did not join. Repeated interview were conducted to fill up total position.
New activit-2:Structure Development EPI vaccines	90% of the construction has been completed, the rest will be completed by Q4 2013.

9.2.2 Explain why any activities have not been implemented, or have been modified, with references.

The activity was planned to expand in another 19 districts, however due to delayed in submission of audit report & disbursement of fund, the proposed activity was not implemented during the reporting period.

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

N/A

9.3. General overview of targets achieved

Please complete **Table 9.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2011 from your original HSS proposal.

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Obj1: 90% of HA and FWA vacant posts are filled up	0%	DGHS/2011	90%	NA	NA	NA	NA	57%	74%	Line Director, MNCAH	438 MCH and Immunization Workers recruited against the vacant posts for 588 HAs. The rest will not be targeted as recruitment of FWs from the DGFP is ongoing .
Obj2: 90% of supervisory & performance report available	0%	DGHS/2011	90%	NA	NA	NA	NA	100%	100%	Line Director, MNCAH. Project Director, Community-Based Health Care	
Obj 3: Critical gaps in equipment's & physical structure	0%	DGHS/2011	60%	NA	NA	NA	NA	52%	60%	Line Director, MNCAH. Project Director, Community-Based Health Care	
Obj4: High quality and appropriate MNCH services	0%	DGHS/2011	70%	NA	NA	NA	NA	60%	70%	Line Director, MNCAH. Project Director, Community-Based Health Care	

9.4. Programme implementation in 2012

9.4.1. Please provide a narrative on major accomplishments in 2012, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

90% constructions of 13 districts' EPI store has been completed and are almost ready to use as EPI cold & logistics store. 105 Community Clinics are functional to provide quality MCH services. Ten District MCH&IO are in place to continuous monitoring the field level activities. 438 community MCH and Immunization workers assisted in the provision of ANC and PNC services and ensured regular vaccination session. 360 additional vaccine porters were working for timely supply of vaccine in challenging areas. All these services were under the direct supervision of the District MCH and IO in their respective areas. With the implementation of HSS activities, the vaccination coverage of targeted district is increased.

9.4.2. Please describe problems encountered and solutions found or proposed to improve future performance of HSS funds.

Retention of DMCH&IO and getting right person due to difficult duty station & job insecurity, delayed utilization of fund; monitoring and evaluation could not be carried out regularly due to turnover of District MCH and IO. there was no provision for supervision by the LD, PD and program managers.

To improve future performance of HSS funds, it is suggested to establish a secretariat for the GAVI HSS Coordinator and provide transport facilities and also increased the benefit of DMCH&IO.

9.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

National Coordination together with Line Director MNC&AH and Project Director, Community Clinic monitor the implementation of GAVI funded HSS activities. National performance review meeting conducted with the Civil Surgeon and Deputy Director Family Planning of targeted 13 districts.

Supervisory checklist developed for each administrative level and used for monitoring the activities. District MCH and IO together with Civil Surgeon supervised and monitored the implementation of activities.

Immunization and other MNCH coverage is monitored by union in monthly upazila meetings and coverage of upazilas is monitored by district in district monthly meetings. National level closely monitors the coverage by districts and upazila. In addition, coverage evaluation surveys are conducted yearly by district.

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

GAVI HSS fund has been incorporated and reflected in the 3rd Sector Program of the Ministry of Health and Family Welfare (MOHFW) called the Health, Population and Nutrition Sector Development Program (HPNSDP). The HPNSDP has inbuilt M&E mechanism; the MOHFW set up a new Program Management and Monitoring Unit (PMMU) for routine monitoring of activities under the SWAp. The HPNSDP has incorporated a Results Framework (RF) that is being monitored along with other issues during Annual Program Review (APR) and Mid Term Review (MTR). The GAVI HSS fund would contribute in achieving targets of Results Framework.

9.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

CSO: Plan International

- Drop-out tracking for vaccination
- Disseminating information on MNCH to villagers
- Referral of complicated pregnancies to upazila health complex
- Registration of births, pregnancies

CSO: BRAC

- Drop-out tracking for vaccination
- Community mobilization for vaccination
- Disseminating information on MNCH to villagers
- Referral of complicated pregnancies to upazila health complex
- Registration of births, pregnancies

International NGO: Save the Children (Ma-moni)

- Disseminating information on MNCH to villagers
- Referral of complicated pregnancies to upazila health complex
- Registration of births, pregnancies
- Supporting health facilities in carrying out safe deliveries

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

CSO: Plan International

- Drop-out tracking for vaccination
- Disseminating information on MNCH to villagers
- Referral of complicated pregnancies to upazila health complex
- Registration of births, pregnancies

CSO: BRAC

- Drop-out tracking for vaccination
- Community mobilization for vaccination
- Disseminating information on MNCH to villagers
- Referral of complicated pregnancies to upazila health complex
- Registration of births, pregnancies

International NGO: Save the Children (Ma-moni)

- Disseminating information on MNCH to villagers
- Referral of complicated pregnancies to upazila health complex
- Registration of births, pregnancies
- Supporting health facilities in carrying out safe deliveries

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

The workplan with estimated budget is approved by the Project Implementation Committee (PIC) of GAVI HSS. Line Director MNC&AH and Project Director, Community Clinic send the fund requisition to National Coordinator. Then, the funds are channeled to cost centre of 13 targeted districts through three operational plan of new sector programme HPNSDP.

9.5. Planned HSS activities for 2013

Please use **Table 9.5** to provide information on progress on activities in 2013. If you are proposing changes to your activities and budget in 2013 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Activity 1.1	Recruitment and training of 'Community MCH and Immunization Workers' where HA/FWA post lying vacant.	754593	488896	Plan to expand in additional 19 districts	As per decision of PIC to cover all districts having fully vaccination coverage less than 80%	0

Activity 1.6	Pilot a scheme to recruit additional vaccine porters (VP) at taka 200/EPI session to ensure at least 1 VP per 3 unions for plains, and 1 VP per 1 union for the CHT.	638292	244545	Continue	Plan to expand in additional 19 districts	0
Activity 2.2	Annual orientation for Upazila and front-line supervisors on how to use supervisory tools to assess if CC is functional and capable of delivering necessary MCH services	40000	0	Continue	Plan to expand in additional 19 districts	0
Activity 2.3	Pilot Joint monthly reporting on performance of CCs, between Upazilas Family Planning and Health Service Directorates (AHI, HI & FPI), with monthly review meetings jointly chaired by UHFPO & UFPO	56248	7395	Continue	Plan to expand in additional 19 districts	0
Activity 2.5	CC Management committee hold monthly management review meeting	115385	91611	Continue	NA	0
Activity 2.6	Production and distribution of materials for training & IEC materials for HA, FWA & other staff on MCH , site sign board for CC and EPI outreach sites etc	249250	0	Continue	NA	0
Activity 3.1	Renovation and extension of 105 CCs out of 1821 CCs on pilot basis for MCH and immunization services to make them fully functional	575385	0	Continue	NA	0

Activity 3.2	Obtain 2 sets (computer/printer/UPS) per district and 1 set for each Upazila	328123	71927	Continue	Plan to expand in additional 19 districts	0
Activity 3.6	Priority water and sanitation repairs for all CCs, including water (arsenic) filters supplied to all CCs with arsenic contamination	93126	31670	Continue	Plan to expand in additional 19 districts	0
Activity 3.7	Critical gaps in transportation vehicles (boats and bicycles) are filled	150000	66392	Continue	Plan to expand in additional 19 districts	0
Support cost 1	Management costs: funds for covering costs of GAVI Annual report development, performance evaluation meetings, investigate visits to 30 districts, support staff etc	100000	7206	Continue	NA	0
Activity 4.4	Institute routine 6-month training program for upgrading eligible FWAs, CHCPs & HAs into SBAs trng.	98522	0	Continue	NA	0
Activity 4.2	Ensure harmonization of birth registrations between FWAs and HAs by during monthly CC meetings, by providing incentive to FPI to verify accuracy of birth registrars	65000	7823	Continue	Plan to expand in additional 19 districts	0
Support cost 2	M&E support costs (funds to purchase of equipments and support tracking the completion and collection of monthly supervisory reports,	90000	19079	Continue	NA	0
Support cost 3	Technical support: HSS National Coordinator (3000/month for National Officer)	125000	1318	Continue	NA	0

Support cost 4	Capacity building through experience sharing overseas visits of the officials involved with GAVI HSS programme in the GAVI implementing countries	100000	0	Continue	NA	0
New Activity 1	Recruitment, orientation, equipped with essential tools of District MCH and Immunization Officer in targeted 13 District and recruitment of a Admin & Financial asst. at HQ level to support the activities of DMCH & Immunization and other works	729948	222989	Continue	Plan to expand in additional 19 districts	0
New Activity 2	Structure Development for EPI vaccines and logistics Establishment of District EPI Cold and logistic room (EPI Store) with seaprate sitting arrangement for storekeeper, CCT in 13 targeted Districts	2239440	1234946	Continue	Plan to expand in additional 15 districts	0
New Activity 3	Support to District microplan for quality MNCH services	1323609	0	Continue	Implement in 10 MNCH districts	0
New Activity 4	Furniture and equipment for newly constructed delivery room in CCs	143494	0	Continue	Plan to expand in additional 19 districts	0
New Activity 5	Support for 12 packers & helpers for smooth vaccine transport from HQ to sub-national level and internet support at EPI HQ	17000	0	Continue	NA	0
New Activity 6	Support for volunteer for boarder check-post for ensuring polio vaccination to prevent polio importation	12000	0	Continue	NA	0

New Activity 7	Need based nationwide support for volunteer against vacant post of health assistant	474074	0	Continue	NA	0
New Activity 8	Additional vaccine transportation cost for hard to reach areas	30864	0	Continue	NA	0
New Activity 9	Recruitment of Cold chain Engineer at EPI HQ	20750	0	Continue	NA	0
New Activity 10	Quarterly EPI Divisional Coordination meeting with Multi-sectoral partners	39506	0	Continue	NA	0
Activity 1.4	Development of Activity Guide and orientation of community support Group (CSG) biannually	0	1112955	This activity is dropped	Fund was released in 2011-12 fiscal year but the activity was accomplished in 2012-2013 fiscal year.	0
Activity 2.4	Community Group (CG management Committee) semi-annual workshop at Upz. level for 13 Districts.	0	20	This activity is dropped	Fund was released in 2011-12 fiscal year but the activity was accomplished in 2012-2013 fiscal year.	0
		8609609	3608772			0

9.6. Planned HSS activities for 2014

Please use **Table 9.6** to outline planned activities for 2014. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Activity 1.1	Recruitment and training of 'Community MCH and Immunization Workers' where HA/FWA post lying vacant.	754593	Plan to expand in additional 19 districts	As per decision of PIC to cover all districts having fully vaccination coverage less than 80%	NA

Activity 1.6	Pilot a scheme to recruit additional vaccine porters (VP) at taka 200/EPI session to ensure at least 1 VP per 3 unions for plains, and 1 VP per 1 union for the CHT.	638292	Continue	Plan to expand in 19 districts	NA
Activity 2.2	Annual orientation for Upazila and front-line supervisors on how to use supervisory tools to assess if CC is functional and capable of delivering necessary MCH services	40000	Continue	Plan to expand in 19 districts	NA
Activity 2.3	Pilot Joint monthly reporting on performance of CCs, between Upazilas Family Planning and Health Service Directorates (AHI, HI & FPI), with monthly review meetings jointly chaired by UHFPO & UFPO	56248	Continue	Plan to expand in 19 districts	NA
Activity 2.5	CC Management committee hold monthly management review meeting	115385	Continue	NA	NA
Activity 2.6	Production and distribution of materials for training & IEC materials for HA, FWA & other staff on MCH , site sign board for CC and EPI outreach sites etc	224325	Continue	NA	NA
Activity 3.1	Renovation and extension of 105 CCs out of 1821 CCs on pilot basis for MCH and immunization services to make them fully functional	552494	Continue	NA	NA

Activity 3.2	Obtain 2 sets (computer/printer/UPS) per district and 1 set for each Upazila	328123	Continue	Plan to expand in 19 districts	NA
Activity 3.6	Priority water and sanitation repairs for all CCs, including water (arsenic) filters supplied to all CCs with arsenic contamination	93126	Continue	Plan to expand in 19 districts	NA
Activity 3.7	Critical gaps in transportation vehicles (boats and bicycles) are filled	150000	Continue	Plan to expand in 19 districts	NA
Support cost 1	Management costs: funds for covering costs of GAVI Annual report development, performance evaluation meetings, investigate visits to 30 districts, support staff etc	100000	Continue	NA	NA
Activity 4.4	Institute routine 6-month training program for upgrading eligible FWAs, CHCPs & HAs into SBAs trng.	98522	Continue	NA	NA
Activity 4.2	Ensure harmonization of birth registrations between FWAs and HAs by during monthly CC meetings, by providing incentive to FPI to verify accuracy of birth registrars	65000	Continue	Plan to expand in additional 19 districts	NA
Support cost 2	M&E support costs (funds to purchase of equipments and support tracking the completion and collection of monthly supervisory reports,	90000	Continue	NA	NA
Support cost 3	Technical support: HSS National Coordinator (3000/month for National Officer)	125000	Continue	NA	NA

Support cost 4	Capacity building through experience sharing overseas visits of the officials involved with GAVI HSS programme in the GAVI implementing countries	100000	Continue	NA	NA
New Activity 1	Recruitment, or ientation, equipped with essential tools of District MCH and Immunization Officer in targeted 13 District and recruitment of a Admin & Financial asst. at HQ level to support the activities of DMCH & Immunization and other works	656954	Continue	Plan to expand in additional 19 districts	NA
New Activity 2	Structure Development for EPI vaccines and logistics Establishment of District EPI Cold and logistic room (EPI Store) with seaprate sitting arrangement for storekeeper, CCT in 13 targeted Districts	2239440	Continue	Plan to expand in additional 15 districts	NA
New Activity 3	Support to District microplan for quality MNCH services	1191248	Continue	Implement in 10 MNCH districts	NA
New Activity 4	Furniture and equipment for newly constructed delivery room in CCs	143494	Continue	Plan to expand in additional 19 districts	NA
New Activity 5	Support for 12 packers & helpers for smooth vaccine transport from HQ to sub-national level and internet support at EPI HQ	17000	Continue	NA	NA
New Activity 6	Support for volunteer for boarder check-post for ensuring polio vaccination to prevent polio importation	12000	Continue	NA	NA

New Activity 7	Need based nationwide support for volunteer against vacant post of health assistant	427074	Continue	NA	NA
New Activity 8	Additional vaccine transportation cost for hard to reach areas	30864	Continue	NA	NA
New Activity 9	Recruitment of Cold chain Engineer at EPI HQ	20750	Continue	NA	NA
New Activity 10	Quarterly EPI Divisional Coordination meeting with Multi-sectoral partners	39506	Continue	NA	NA
		8309438			

9.7. Revised indicators in case of reprogramming

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

9.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
NA	0	NA	NA

9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Routine administrative report, MIS of DGHS, Project completion report	Report from upazila reviewed by District manager and report of District reviewed by National EPI and PIC of GAVI HSS. GAVI HSS Coordinator together with MCH&IO verified the information at field level	Timely submission of report from all level

9.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

NA

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?2

Please attach:

1. The minutes from the HSCC meetings in 2013 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

10. Strengthened Involvement of Civil Society Organisations (CSOs) : Type A and Type B

10.1. TYPE A: Support to strengthen coordination and representation of CSOs

Bangladesh **has NOT received GAVI TYPE A CSO support**

Bangladesh is not reporting on GAVI TYPE A CSO support for 2012

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

Bangladesh **has NOT received GAVI TYPE B CSO support**

Bangladesh is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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. These could be in addition to the approved minutes, which should be included in the attachments

NA

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS **FOR IMMUNISATION SERVICES SUPPORT (ISS) AND NEW VACCINE INTRODUCTION GRANTS**

I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **HEALTH SYSTEMS STRENGTHENING (HSS)**

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

FINANCIAL STATEMENTS FOR **CIVIL SOCIETY ORGANISATION (CSO)** TYPE B

I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2011 (balance as of 31Decembre 2011)	25,392,830	53,000
Summary of income received during 2012		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2012	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Signature_MoH & MoF.pdf File desc: Date/time: 5/13/2013 3:08:00 AM Size: 269383
2	Signature of Minister of Finance (or delegated authority)	2.1		Signature_MoH & MoF.pdf File desc: Date/time: 5/13/2013 3:08:19 AM Size: 269383
3	Signatures of members of ICC	2.2		Signature_ICC member.pdf File desc: Date/time: 5/14/2013 1:14:52 AM Size: 216151
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		ICC minutes_endorshed APR.pdf File desc: Date/time: 5/13/2013 3:08:44 AM Size: 840683
5	Signatures of members of HSCC	2.3		Signature.pdf File desc: Date/time: 10/3/2013 3:02:38 AM Size: 686065
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		LCG minutes_endorshed.pdf File desc: Date/time: 10/3/2013 3:03:13 AM Size: 2211410
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1		Financial Statement_ISS.pdf File desc: Date/time: 5/11/2013 3:12:09 AM Size: 283295
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3		Audit report_ISS&NVS.pdf File desc: Date/time: 5/14/2013 1:14:31 AM Size: 405755
9	Post Introduction Evaluation Report	7.2.2		EPI & VPD Surveillance Review Report & PIE_final.pdf File desc: Date/time: 5/8/2013 9:55:37 AM Size: 1750620
				Financial Statement_NVS.pdf

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		File desc: Date/time: 5/11/2013 3:13:23 AM Size: 203127
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		Audit report_ISS&NVS.pdf File desc: Date/time: 5/14/2013 1:16:36 AM Size: 405755
12	Latest EVSM/VMA/EVM report	7.5		EVM Assessment Report and Improvement Plan - Bangladesh 2011.pdf File desc: Date/time: 5/7/2013 6:47:07 AM Size: 1545191
13	Latest EVSM/VMA/EVM improvement plan	7.5		EVM Improvement Plan.pdf File desc: Date/time: 5/7/2013 6:47:48 AM Size: 550060
14	EVSM/VMA/EVM improvement plan implementation status	7.5		Progress report_EVM Imp. Plan.pdf File desc: Date/time: 5/7/2013 6:48:10 AM Size: 259879
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3		Not Applicable.pdf File desc: Date/time: 5/7/2013 6:48:54 AM Size: 4165
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Financial statement_fiscal year.pdf File desc: Date/time: 10/3/2013 3:04:18 AM Size: 520473
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3		Financila statement_July to Sept.pdf File desc: Date/time: 10/3/2013 3:04:40 AM Size: 715588
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3		External audit report for HSS grant.pdf File desc:

				Date/time: 10/2/2013 11:27:44 PM Size: 3131
22	HSS Health Sector review report	9.9.3	X	world bank evaluation.pdf File desc: Date/time: 10/3/2013 3:05:16 AM Size: 568808
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Banak Statement.pdf File desc: Date/time: 5/14/2013 1:17:37 AM Size: 1591999