



Annual Progress Report 2008

Submitted by

The Government of

The People's Republic of Bangladesh

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: 12 May 2009

Deadline for submission: 15 May 2009

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

and any hard copy could be sent to :

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

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

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

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

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

For the Government of [*Name of Country*]: The People's Republic of Bangladesh
.....

Minister of Health:

Mr. Shaikh Altaf Ali
Title: Secretary, MOH&FW

Signature:

Date:

Minister of Finance:

Mr. Arastoo Khan
Title: Additional Secretary, Ministry of Finance

Signature:

Date:

This report has been compiled by:

Full name: Dr A K F Mozibur Rahman

Position: Programme Manager, Child Health and LCC, DGHS, MOH&FW

Telephone: +880-2-9880530, +880-2-8821910-03

E-mail: akfmoziburrahman@yahoo.com

ICC Signatures Page

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

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

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

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

Name/Title	Agency/Organisation	Signature	Date
Md. Abul Kalam Azad, Joint Secretary (Development)	MOLG&RD		
Ms. Fran McConville, Health Advisor	DFID		
Mr. Faruque Ahmed, Director, Health Programme	BRAC		
1 st Secretary, The Canadian High Commission	CIDA		
Ms. Akemi Yoshida, 1 st Secretary (Health & Population)	Government of Japan		
Dr. Dinesh Nair, HNP Specialist	The World Bank		
Mr. Iftekharul Alam, Chairman	Rotary International		
Dr. Birthe Locatelli Rossi, Chief, H & N Section	UNICEF		
Dr Duangvadee Sungkhobol, WR	WHO		
Khadijat Mojidi, Director, Population, Health & Nutrition Office	USAID		

Comments from partners:

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

All comments will be treated confidentially

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



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

This report on the GAVI Alliance CSO Support has been completed by:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:
 Post:
 Organisation:.....
 Date:
 Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

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

Table A: Latest baseline and annual targets

Table B: Updated baseline and annual targets

1. Immunization programme support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

1.1.2 Use of Immunization Services Support

1.1.3 ICC meetings

1.1.4 Immunization Data Quality Audit

1.2 GAVI Alliance New and Under-used Vaccines (NVS)

1.2.1 Receipt of new and under-used vaccines

1.2.2 Major activities

1.2.3 Use of GAVI Alliance financial support (US\$100,000) for introduction of the new vaccine

1.2.4 Evaluation of Vaccine Management System

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support

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

1.3.3 Statement on use of GAVI Alliance injection safety support (if received in the form of a cash contribution)

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

3. Request for new and under-used vaccine for 2010

3.1 Up-dated immunization targets

4. Health System Strengthening (HSS) Support

5. Strengthened Involvement of Civil Society Organisations (CSOs)

6. Checklist

7. Comments

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

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

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	4,210,773	4,288,671	4,369,276	4,452,726	4,539,167	4,625,607	4,712,046	4,798,484
Infants' deaths	273,700	278,764	284,003	289,427	295,046	300,664	306,281	311,897
Surviving infants	3,937,073	4,009,907	4,085,273	4,163,299	4,244,121	4,324,942	4,405,762	4,486,587
Pregnant women	5,135,089							
Target population vaccinated with BCG	3,798,409	4,245,784	4,325,583	4,408,199	4,493,775	4,579,351	4,664,927	4,750,503
BCG coverage*	90%							
Target population vaccinated with OPV3	3,749,593							
OPV3 coverage**	95%							
Target population vaccinated with DTP (DTP3)***	3,750,257	3,697,692	3,850,905	3,924,455	4,000,640	4,076,825	4,153,010	4,229,195
DTP3 coverage**	95%							
Target population vaccinated with DTP (DTP1)***	3,741,783	4,026,376	4,102,051	4,180,398	4,261,552	4,342,706	4,423,860	4,505,014
Wastage ¹ rate in base-year and planned thereafter	36.28% (DPT)							
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of								
..... Coverage**								
Target population vaccinated with 1 st dose of								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with 1 st dose of Measles	3,765,298	3,448,520	3,595,040	3,746,969	3,819,709	3,892,449	3,965,189	4,037,929
Target population vaccinated with 2 nd dose of Measles								
Measles coverage**	96%							
Pregnant women vaccinated with TT+	2,151,093	5,020,884	5,115,251	5,321,550	5,424,859	5,528,168	5,631,477	5,734,786
TT+ coverage****	42%							
Vit A supplement	Mothers (<6 weeks from delivery)	2,647,652						
	Infants (>6 months)	3,712,743						
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	-0.23%							
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. 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. For new vaccines check table α after Table 7.1.

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

Table B: Updated baseline and annual targets

Not Applicable

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births								
Infants' deaths								
Surviving infants								
Pregnant women								
Target population vaccinated with BCG								
BCG coverage*								
Target population vaccinated with OPV3								
OPV3 coverage**								
Target population vaccinated with DTP (DTP3)***								
DTP3 coverage**								
Target population vaccinated with DTP (DTP1)***								
Wastage ² rate in base-year and planned thereafter								
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of								
..... Coverage**								
Target population vaccinated with 1 st dose of								
Wastage ¹ rate in base-year and planned thereafter								
Target population vaccinated with 1 st dose of Measles								
Target population vaccinated with 2 nd dose of Measles								
Measles coverage**								
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100								
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

² 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. For new vaccines check table α after Table 7.1.

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

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (Reflected in Ministry of Health and/or Ministry of Finance budget): **No**

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

GAVI secretariat made the reluctant decision to temporarily suspend the disbursement of rewards money to GoB. Following further analysis of data from Bangladesh, it has been decided, in consultation with the GAVI board chair to lift the suspension and resume ISS support to Bangladesh with immediate effect.

The reward money received previously from GAVI was reflected in the HNPSP –project aid fund.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

The Technical Sub-Committee (TSC) is responsible to prepare the annual budget. The TSC selects the activities along with detailed budget break-up based on the need of the immunization program. The budget is then approved in the ICC meeting.

Based on the approved budget national EPI execute the planned activities within the existing Government rules. The Joint Secretary (PH & WHO) and the Program Manager, Child health are the joint signatories for operating the GAVI fund. In case of any revision of the budget the TSC recommends to the ICC with proper justification for approval.

The GAVI/VF is audited by Foreign Aided –Projects Audit Directorate (FAPAD) in every financial year. Beside this audit, a 3rd Party audit by Chartered Accountant (CA) firm up to 2007 was completed in the year 2008 (Report attached).

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008: Not Applicable

Remaining funds (carry over) from 2007: 5,531,543 USD

Balance to be carried over to 2009: 3,315,207 USD

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS		
		PUBLIC SECTOR		PRIVATE SECTOR & Other
		Central	Region/State/Province	
Vaccines				
Injection supplies				
Personnel	267,768			267,768
Transportation	75,321			75,321
Maintenance and overheads	66,982			66,982
Training	87,204			87,204
IEC / social mobilization	5,996			5,996
Outreach	482,997			482,997
Supervision	75,475	74,422		1,053
Monitoring and evaluation				
Epidemiological surveillance				
Vehicles	1,115,418			1,115,418
Cold chain equipment	2,845			2,845
Other: EVSM	36,330	36,330		
Total:	2,216,336			
Remaining funds for next year:	3,315,207			

1.1.3 ICC meetings

How many times did the ICC meet in 2008? ICC met 03 times

Attached ICC meeting minutes (DOCUMENT No-27th, 28th and 29th) from all the ICC meetings held in 2008 and 31st meeting minutes where the APR 2008 approved.

Are any Civil Society Organizations members of the ICC: **[Yes/No] Yes**
if yes, which ones?

List CSO member organisations:
Bangladesh Rural Advancement Committee (BRAC)
Rotary International

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

Major activities conducted :

- Prepared micro-plan based on RED strategy for every Upazila, Zone, Municipality, District and City Corporation.
- With support from UNICEF, national EPI identified 15 low performing Districts based on CES to provide additional financial support to increase vaccination coverage.
- LAUNCH activities supported by WHO in 23 Districts and 3 city corporations from January 2008 to December 2008
- Training on DQS was completed for all District Immunization Medical Officers (DIMOs) and Surveillance Medical Officers (SMOs) with assistance from WHO-Geneva and SEARO. For institutionalizing the DQS national EPI trained 2 persons from each District and City Corporation (CC). In 2007 Managers and Supervisors of 32 Districts and 2 CCs were trained.
- Training of Mid Level Managers of all districts and upazilas on Adverse Events Following Immunization (AEFI) completed which started in 2007 and completed in early part of 2008.
- Basic training on routine EPI was completed for 3,556 newly recruited Health Assistants (basic field workers) with the financial support of GAVI and technical assistance of WHO and UNICEF
- Organized two rounds of 17th National Immunization Day (NIDs). Vitamin-A and Anthelmintic were also provided along with OPV.
- Training on measles case based surveillance completed and introduced in all health facilities
- Organized consultative workshops for disseminating updated EPI messages in all Medical College Hospitals and Specialized Hospitals
- Conducted validation of neonatal tetanus elimination in Bangladesh by lot quality-assurance cluster sampling and published in Weekly Epidemiological Records on 24 August 2008
- Cold storage capacity assessment was completed in all districts and upazilas for introduction of Hib Pentavalent vaccine
- Revised EPI manual to incorporate Hib pentavalent vaccine. Training materials also prepared for Hib pentavalent vaccine introduction
- Completed training of district, upazila and city corporation managers and field workers of Khulna district and Khulna City Corporation for introduction of Hib pentavalent vaccine introduction.
- Capacity building of cold chain system engineer- Training of 4 cold chain engineers and technicians by Hurree in Finland and 25 technicians at EPI HQ supported by UNICEF.

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- a) Signed minutes (DOCUMENT N°.....) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- b) Most recent external audit report (DOCUMENT N°.....) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- c) Detailed Financial Statement of funds (DOCUMENT N°.....) spent during the reporting year (2008).
- d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

DQA was not conducted in 2007 or 2008. Since 2007 Bangladesh EPI is practicing Data Quality Self- Assessment (DQS) tool instead of Data Quality Audit (DQA).

The following activities were completed for DQS:

- Training on DQS was completed for all District Immunization Medical Officers (DIMOs) and Surveillance Medical Officers (SMOs) with assistance from WHO-Geneva and SEARO. For institutionalizing the DQS national EPI trained 2 persons from each District and City Corporation (CC). In 2007 Managers and Supervisors of 32 Districts and 2 CCs were trained.
- Data Quality Self-Assessment (DQS) is currently being practiced by GoB managers, SMOs and DIMOs in the selected sub districts and City corporations to monitor immunization activities and accuracy of data and to identify constraints and solutions to improve routine EPI coverage. A total of 151 DQS conducted at sub districts in 2008 (SMO -78, DIMO-52 and GoB-46)
- EPI is continuing the DQS and planned to expand the DQS in the remaining districts.

List major recommendations :

The following are the major recommendations of DQS:

- Field Workers should regularly assess their performance by calculating vaccination coverage using the target population of each sub block/ward.
- Inter Personnel Communication and new born registration should be done regularly prior to vaccination day by the field workers
- Field workers should be more active in AEFI reporting and they should have AEFI reporting forms.
- 1st line Supervision should be strengthened and Supervisors should review the Tally Sheet for analyzing data, providing feedback and taking action for strengthening routine immunization.
- Ward wise performance including coverage & dropout should be thoroughly discussed in field worker's monthly meeting
- Vaccine stock register should be checked regularly and regular physical verification of the vaccine stock is recommended for both district and upazila stores.

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

YES

NO

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

- Revised tally sheet introduced for better tracking of drop out
- Computerized data reporting system is established in 64 districts

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy] NA

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

List challenges in collecting and reporting administrative data:

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

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

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008] **Hib vaccine in pentavalent form (DPT + HepB +Hib)**

[List any change in doses per vial and change in presentation in 2008]

One dose per vial

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
Hib pentavalent	One dose	576,000	proposed on 15th January 2009	02-12-2008
	One dose	576,000		04-12-2008
	One dose	683,950		23-12-2009
	One dose	664,050		30-12-2008

Please report on any problems encountered.

[List problems encountered]

1.2.2. Major activities

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

[List activities]

GoB planned to incorporate Hib pentavalent vaccine from 2009 in a phase wise manner. In the 1st phase Khulna City Corporation and Khulna district were selected.

- Materials prepared for training and advocacy meeting;
- National TOT conducted on 20-21 December 2008 at EPI HQ;
- Khulna district training conducted on 23-24 December 2008;
- Field workers and supervisors training of Upazila and Khulna City Corporation held from 10-13 January 2009;
- Launching of Hib pentavalent on 15th January 2009 by Honourable Minister, Ministry of Health & Family Welfare

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

These funds were received on: **[15/12/2008]**

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

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems

2008	1,287,000 \$US	15/12/2008	1,287,000 \$US	NA	

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? [mm/yyyy] **Conducted in 03/2004**

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

In November 2008 a TIP-WHO provided TOT on EVSM/VM assessment to a national core team comprising of Medical Officers, vaccine store management and cold chain maintenance staff of EPI HQ and Divisional Coordinators, WHO-IVD. The TOT was followed by field assessment in 6 districts by the participants to thoroughly master the tool (VMAT) as well as to better understand the current practices of vaccine management. In total 5 district stores, 3 city corporation stores and 15 service level stores were assessed using VMAT. The major recommendations are listed below:

[List major recommendations]

- The cold chain capacity at District and service level should be upgraded immediately using the currently available equipment that is intact or which can be repaired. On the long term, new stocks of cold chain equipment are required to be procured.
- Each district vaccine store should be equipped with a back-up generator
- Many of the district stores should be provided with adequate space for cold store, office space and dry store space.
- The Cold Chain Management Unit should prepare a "preventive maintenance plan" and "replacement plan" for the equipments
- EPI should ensure rapid intervention by Cold Chain technician (CCT) and putting the equipment into operation for future use within less than 1 week. Adequate supply of spares should be made available to the districts.
- The printed vaccine stock register has no provision to note the salient details about the vaccines and diluents or adjust the stocks in case of necessity. A new revised format should be considered for future use.
- Define safety stock at each level for each antigen and institutionalize the practice of noting this on top of the vaccine stock register page. Whenever the safety stock is reached or breached emergency indent should be done to avoid stock out of vaccines.
- Implement use of a comprehensive indent, supply and receipt form which includes status of VVM and freeze indicators at the time of despatch and receive.
- Improve current wastage reporting system by including the wastage due to unopened vials

Was an action plan prepared following the EVSM/VMA? **Yes**

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

[List main activities]

- Inventory of all intact and repairable cold chain equipment has been made. Plan already prepared to distribute the intact equipment to increase the storage capacity of the districts and upazila. Repair of cold chain equipment in progress. Procurement of new equipment (10 solar refrigerators, 300 cold boxes, 150 ILR) through government channel under process
- In 2005, EPI planned to renovate/construct the district and upazila stores by utilizing GAVI fund. From 2005 till date 29 upazila stores and 13 district stores were renovated and 10 district stores are under renovation process. There is a plan to renovate more stores in 2009 from GAVI budget
- New format for the vaccine stock register developed which includes all salient parameters including VVM, waiting for approval for printing
- The EPI record keeping and reporting forms are under review process and total vaccine wastage and unopened vial wastage will be included in the forms. Previously only proportional wastage on opened vial was addressed.
- A comprehensive indent, supply and receipt form has been developed, waiting for approval for printing
- Draft SOPs developed on vaccine indenting, receiving, storage, supply and monitoring & maintenance of cold chain equipments. These are under process of finalization.
- A quick reference manual on good practices in vaccine management developed following the criteria of the VMA tool. This manual is under process of translation into Bangla. The Bangla version will be printed to be distributed to the field. This manual has addressed the gaps identified during the vaccine management assessment. Training on this vaccine management guide has been scheduled during July to September 2009.
- National EPI plans to train the Surveillance Medical Officers (SMO), WHO and District Immunization Medical Officers (DIMO) on VMAT by the national core team who received the TOT by the TIP-WHO. After receiving the training SMO and DIMO will conduct VM assessment at their respective districts. While doing so they will involve the local level staff. This process will help to increase awareness and build capacity of the vaccine store keepers.

EPI is expecting that the introduction of the vaccine management manual, SOPs and regular assessment of the vaccine stores will bring a major improvement in the overall vaccine management system.

When will the next EVSM/VMA* be conducted? [mm/yyyy] in **2010**

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

Table 1.2

Vaccine 1: . Hib vaccine in pentavalent form	
Anticipated stock on 1 January 2010	5,000,000 doses
Vaccine 2:	
Anticipated stock on 1 January 2010
Vaccine 3:	
Anticipated stock on 1 January 2010

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies?.....**No**.....

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

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

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

<p>[List sources of funding for injection safety supplies in 2008]</p> <p>The injection safety support from GAVI was for three years (2004-2006) Which ended in 2006. With the help of WHO Government of Bangladesh explored the feasibility of local production of AD syringes and a local syringe manufacturing company showed their interest. This company started production of AD syringes and national EPI has been procuring AD syringes and safety boxes since 2007. This company has the capacity to supply required number of AD syringes for all routine EPI vaccines in the country. GoB is procuring AD syringes from its development budget. There was no stock out of injection safety supplies at any level.</p>
--

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

Currently there are two types of recommended practice for sharps waste disposal of routine EPI. The first one is incineration and the second one is open pit burning. 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. Proper sharps waste management is a big challenge for the Govt and need GAVI support in this area.

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

There was no major problem during the transitional period as GoB completed all necessary procedures for procurement of injection safety supplies before the cessation of injection safety support from GAVI.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution) *Not Applicable*

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

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

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

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
<i>Expenditures by Category</i>			
Traditional Vaccines (including SIAs)	20,766,004	25,846,243	22,976,195
New Vaccines	6,256,886	54,603,000	40,600,500

Injection supplies	4,013,994	5,099,415	5,609,357
Cold Chain equipment	176,648	1,084,430	4,027,778
Operational costs	11,469,298	11,698,684	11,932,658
Other (please specify): Transport	1,115,418	184,210	52,632
Total EPI	43,798,248	98,515,982	85,199,120
Total Government Health			

Exchange rate used	68.40
---------------------------	-------

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

GoB is procuring routine vaccine using IDA pool funds /World Bank through UNICEF. Government has a plan to procure vaccines with revenue budget. Present HNPSP is up to June 2011. There are funding gaps for supplementary immunization activities. Government is mobilizing resources through partners UNICEF and WHO to meet funding gap.

Future Country Co-Financing (in US\$)

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

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

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

<i>1st vaccine</i> Hib Penta		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.20\$					
Number of vaccine doses	#	783,800					
Number of AD syringes	#	826,800					
Number of re-constitution syringes	#	NA					
Number of safety boxes	#	9,200					
Total value to be co-financed by country	\$	2,599,000					

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

<i>2nd vaccine: Not Applicable</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

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

<i>3rd vaccine: Not Applicable</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

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

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?				
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year	
	(month/year)	(day/month)		
1st Awarded Vaccine (specify)	September, 2008	In Process	September, 2009	
2nd Awarded Vaccine (specify)	NA			
3rd Awarded Vaccine (specify)	NA			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (specify)	\$3,102,000	853,100
2nd Awarded Vaccine (specify)	NA	
3rd Awarded Vaccine (specify)	NA	

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. Delayed in World Bank concurrence
2.
3.
4.

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

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

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

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

Table 3.1: Specifications of vaccinations with new vaccine

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

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

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

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

Vaccine 2:

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

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

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

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

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

Vaccine 3:

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

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

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

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

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

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

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

The Planning Wing of the Ministry of Health & Family Welfare (MOHFW) took the lead of HSS application development, and the HNP Forum coordinated and provided oversight to the application development process.

The final version of the proposal was endorsed by the MOHFW on 4th September and the Ministry of Finance (MOF) on 7th September 2008 and resubmitted to GAVI secretariat on 11 September 2008..

GAVI board approved GoB proposal and 7.6 million US\$ will be disbursed for the year 2009 and 6.2 million US\$ for 2010 after conducting Financial Management Assessment (FMA) by GAVI secretariat from 23 April to 2nd May 2009. This assessment will be combined with the Annual Progress Report of HNPSP.

4.1 Information relating to this report:

- a) Fiscal year runs from(month) to(month).
- b) This HSS report covers the period from(month/year) to(month year)
- c) Duration of current National Health Plan is from(month/year) to(month/year).
- d) Duration of the immunisation cMYP:
- e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

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

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

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

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

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

ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

--

4.2 Overall support breakdown financially

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

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

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

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

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

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

Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

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

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					

Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					

Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

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

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

4.7 Financial overview during reporting year:

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

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

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

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

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

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

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

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

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

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

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

5.1.1 Mapping exercise

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

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

5.1.2 Nomination process

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

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

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

--

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

--

5.1.3 Receipt of funds

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

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

5.1.4 Management of funds

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

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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

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

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

5.2.1 Programme implementation

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

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

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

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

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

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

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

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

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

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

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

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

5.2.3 Management of funds

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

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

5.2.4 Monitoring and Evaluation

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

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

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	12 May 2009	
Reporting Period (consistent with previous calendar year)	January to December 2008	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on		
DQA reported on		
Reported on use of Vaccine introduction grant		
Injection Safety Reported on		
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)		
New Vaccine Request including co-financing completed and Excel sheet attached		
Revised request for injection safety completed (where applicable)		
HSS reported on		
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

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

~ End ~