



GAVI Alliance

# Annual Progress Report **2014**

Submitted by

The Government of  
***Bangladesh***

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **13/05/2015**

**Deadline for submission: 27/05/2015**

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavi.org](mailto:apr@gavi.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: **2014**

Requesting for support year: **2016**

## 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2016
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2016
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
Preventive Campaign Support	MR, 10 dose(s) per vial, LYOPHILISED	Not selected	2013
Routine New Vaccines Support	IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID	2018

**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.

IPV second preferred presentation: **IPV, 1 dose(s) per vial, LIQUID**

IPV third preferred presentation: **IPV, 1 dose(s) per vial, LIQUID**

## 1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Measles second dose, 10 dose(s) per vial, LYOPHILISED	2017	No extension
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2017	No extension
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	2018
Routine New Vaccines Support	IPV, 5 dose(s) per vial, LIQUID	2019	No extension

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For <b>2014</b> ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2013** 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 High Level Review Panel (HLRP) 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	Syed Monjurul Islam, Secretary, MoH&FW	Name	Mohammad Muslim Chowdhury, Additional Secretary, Budget-1, 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):*

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Md. Ibrahim Khalil	Assistant Chief Ministry of Health and Family Welfare, Bangladesh Secretariat, Dhaka	+880-2-9514092	kabboibrahim@yahoo.com

### 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
Md. Akhter Hossain, Joint Secretary	Local Government Division, Ministry of Local Government, Rural Development & Co- operatives		
Dr. Kaosar Afsana, Director, BRAC Health Program	BRAC		
Dr. Bushra Binte Alam, Senior Health Specialist, Health Sector Development Programme	World Bank		
Dr. Lianne Kuppens, Chief, Health Section	UNICEF		
Dr N Paranietharan, Representative, WHO Bangladesh	WHO		
Dr. Shehlina Ahmed, Health Advisor	DFID		
Lisa Stevens, Infectious Disease Specialist	USAID		
Sylvia Islam, Senior Development Advisor	DFATD		
Mr. KomatsuTakahiro, 1st Secretary	Embassy of Japan		
Professor Jalal U Ahmed	Rotary International		

ICC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.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
Ms. Roksana Quader, Additional Secretary (PH & WHO)	Ministry of Health and Family Welfare		
Md. Helal Uddin, Joint Chief Planning	Ministry of Health and Family Welfare		
Md. Zahidul Haque, Joint Secretary	Finance Division, Ministry of Finance		
Dr. Mohammad Khairul Hasan, Deputy Chief (Health)	Ministry of Health and Family Welfare		
Dr. Bushra Binte Alam, Senior Health Specialist, Health Sector Development Programme	World Bank		
Dr N Paranietharan, Representative, WHO Bangladesh	WHO		
Dr. Lianne Kuppens, Chief, Health Section	UNICEF		
Dr. Shehlina Ahmed, Health Advisor	DFID		
Sylvia Islam, Senior Development Advisor	DFATD		
Mr. Komatsu Takahiro, Ist Secretary	Embassy of Japan		
Lisa Steven	USAID		

HSCC may wish to send informal comments to: [apr@gavi.org](mailto:apr@gavi.org)

All comments will be treated confidentially

Comments from Partners:

NA

Comments from the Regional Working Group:

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

Bangladesh is not reporting on CSO (Type A & B) fund utilisation in 2015

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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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)							
	2014		2015		2016		2017		2018	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation	Previous estimates in 2014	Current estimation
Total births	3,525,888	3,525,888	3,574,192	3,228,362	3,623,159	3,279,741		3,327,304		3,370,437
Total infants' deaths	151,613	151,613	153,690	138,820	155,796	141,029		143,074		144,929
Total surviving infants	3374275	3,374,275	3,420,502	3,089,542	3,467,363	3,138,712		3,184,230		3,225,508
Total pregnant women	3,525,888	3,525,888	3,574,192	3,551,198	3,623,159	3,607,715		3,660,034		3,707,481
Number of infants vaccinated (to be vaccinated) with BCG	3,455,370	3,719,011	3,502,708	3,228,362	3,550,696	3,279,741		3,327,304		3,370,437
BCG coverage[1]	98 %	105 %	98 %	100 %	98 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	3,138,075	3,669,567	3,181,067	3,089,542	3,224,647	3,138,712		3,184,230		3,225,508
OPV3 coverage[2]	93 %	109 %	93 %	100 %	93 %	100 %	0 %	100 %	0 %	100 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	3,205,561	3,725,531	3,249,477	3,089,542	3,293,995	3,138,712		3,184,230		3,225,508
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	3,138,075	3,670,254	3,181,067	3,089,542	3,224,647	3,138,712		3,184,230		3,225,508
DTP3 coverage[2]	93 %	109 %	93 %	100 %	93 %	100 %	0 %	100 %	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0		0		0
Wastage[5] 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 1st dose of DTP-HepB-Hib	6,411,122	3,725,531	3,249,477	3,089,542		3,138,712		3,184,230		3,225,508
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	3,138,075	3,670,254	3,181,067	3,089,542		3,138,712		3,184,230		3,225,508
DTP-HepB-Hib coverage[2]	93 %	109 %	93 %	100 %	0 %	100 %	0 %	100 %	0 %	100 %
Wastage[5] rate in base-year and planned thereafter (%)	5	1	5	5		5		5		5
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.01	1.05	1.05	1	1.05	1	1.05	1	1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	1,749,237	0	3,249,477	2,935,065	0	2,981,776		3,025,019		3,064,233

Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	1,712,411	0	3,181,067	2,935,065	0	2,981,776		3,025,019		3,064,233
Pneumococcal (PCV10) coverage[2]	51 %	0 %	93 %	95 %	0 %	95 %	0 %	95 %	0 %	95 %
Wastage[5] rate in base-year and planned thereafter (%)	10	0	1	10	0	10		10		10
Wastage[5] factor in base-year and planned thereafter (%)	1.11	1	1.01	1.11	1	1.11	1	1.11	1	1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %	0 %	10 %	0 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with IPV		0	5,972,017	2,935,065	5,938,103	2,981,776		3,025,012		3,064,233
Wastage[5] rate in base-year and planned thereafter (%)		0	30	30	30	30		30		30
Wastage[5] factor in base-year and planned thereafter (%)	1	1	1.43	1.43	1.43	1.43	1	1.43	1	1.43
Maximum wastage rate value for IPV, 5 dose(s) per vial, LIQUID (see note above)	0 %	30 %	0 %	30 %	0 %	30 %	0 %	30 %	0 %	30 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	0	3,662,758	3,420,502	2,935,065	3,467,363	2,981,776		3,025,012		3,064,233
Number of infants vaccinated (to be vaccinated) with 2nd dose of Measles	3,205,561	3,519,783	3,420,502	2,935,065	3,467,363	2,981,776		3,025,012		3,064,233
Measles coverage[2]	95 %	104 %	100 %	95 %	100 %	95 %	0 %	95 %	0 %	95 %
Wastage[5] rate in base-year and planned thereafter (%)	50	40	40	40	40	40		40		
Wastage[5] factor in base-year and planned thereafter (%)	2	1.67	1.67	1.67	1.67	1.67	1	1.67	1	1
Maximum wastage rate value for Measles second dose, 10 dose(s) per vial, LYOPHILISED	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %	0.00 %	40.00 %
Pregnant women vaccinated with TT+	3,525,888	1,842,933	3,574,192	3,551,198	3,623,159	3,607,715		3,660,034		3,707,481
TT+ coverage[7]	100 %	52 %	100 %	100 %	100 %	100 %	0 %	100 %	0 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	0	2,689,946	0	0	0	0		0		0
Vit A supplement to infants after 6 months	0	0	0	0	0	0	N/A	0	N/A	0
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	2 %	1 %	2 %	0 %	2 %	0 %	0 %	0 %	0 %	0 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

## 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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 2016 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**

Number of birth in 2014 is consistent with Joint Reporting Form (JFR), however the target for 2015-2018 is given according to the new population projection jointly prepared by national EPI, Bangladesh Bureau of Statistics (BBS) and National Institute Population Research and Training (NIPORT).

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

Same as above

- 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

NA

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

The actual wastage rate of Measles vaccine is about 70% due to more than 90% EPI sessions are held in outreach sites in Bangladesh. On an average 3-4 children are vaccinated in each outreach site. As MDVP is not applicable for measles vaccine, as a result average rate is 65-70%. Considering the present outreach strategy with the current wastage rate country is facing shortage of vaccine. Hence Bangladesh is requesting to consider the actual wastage rate for measles vaccine or as requested previously to supply the 5 dose vial presentation.

### 5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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	2013	92.3%	91.7%

5.2.2. 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.

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

5.2.4. 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

There is no gender related barriers in accessing and delivering immunization services.

### 5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	1 US\$ = 77	Enter the rate only; Please do not enter local currency name
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**Table 5.3a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	World Bank/Pool Fund	NA	NA
Traditional Vaccines*	15,927,485	0	0	378,000	0	15,549,485	0	0
New and underused Vaccines**	14,125,262	0	12,877,262	0	0	1,248,000	0	0
Injection supplies (both AD syringes and syringes other than ADs)	229,969,000	118,400,000	111,569,000	0	0	0	0	0
Cold Chain equipment	2,918,866	0	0	466,103	0	2,452,763	0	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	221,999,625	221,235,000	0	284,135	480,490	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	45,504,560	32,969,000	11,601,201	397,315	537,044	0	0	0
NA		0	0	0	0	0	0	0
<b>Total Expenditures for Immunisation</b>	<b>530,444,798</b>							
<b>Total Government Health</b>		<b>372,604,000</b>	<b>136,047,463</b>	<b>1,525,553</b>	<b>1,017,534</b>	<b>19,250,248</b>	<b>0</b>	<b>0</b>

Traditional vaccines: BCG, DTP, OPV, 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

### 5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

NA

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

If Yes, which ones?

List CSO member organisations:
Rotary International
Brac

### 5.5. Priority actions in 2015 to 2016

## What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

Objective 1. Improve immunization coverage among children under one and child bearing age women, namely

- 1) At least 95% fully immunization coverage among under one children at national level and 85% full immunization coverage at each district level
- 2) TT5 coverage among women of childbearing age reached at least 80% at national level and 75% at each district level
- 3) Improve Immunization System performance in Urban Areas.

Priority Activities:

Vaccination coverage has increased in terms of quantity and quality (reduced drop out rate and invalid doses), reaching 80%.

- Prepared EPI Micro-plan following RED strategy in every district, Upazilas, city corporations and municipalities giving special attention to the low coverage districts
- Emphasis has given on establishment of proper primary health care delivery system at city cooperation level
- Updated list of hard to reach areas, listing of drop out and left out children of under one year for vaccination
- Conducted training of Mid Level managers (MLM), Training of Data Quality Self-assessment (DQS) on EPI component management & VPDs refreshers training.
- Strengthened regular supportive supervision at each level
- Conducted regular monthly meeting at district and sub-district level and quarterly coordination meeting at divisional level to monitor performance on routine EPI and surveillance
- Χονδρύτεδ ρεγυλαρ μοντηλψ μεετινγ ατ διστριχτ ανδ συβ-διστριχτ λεπελ ανδ θυαρτερλψ χοορδινατιον μεετινγ ωτ
- Strengthened the routine coverage and VPD surveillance system in all districts through regular monitoring the data
- Ensured sufficient, timely and potent vaccines and quality injection devices available at all level with no stock out
- Periodical review of the EPI micro-plan and national EPI program performance at each level was conducted for approval
- Developed & implemented staff recruitment plan with GAVI budget.
- Developed, established and maintained effective communication channels between the key stakeholders at the central level
- Expanded EPI local level planning (LLP) in all municipalities and city corporations areas;
- Strengthened the capacity in cold chain logistics, surveillance, communication and MIS administration.

Objective 2. Maintain polio free status

Priority Activities:

- Enhanced AFP surveillance, effective implementing national emergency plans to improve OPV coverage and ensure 100% coverage in all planned to reach under served places and populations more systematically
- Strengthened routine immunization and achieve 98% OPV Coverage
- Conducted 21st NIDs and achieved administrative coverage 101% (0-59 months children)
- Planned to introduce IPV in 2015 and switch over tOPV to bOPV in 2016

Objective 3. Maintain maternal and neonatal tetanus elimination status

Priority Activities:

- Developed MNT elimination sustaining strategy through exiting data review and one dose during pregnancy
- Maintained high coverage of TT5 among childbearing age women
- Maintained high TT protection at birth
- Intensified current NT surveillance

Objective 4. Achieve national level 95% measles coverage and reaching measles elimination status by 2018 and achieve 90% decrease rubella cases by 2018.

Priority Activities:

- Maintained high measles and MR coverage among infants with special emphasis to the low coverage districts
- Conducted divisional coordination meeting with multi-sectoral partners, local NGOs and GoB for strengthening routine immunization services
- Intensified measles and rubella surveillance and facility based CRS surveillance
- All the logistics for Effective implementation of routine immunization services and measles control activities were met
- Effective implementation of measles and rubella control measures
- Conduct nationwide MR campaign in 2014 and vaccinated 52.6 million children of 9 months - under 15 age group

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

Priority Activities:

- Strengthened cold chain capacity at national and sub-national level
- Capacity building of service providers at all levels
- Strengthen coordination with development partners, local NGOs/CBOs, institutions
- Establishment of surveillance system for diseases covered by new antigens.
- PCV and IPV introduced according to the planned timeline in March 2015
- Ensured the future financial sustainability

## 5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD Syringes	GoB
Measles	AD Syringes	Gavi
TT	AD Syringes	GoB
DTP-containing vaccine	AD Syringes	Gavi & GoB
IPV	NA	NA

Measles-Rubella vaccine (Routine)	AD Syringes	GoB
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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 2014 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.

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.



## **6. Immunisation Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2014**

Bangladesh is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.2. Detailed expenditure of ISS funds during the 2014 calendar year**

Bangladesh is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.3. Request for ISS reward**

Request for ISS reward achievement in Bangladesh is not applicable for 2014

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

### 7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

**Table 7.1:** Vaccines received for 2014 vaccinations against approvals for 2014

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

	[ A ]	[ B ]	[ C ]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Measles second dose	6,411,200	6,411,200	0	No
Pneumococcal (PCV10)	3,640,800	0	0	Not selected
DTP-HepB-Hib	4,800,000	4,811,400	0	No
IPV		0	0	Not selected

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 is variation of 11,400 doses against DTP-HepB-Hib, it's happened as because GoB procured 480,000 doses of co-financed quantities instead of 468,600 doses. However, no problem is encountered related to vaccine shipments during the reporting period.

- 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 one dose vial presentation of Pentavalent vaccine and experienced very low wastage rate.

However, country is experiencing high wastage rate for measles second dose vaccine, as because of outreach strategy of the country practising for routine vaccination program. To minimize the wastage rate, country is proposing to replace the measles the with MR vaccine, which will be used both at 9 months & 15 months of age.

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 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

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

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

<b>IPV, 5 dose(s) per vial, LIQUID</b>		
<b>Nationwide introduction</b>	No	
<b>Phased introduction</b>	No	
<b>The time and scale of introduction was as planned in the proposal? If No, Why ?</b>	No	NA

When is the Post Introduction Evaluation (PIE) planned? **November 2015**

<b>Measles second dose, 10 dose(s) per vial, LYOPHILISED</b>		
<b>Nationwide introduction</b>	No	
<b>Phased introduction</b>	No	
<b>The time and scale of introduction was as planned in the proposal? If No, Why ?</b>	No	NA

When is the Post Introduction Evaluation (PIE) planned? **June 2013**

<b>Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID</b>		
<b>Nationwide introduction</b>	No	
<b>Phased introduction</b>	No	
<b>The time and scale of introduction was as planned in the proposal? If No, Why ?</b>	No	NA

When is the Post Introduction Evaluation (PIE) planned? **November 2015**

7.2.2. 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) )

NA

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? **Yes**

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 2014

#### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	36,920,745	2,844,231,452
Remaining funds (carry over) from 2013 (B)	5,731,500	441,325,500
Total funds available in 2014 (C=A+B)	42,652,245	3,285,556,952
Total Expenditures in 2014 (D)	12,784,312	989,032,471
Balance carried over to 2015 (E=C-D)	29,867,933	2,296,524,481

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 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

NA

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 2015 onwards

- Refresher training for Mid Level Manager & field workers
- Orientation of Professional in Medical College Hospital & Private Hospital
- Quarterly multi-sectoral review of EPI & surveillance performance at divisional and district level
- Orientation of Mid Level Manager & field workers on AEFI & surveillance
- Strengthening supervision at all level
- Support for vacant position of field workers
- Vaccine transportation support for hard to reach areas

#### 7.4. Report on country co-financing in 2014

**Table 7.4 :** Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2014?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1,286,256	480,000
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*	0	0
Awarded Vaccine #3: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #4: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 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	7,169	552,000
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*	0	0
Awarded Vaccine #3: Measles second dose, 10 dose(s) per vial, LYOPHILISED	0	0
Awarded Vaccine #4: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0	0
Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	February	Pool Fund (World Bank)
Awarded Vaccine #2: IPV, 5 dose(s) per vial, LIQUID*		NA
Awarded Vaccine #3: Measles		NA

second dose, 10 dose(s) per vial, LYOPHILISED		
Awarded Vaccine #4: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	February	Pool Fund (World Bank)
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	
	NA	

\*Note: co-financing is not mandatory for IPV

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/programmes\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.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? **June 2014**

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? **June 2018**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

### 7.6.1. Vaccine Delivery

Did you receive the approved amount of vaccine doses for MR Preventive Campaigns that GAVI communicated to you in its Decision Letter (DL)?

[ A ]	[ B ]	[ C ]
<b>Total doses approved in DL</b>	<b>Campaign start date</b>	<b>Total doses received (Please enter the arrival dates of each shipment and the number of doses of each shipment)</b>
60972400	25/01/2014	60,972,400 (Four shipments of 7,621,600 doses each on 02, 09 & 16 September'13 and 21 October'13; Four shipments of 7,621,500 doses each on 23 & 30 September'13 and 7 & 14 October'13)

If numbers [A] and [C] above are different, what were the main problems encountered, if any?

NA

If the date(s) indicated in [C] are after [B] the campaign dates, what were the main problems encountered? What actions did you take to ensure the campaign was conducted as planned?

NA

### 7.6.2. Programmatic Results of MR preventive campaigns

Geographical Area covered	Time period of the campaign	Total number of Target population	Achievement, i.e., vaccinated population	Administrative Coverage (%)	Survey Coverage (%)	Wastage rates	Total number of AEFI	Number of AEFI attributed to MenA vaccine
Whole country	25 January - 13 February 2014	52745231	53644603	102	93	10	1493	0

\*If no survey is conducted, please provide estimated coverage by independent monitors

Has the campaign been conducted according to the plans in the approved proposal?" **Yes**

If the implementation deviates from the plans described in the approved proposal, please describe the reason.

NA

Has the campaign outcome met the target described in the approved proposal? (did not meet the target/exceed the target/met the target) If you did not meet/exceed the target, what have been the underlying reasons on this (under/over) achievement?

Yes, administrative coverage showed that the campaign met the target in the approved proposal, the target was 52 million children from 9 months to <15 years children but vaccinated 53.6 million children.

What lessons have you learned from the campaign?

1. Advocacy meetings at different level were important to inform about the MR campaign to different key stakeholders
2. Multi-sectoral approach for advocacy helped in developing better coordination and participation of different partners e.g. teachers, professional bodies, media, NGOs, Development partners and CSOs
3. Cascade training was an important method to train managers, supervisors and field workers effectively at different levels
4. Daily reporting of coverage and AEFI from sub-districts to districts to national EPI was very effective for monitoring the progress and quick management of serious AEFIs
5. The cold chain assessment was done well ahead of campaign which helped to plan and overcome the shortage of cold chain equipments
6. MR campaign advocacy at different level was helpful for disseminating messages on routine vaccination to all stakeholders
7. Comprehensive micro-planning guided the managers and field workers to reach all educational institutes and children of pockets and hard teach areas
8. The SIA training focused on EPI beyond measles and rubella which include vaccination session organization, cold chain, injection safety, AEFI management and VPDs surveillance
9. Cold chain equipments and other logistics procured for MR campaign are being using for strengthening routine EPI activities
10. This campaign helps an added benefit for enhancing efforts for achieving measles elimination and rubella control goals

### 7.6.3. Fund utilisation of operational cost of MR preventive campaigns

Category	Expenditure in Local currency	Expenditure in USD
Total bundled vaccine	92063964	31949538
AD Syringes (0.5ml and 5 ml)	242183000	3128975

Safety Boxes	14400000	186051
Total operational costs	641349985	8286176
Routine system strengthening activities linked to	24714222	316849
<b>Total</b>	<b>1014711171</b>	<b>43867589</b>

### 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 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2018 for the following vaccines:

- \* DTP-HepB-Hib, 1 dose(s) per vial, LIQUID
- \* IPV, 5 dose(s) per vial, LIQUID



- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **IPV, 5 dose(s) per vial, LIQUID**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2018, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **IPV, 5 dose(s) per vial, LIQUID**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **IPV, 5 dose(s) per vial, LIQUID**
- \* **Measles second dose, 10 dose(s) per vial, LYOPHILISED**
- \* **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

## 7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

NA

## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1: Commodities Cost**

Estimated prices of supply are not disclosed

**Table 7.10.2: Freight Cost**

Vaccine Antigen	Vaccine Type	2011	2012	2013	2014	2015	2016	2017
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID				3.40 %	3.50 %	3.60 %	4.40 %
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID					7.70 %	7.50 %	8.60 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED				13.80 %	13.00 %	12.60 %	12.30 %
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED				12.70 %	12.10 %	11.60 %	11.80 %
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID				4.40 %	4.50 %	4.40 %	4.50 %

Vaccine Antigen	Vaccine Type	2018
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	4.40 %
IPV, 5 dose(s) per vial, LIQUID	IPV, 5 dose(s) per vial, LIQUID	8.60 %
Measles second dose, 10 dose(s) per vial, LYOPHILISED	Measles second dose, 10 dose(s) per vial, LYOPHILISED	12.00 %
MR, 10 dose(s) per vial, LYOPHILISED	MR, 10 dose(s) per vial, LYOPHILISED	12.10 %
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	4.60 %

## 7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	2017	2018	TOTAL
	<b>Number of surviving infants</b>	Parameter	#	3,374,275	3,420,502	3,138,712	3,184,230	3,225,508	16,343,227
	<b>Number of children to be vaccinated with the first dose</b>	Parameter	#	6,411,122	3,249,477	3,138,712	3,184,230	3,225,508	19,209,049
	<b>Number of children to be vaccinated with the third dose</b>	Parameter	#	3,138,075	3,181,067	3,138,712	3,184,230	3,225,508	15,867,592
	<b>Immunisation coverage with the third dose</b>	Parameter	%	93.00 %	93.00 %	100.00 %	100.00 %	100.00 %	
	<b>Number of doses per child</b>	Parameter	#	3	3	3	3	3	

	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	1.05	1.05
	Stock in Central Store Dec 31, 2014		#	1,777,818				
	Stock across second level Dec 31, 2014 (if available)*		#	0				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0				
	Number of doses per vial	Parameter	#		1	1	1	1
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No	No	No
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes
cc	Country co-financing per dose	Parameter	\$		0.20	0.00	0.00	0.00
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		3.50 %	3.60 %	4.40 %	4.40 %

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Manually maintained in Stock register book. Incoming vaccines are added with the previous stock and the supplied quantities are subtracted from the stock balance.

There is no difference between closing & opening stock.

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

Co-financing group	Low
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	2014	2015	2016	2017	2018
Minimum co-financing	0.20	0.20	0.20	0.20	0.20
Recommended co-financing as per			0.20	0.20	0.20
Your co-financing	0.20	0.20			

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	4,331,400	9,790,900	10,510,000	13,791,700	13,970,500
Number of AD syringes	#	4,751,100	11,450,700	11,043,100	14,645,500	14,835,400
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	52,750	125,975	115,625	151,725	153,700
Total value to be co-financed by GAVI	\$	9,126,000	20,006,500	20,062,000	21,981,500	22,266,500

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#	468,600	1,101,400	0	0	0
Number of AD syringes	#	0	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0	0
Number of safety boxes	#	0	0	0	0	0
<b>Total value to be co-financed by the Country [1]</b>	\$	960,000	2,178,500	0	0	0

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the second dose	Table 4	6,411,122	3,249,477	
B1	Number of children to be vaccinated with the third dose	Table 4	3,138,075	3,249,477	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	14,618,370	9,651,973	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		10,134,572	
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375</math>  <math>\geq 0</math></li> </ul>			
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1	5,523,000	1,777,818	
H3	Shipment plan	Approved volume		10,892,300	
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		10,892,300	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
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	$U / (N + R)$			

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

	Formula	2016		
		Total	Government	GAVI
A	Country co-finance	V	0.00 %	
B	Number of children to be vaccinated with the second dose	Table 4	3,138,712	0
B1	Number of children to be vaccinated with the third dose	Table 4	3,138,712	0
C	Number of doses per child	Vaccine parameter (schedule)	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	9,416,136	0
E	Estimated vaccine wastage factor	Table 4	1.05	
F	Number of doses needed including wastage	$D \times E$	9,886,943	0
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>	- 88,438	0
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	- 711,460	0
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	2,938,061	0
H2	Reported stock on January 1st	Table 7.11.1		
H3	Shipment plan	Approved volume		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	10,510,000	0
J	Number of doses per vial	Vaccine Parameter	1	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	11,043,074	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	115,611	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	18,886,470	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	494,730	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	629	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	679,913	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0

T	Total fund needed	$(N+O+P+Q+R+S)$	20,061,742	0	20,061,742
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 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 3)

		Formula	2017		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the second dose	Table 4	3,184,230	0	3,184,230
B1	Number of children to be vaccinated with the third dose	Table 4	3,184,230	0	3,184,230
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	9,552,690	0	9,552,690
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	10,030,325	0	10,030,325
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if(wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>	3,761,372	0	3,761,372
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	13,791,700	0	13,791,700
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	14,645,469	0	14,645,469
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	151,709	0	151,709
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	20,425,508	0	20,425,508
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	656,118	0	656,118
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	826	0	826
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	898,723	0	898,723
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	21,981,175	0	21,981,175
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 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4:** Calculation of requirements for **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID** (part 4)

		Formula	2018		
			Total	Government	GAVI
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the second dose	Table 4	3,225,508	0	3,225,508
B1	Number of children to be vaccinated with the third dose	Table 4	3,225,508	0	3,225,508
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	9,676,524	0	9,676,524
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	10,160,351	0	10,160,351
G	Vaccines buffer stock	<p><b>Buffer on doses needed + buffer on doses wasted</b>  <b>Buffer on doses needed</b> = <math>(D - D \text{ of previous year original approved}) \times 0.375</math>  <b>Buffer on doses wasted</b> =</p> <ul style="list-style-type: none"> <li><i>if(wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0</math></li> </ul>	3,810,132	0	3,810,132
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	13,970,500	0	13,970,500
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	14,835,322	0	14,835,322
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	153,676	0	153,676
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	20,690,311	0	20,690,311
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	664,623	0	664,623
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	836	0	836
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	910,374	0	910,374
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	22,266,144	0	22,266,144
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 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.





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

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	3,374,275	3,420,502	3,138,712	9,933,489
	Number of children to be vaccinated with the first dose	Parameter	#	0	3,420,502	2,981,776	6,402,278
	Number of children to be vaccinated with the second dose	Parameter	#	3,205,561	3,420,502	2,981,776	9,607,839
	Immunisation coverage with the second dose	Parameter	%	95.00 %	100.00 %	95.00 %	
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Parameter	#	2.00	1.67	1.67	
	Stock in Central Store Dec 31, 2014		#	1,600,000			
	Stock across second level Dec 31, 2014 (if available)*		#	0			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#	0			
	Number of doses per vial	Parameter	#		10	10	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	
cc	Country co-financing per dose	Parameter	\$		0.00	0.00	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		13.00 %	12.60 %	
fd	Freight cost as % of devices value	Parameter	%				

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

Manually maintained in Stock register book. Incoming vaccines are added with the previous stock and the supplied quantities are subtracted from the stock balance.

There is no difference between closing & opening stock.

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

Co-financing group	Low
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	2014	2015	2016
Minimum co-financing			
Recommended co-financing as per			
Your co-financing			

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

		2014	2015	2016
Number of vaccine doses	#	6,411,200	5,177,300	4,705,800
Number of AD syringes	#	3,526,200	3,174,100	2,978,800
Number of re-constitution syringes	#	705,300	569,500	517,700
Number of safety boxes	#	46,975	34,925	51,775
Total value to be co-financed by GAVI	\$	2,263,500	1,727,000	1,577,500

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

		2014	2015	2016
Number of vaccine doses	#	0	0	0
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]	\$	0	0	0

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the second dose	Table 4	3,205,561	3,420,502	
C	Number of doses per child	Vaccine parameter (schedule)	1	1	
D	Number of doses needed	$B \times C$	0	3,420,502	
E	Estimated vaccine wastage factor	Table 4	2.00	1.67	
F	Number of doses needed including wastage	$D \times E$		5,712,239	
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	0	1,600,000	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		5,177,300	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
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 7.11.4:** Calculation of requirements for **Measles second dose, 10 dose(s) per vial, LYOPHILISED** (part 2)

	Formula	2016		
		Total	Government	GAVI
A	Country co-finance	V	0.00 %	
B	Number of children to be vaccinated with the second dose	Table 4	2,981,776	0
C	Number of doses per child	Vaccine parameter (schedule)	1	
D	Number of doses needed	$B \times C$	2,981,776	0
E	Estimated vaccine wastage factor	Table 4	1.67	
F	Number of doses needed including wastage	$D \times E$	4,979,566	0
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 101,857	0
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	171,941	0
H2	Reported stock on January 1st	Table 7.11.1		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	4,705,800	0
J	Number of doses per vial	Vaccine Parameter	10	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,978,776	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	517,639	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	51,764	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	1,265,861	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	133,450	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	18,118	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	282	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	159,499	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	1,577,210	0
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 %	

**Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	# 3,374,275	3,420,502	3,138,712	9,933,489
	Number of children to be vaccinated with the first dose	Parameter	# 1,749,237	3,249,477	2,981,776	7,980,490
	Number of children to be vaccinated with the third dose	Parameter	# 1,712,411	3,181,067	2,981,776	7,875,254
	Immunisation coverage with the third dose	Parameter	% 50.75 %	93.00 %	95.00 %	
	Number of doses per child	Parameter	# 3	3	3	
	Estimated vaccine wastage factor	Parameter	# 1.11	1.01	1.11	
	Stock in Central Store Dec 31, 2014		# 0			
	Stock across second level Dec 31, 2014 (if available)*		# 0			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	# 0			
	Number of doses per vial	Parameter	#	2	2	
	AD syringes required	Parameter	#	Yes	Yes	
	Reconstitution syringes required	Parameter	#	No	No	
	Safety boxes required	Parameter	#	Yes	Yes	
cc	Country co-financing per dose	Parameter	\$	0.20	0.20	
ca	AD syringe price per unit	Parameter	\$	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$	0	0	
cs	Safety box price per unit	Parameter	\$	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%	4.50 %	4.40 %	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

NA

**Co-financing tables for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

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

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	3,432,400	8,166,400	9,180,500
Number of AD syringes	#	3,687,200	9,451,700	9,623,300

<b>Number of re-constitution syringes</b>	#	0	0	0
<b>Number of safety boxes</b>	#	40,950	103,975	107,075
<b>Total value to be co-financed by GAVI</b>	\$	12,208,500	28,899,000	32,783,500

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

		2014	2015	2016
<b>Number of vaccine doses</b>	#	208,400	500,400	552,000
<b>Number of AD syringes</b>	#	0	0	0
<b>Number of re-constitution syringes</b>	#	0	0	0
<b>Number of safety boxes</b>	#	0	0	0
<b>Total value to be co-financed by the Country [1]</b>	\$	728,500	1,738,500	1,971,000

**Table 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 1)**

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the second dose	Table 4	1,749,237	3,249,477	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	5,247,711	9,748,431	
E	Estimated vaccine wastage factor	Table 4	1.11	1.01	
F	Number of doses needed including wastage	$D \times E$		9,845,916	
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	0	0	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		8,666,800	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
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 7.11.4: Calculation of requirements for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)**

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	5.67 %		
B	Number of children to be vaccinated with the second dose	Table 4	2,981,776	169,101	2,812,675
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	8,945,328	507,302	8,438,026
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	9,929,315	563,105	9,366,210
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 196,922	- 11,167	- 185,755
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	9,732,400	551,938	9,180,462
J	Number of doses per vial	Vaccine Parameter	2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	9,623,247	0	9,623,247
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	107,057	0	107,057
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	32,876,048	1,864,445	31,011,603
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	431,122	0	431,122
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	583	0	583
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	1,446,547	82,036	1,364,511
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	34,754,300	1,970,963	32,783,337
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,946,480		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.67 %		



**Table 7.11.1: Specifications for IPV, 5 dose(s) per vial, LIQUID**

ID	Source		2014	2015	2016	2017	2018	TOTAL
	Number of surviving infants	Parameter	# 3,374,275	3,420,502	3,138,712	3,184,230	3,225,508	16,343,227
	Number of children to be vaccinated	Parameter	# 0	5,972,017	0.00 %	3,025,012	0.00 %	15,043,038
	Number of doses per child	Parameter	# 1	1	1	1	1	
	Estimated vaccine wastage factor	Parameter	# 1.00	1.43	1.43	1.43	1.43	
	Stock in Central Store Dec 31, 2014		# 0					
	Stock across second level Dec 31, 2014 (if available)*		# 0					
	Stock across third level Dec 31, 2014 (if available)*	Parameter	# 0					
	Number of doses per vial	Parameter	#	5	5	5	5	
	AD syringes required	Parameter	#	Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#	No	No	No	No	
	Safety boxes required	Parameter	#	Yes	Yes	Yes	Yes	
cc	Country co-financing per dose	Parameter	\$	0.00	0.00	0.00	0.00	
ca	AD syringe price per unit	Parameter	\$	0.0448	0.0448	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$	0	0	0	0	
cs	Safety box price per unit	Parameter	\$	0.0054	0.0054	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%	7.70 %	7.50 %	8.60 %	8.60 %	

\* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

NA

**Co-financing tables for IPV, 5 dose(s) per vial, LIQUID**

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

	2014	2015	2016	2017	2018
Minimum co-financing			0.00	0.00	0.00
Recommended co-financing as per			0.00	0.00	0.00
Your co-financing		0.00	0.00		

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

		2014	2015	2016	2017	2018
Number of vaccine doses	#		4,892,700	0	0	0
Number of AD syringes	#		4,087,300	8,252,700	2,531,600	4,218,000
Number of re-constitution syringes	#		0	0	0	0
Number of safety boxes	#		44,975	0	0	0
Total value to be co-financed by GAVI	\$		10,014,000	370,000	113,500	189,000

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

		2014	2015	2016	2017	2018
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 IPV, 5 dose(s) per vial, LIQUID (part 1)**

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the second dose	Table 4	0	5,972,017	
C	Number of doses per child	Vaccine parameter (schedule)	1	1	
D	Number of doses needed	$B \times C$	0	5,972,017	
E	Estimated vaccine wastage factor	Table 4	1.00	1.43	
F	Number of doses needed including wastage	$D \times E$		8,539,984	
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H2	Reported stock on January 1st	Table 7.11.1	0	0	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		0	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
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	$U / (N + R)$			

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 2)**

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the second dose	Table 4	2,981,776	0	2,981,776
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	2,981,776	0	2,981,776
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	$D \times E$	4,263,940	0	4,263,940
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 742,538	0	- 742,538
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$	- 5,263,127	0	- 5,263,127
H1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$	- 4,197,142	0	- 4,197,142
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	8,252,602	0	8,252,602
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	369,717	0	369,717
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	369,717	0	369,717
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 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 3)**

	Formula	2017		
		Total	Government	GAVI
A	Country co-finance	V	0.00 %	
B	Number of children to be vaccinated with the second dose	Table 4	3,025,012	0
C	Number of doses per child	Vaccine parameter (schedule)	1	
D	Number of doses needed	$B \times C$	3,025,012	0
E	Estimated vaccine wastage factor	Table 4	1.43	
F	Number of doses needed including wastage	$D \times E$	4,325,768	0
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 723,624	0
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$		
H1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$		
H2	Reported stock on January 1st	Table 7.11.1		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0
J	Number of doses per vial	Vaccine Parameter	5	
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,531,527	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	113,413	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	113,413	0
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 %	

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

**Table 7.11.4: Calculation of requirements for IPV, 5 dose(s) per vial, LIQUID (part 4)**

	Formula	2018			
		Total	Government	GAVI	
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the second dose	Table 4	3,064,233	0	3,064,233
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	3,064,233	0	3,064,233
E	Estimated vaccine wastage factor	Table 4	1.43		
F	Number of doses needed including wastage	$D \times E$	4,381,854	0	4,381,854
G	Vaccines buffer stock	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.25$ <b>Buffer on doses wasted</b> = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	770,275	0	770,275
H	Stock to be deducted	$H1 - 0.25 \times F \text{ of previous year original approved}$			
H1	Calculated opening stock	$H2 \text{ of previous year} + I \text{ of previous year} - F \text{ of previous year current estimation}$			
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	0	0	0
J	Number of doses per vial	Vaccine Parameter	5		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	4,217,959	0	4,217,959
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	188,965	0	188,965
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	188,965	0	188,965
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 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.



## 8. 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 2014**. All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January – April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, 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 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. 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 2015, the HSS reports are expected by GAVI Alliance by September 2015.

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@gavi.org](mailto:gavihss@gavi.org).

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

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 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 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

8. 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.



## 8.1. Report on the use of HSS funds in 2014 and request of a new tranche

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

### 8.1.1. Report on the use of HSS funds in 2014

Please complete [Table 8.1.3.a](#) and [8.1.3.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 8.1.3.a](#) and [8.1.3.b](#).**

### 8.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: **0** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	588534375	0	588534375	446075581	176924516	144866953
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	588534375	0	446075581	176924516	144866953
Total funds received from GAVI during the calendar year (A)	588534375	0	0	0	0	494959337
Remaining funds (carry over) from previous year (B)	0	588534375	588534375	446075581	176924516	144866953
Total Funds available during the calendar year (C=A+B)	588534375	588534375	588534375	446075581	176924516	639826726
Total expenditure during the calendar year (D)	0	0	142458793	268823831	23113167	97605423
Balance carried forward to next calendar year (E=C-D)	588534375	588534375	446075581	176924516	144866953	542221303
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	542221303			
Revised annual budgets (if revised by previous Annual Progress Reviews)	542221303			
Total funds received from GAVI during the	0			

calendar year (A)				
Remaining funds (carry over) from previous year (B)	542221303			
Total Funds available during the calendar year (C=A+B)	542221303			
Total expenditure during the calendar year (D)	85847703			
Balance carried forward to next calendar year (E=C-D)	456373599			
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0			

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	7243370	7243370	7243370	5490161	2181560	1881389
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	7243370	7243370	5490161	2181560	1881389
Total funds received from GAVI during the calendar year (A)	7243370	0	0	0	0	6428049
Remaining funds (carry over) from previous year (B)	0	7243370	7243370	5490161	2181560	1881389
Total Funds available during the calendar year (C=A+B)	7243370	7243370	7243370	5490161	2181560	8309438
Total expenditure during the calendar year (D)	0	0	1753339	3308601	300171	1258811
Balance carried forward to next calendar year (E=C-D)	7243370	7243370	5490161	2181560	1881389	7050627
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)	7050627			
Revised annual budgets (if revised by previous Annual Progress Reviews)	7050627			
Total funds received from GAVI during the calendar year (A)	0			
Remaining funds (carry over) from previous year (B)	7050627			
Total Funds available during the calendar year (C=A+B)	7050627			
Total expenditure during the calendar year (D)	1164214			
Balance carried forward to next calendar year (E=C-D)	5886413			
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]	0			

### Report of Exchange Rate Fluctuation

Please indicate in the table [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	0	0	0	0	81.25	77.53
Closing on 31 December	0	0	0	81.25	81.1	77.53

### Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 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 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

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

**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)**

## 8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. 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 8.2: HSS activities in the 2014 reporting year**

<b>Major Activities</b> (insert as many rows as necessary)	<b>Planned Activity for 2014</b>	<b>Percentage of Activity completed (annual)</b> (where applicable)	<b>Source of information/data</b> (if relevant)
<b>Activity 1.1</b>	Recruitment and training of 'Community MCH and Immunization Workers' where HA/FWA post lying vacant.	87	Administrative report from district
<b>Activity 1.6</b>	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.	42	Administrative report from district
<b>Activity 2.2</b>	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	0	NA
<b>Activity 2.3</b>	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	99	Administrative report from district
<b>Activity 2.5</b>	CC Management committee hold monthly management review meeting	99	National level financial expenditure report
<b>Activity 2.6</b>	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	99	Administrative report
<b>Activity 3.1</b>	Construction of 57 Birthing Rooms in CCs on pilot basis to conduct normal delivery by trained CSBA and also for providing MCH and immunization services to make them fully functional in Gavi Implementing districts under 2nd phase.	40	Administrative & financial expenditure report
<b>Activity 3.2</b>	Obtain 2 sets (computer/printer/UPS) per district and 1 set for each Upazila	85	Administrative & financial expenditure report
<b>Activity 3.6</b>	Priority water and sanitation repairs for all CCs, including water (arsenic) filters supplied to all CCs with arsenic contamination	0	NA
<b>Activity 3.7</b>	Critical gaps in transportation vehicles (boats and bicycles) are filled	85	Administrative & financial expenditure report
<b>Activity 4.2</b>	Ensure harmonization of birth	0	NA

	registrations between FWAs and HAs by during monthly CC meetings, by providing incentive to FPI to verify accuracy of birth registrars		
<b>Activity 4.4</b>	Institute routine 6-month training program for upgrading eligible FWAs, CHCPs & HAs into SBAs training	85	Administrative report
<b>Support cot 1</b>	Management costs: funds for covering costs of Gavi Annual report development, performance evaluation meetings, investigate visits to 30 districts, support staff etc	33	Administrative & financial expenditure report
<b>Support cost 2</b>	M&E support costs (funds to purchase of equipments and support tracking the completion and collection of monthly supervisory reports, Vehicle using cost used for monitoring purpose of the program,	37	Administrative & financial expenditure report
<b>Support cost 3</b>	Technical support: HSS National Coordinator (3000/month for National Officer)	74	Administrative & financial expenditure report
<b>Support cost 4</b>	Capacity building through experience sharing overseas visits of the officials involved with Gavi-HSS programme in the Gavi implementing countries	67	Administrative & financial expenditure report
<b>Support Cost-5</b>	Technical Support: Assistant Coordinator (US\$ 1500 per month for Assistant Coordinator with a double Cabin Pick up)	0	NA
<b>New Activity 1</b>	Recruitment, orientation, equipped with essential tools of District MCH and Immunization Officer in targeted 32 Districts and recruitment of a Admin & Financial asst. at HQ level to support the activities of DMCH & Immunization and other works	90	Administrative & financial expenditure report
<b>New Activity 2</b>	Construction of 5 Regional new EPI stores and renovation of 8 Existing EPI Stores for setting up Walk-in-Cooler in selected Gavi Implementing districts	50	Administrative & financial expenditure report
<b>New Activity 3</b>	Support to District micro-plan for quality MNCH services	0	This activity is being implemented with the UNICEF support. For that reason it has been decided not to continue this activity.
<b>New Activity 4</b>	Furniture and equipment for newly constructed delivery room in CCs	33	Administrative & financial expenditure report
<b>New Activity 5</b>	Support for 12 packers & helpers for smooth vaccine transport from HQ to sub-national level and internet support at EPI HQ	57	Administrative & financial expenditure report
<b>New Activity 6</b>	Support for volunteer for boarder check-post for ensuring polio vaccination to	93	Administrative & financial expenditure report

	prevent polio importation		
<b>New Activity 7</b>	Need based nationwide support for volunteer against vacant post of health assistant	26	Administrative & financial expenditure report
<b>New Activity 8</b>	Additional vaccine transportation cost for hard to reach areas	20	
<b>New Activity 9</b>	Recruitment of Cold chain Engineer at EPI HQ	10	
<b>New Activity 10</b>	Quarterly EPI Divisional Coordination meeting with Multi-sectoral partners	21	Administrative & financial expenditure report

8.2.1 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).

<b>Major Activities</b> (insert as many rows as necessary)	<b>Explain progress achieved and relevant constraints</b>
<b>1.1. Recruitment and training of 'Community MCH an</b>	Recruitment of MCH & immunization workers in 13 completed and recruitment for new 19 districts are in process. Recruitment process was started after receiving of second tranche fund in April 2014.
<b>1.6 Pilot a scheme to recruit additional vaccine p</b>	Recruitment of additional vaccine porters in 13 completed and recruitment for new 19 districts are in process. Recruitment process was started after receiving of second tranche fund in April 2014.
<b>2.2 Annual orientation for Upazila and front-line</b>	Completed in 13 districts. In new 19 districts orientation will start after revising the supervisory tool based on experience of old 13 districts, which is in under process.
<b>3.2 Obtain 2 sets (computer/printer/UPS) per dist</b>	Completed for old 13 districts. For new 19 districts, specification is finalized and in process for procurement
<b>4.4 Institute routine 6-month training program for</b>	Training of CHCPs on SBAs has started, the payment will be done after completion of 6 months training
<b>New activity 1:Recruitment &amp; orientation of DMCH&amp;I</b>	Recruitment was done through a competitive process. At present 23 DMCH&IO (out of 32) is in place. However due to frequent turnover repeated interview were conducted to fill up total position.
<b>New activity 2: Structure Development for EPI vacc</b>	Structural construction was completed for 12 districts out of 13 as one district had existing structured for EPI store room. Fund was re-budgeted for new 15 districts EPI store room which is in under process
<b>New activity 3: Support to District micro-plan for</b>	This activity is supported by other partner, so it will be relocated to other activities like assessment of GAVI initiative, EVM IP etc.

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

New activity # 3 "Support to District micro-plan for quality MNCH services' was not implemented as this activity is being implemented with the UNICEF support. For that reason it has been decided not to continue this activity.

8.2.3 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?

Gavi HSS grant was not used for national health human resources incentives

### 8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

**Table 8.3:** 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	2014 Target	2010	2011	2012	2013	2014	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%	80%							
Obj2: 90% of supervisory & performance report available	0%	DGHS/2011	90%	80%							
Obj 3: Critical gaps in equipment's & physical structure	0%	DGHS/2011	60%	40%							
Obj4: High quality and appropriate MNCH services	0%	DGHS/2011	70%	50%							

## 8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

- Construction of 12 EPI Store at district level is completed and now they are functioning,
- Construction of 105 Birthing Rooms in Community Clinics is completed and normal Deliver is being conducted in the Community Clinics by CSBA.  
Construction of another 5 regional EPI stores Renovation of 8 existing EPI Stores for setting Walk-in -Cooler is on process.
- Construction of another 57 Birthing Rooms at Community Clinics is on process.
- Recruited, oriented and placement of 32 DMCH&IO at district level. Recruitment of another 9 are under process.
- 413 community MCH and Immunization workers in 13 districts 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.
- GAVI-HSS Program is being implemented in 32 low performing districts in full swing.
- Introducing Pregnancy Registration followed by ANC, Delivery and PNC
- Introducing birth and death registration
- Implementing effective vaccine management (EVM) through strong monitoring
- Need based nationwide support for volunteer against vacant post of health assistant including the boarder check posts.
- Functioning the Community Clinic as one of the EPI outreach site& organized immunization meeting once in a month to review the EPI coverage, drop out/left-out or any AEFI shared. Also reports of other services in respect of MNCH (ANC, PNC & in some cases Normal Delivery) shared for further improvement of services.
- Regular monthly meeting of Community Group (management of Community Clinic) along with



community to create demand of the community irrespective of Health, Family Planning & Nutrition including EPI

A Fully Vaccinated Child Survey was conducted by UNICEF. The CES report 2013 showed that percentage of Fully Vaccinated Child (FVC) is remarkably increased in 09 districts out of 13 old districts where DMCH&IO are deployed. But however in other 04 districts of old 13 districts are either unchanged or decline due to some reasons (DMCHIO post in that 4 districts was vacant as they resigned). Thus recruitment of DMCH&IO using HSS funds benefited the immunization programme.

8.4.2. 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&IO and also non-availability of vehicle support for supervision.

Due to expansion of GAVI supported districts from 13 to 32, It has been very difficult for a single coordinator to monitor the program at root level. For that reason a young, energetic Assistant Coordinator is needed for proper implementation & monitoring the activities.

To improve future performance of HSS funds, it is suggested to establish a secretariat for the GAVI HSS Coordinator and provide transport facilities the National Coordinator and Assistant Coordinator and also to the DMCH&IO so that they can move frequently to the Gavi Implementing districts to monitor the activities of the programme .

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

Joint Chief Planning & team members of Planning Wing, MOHFW frequently conducted field visit to monitor the implementation of GAVI HSS activities. National Coordination together with Line Director MNC&AH and Project Director, Community Based Health Care (CBHC) 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. In addition quarterly organized divisional Multi-sectoral coordination meeting to review the districts performance of EPI & other MCH services.

National EPI Manager & team closely monitors the progress of coverage at each districts and upazila level regularly. In addition, annual coverage evaluation surveys is conducted by district Administration using GOB/ GAVI/ other funds.

8.4.4. 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.

8.4.5. 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.

Plan International: is involved in

- Drop-out tracking for vaccination
- Disseminating information on EPI & other MNCH services to communities
- Referral of complicated cases to upazila health complex

BRAC is involved in

- Drop-out tracking for vaccination
- Community mobilization for vaccination
- Disseminating information on EPI & other MNCH services to communities
- Registration of births, pregnancies

Urban Primary Health Care (UPHC) & Smiling Sun, USAID is providing support in conduction of vaccination in municipality areas, community mobilization & social mobilization activities.

8.4.6. 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.

CSOs are providing support in community mobilization, drop-out tracking, pregnancy registration by using their own fund. Gavi HSS fund is used for CSO's activities.

8.4.7. 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

Upon received the fund from GAVI alliance, the received fund is deposited in a foreign currency account with the Sonali bank, Local Branch, opened for GAVI-HSS which is maintained with the joint Signatory of Joint Chief (Planning), MOHFW and LD, MNCAH. The required amount of fund then transferred from foreign currency account to a local currency account (maintained with joint signatory of JC- (Planning and LD, MNCAH) of GAVI-HSS based on the request from LDs of the Operational Plans (MNCAH, CBHC, SWPMM) with the approval from secretary, MOHFW.

Then the required 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) and LD, MNCAH 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.

## 8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

**Table 8.5: Planned activities for 2015**

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Activity 1.1	Recruitment and training of 'Community MCH and Immunization Workers' where HA/FWA post lying vacant.	754593		continue	N/A	94364
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	N/A	270367
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	N/A	40000
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	N/A	288
Activity 2.5	CC Management committee hold monthly management review meeting	115385		continue	N/A	471
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	N/A	1150
Activity 3.1	Construction 57 birthing rooms at selected 157 CCs for conducting Normal deliver by Trained CSBA on pilot basis for MCH and immunization services to make them fully	552494		continue	N/A	552494

	functional in Gavi implementing districts under 2nd Phase.					
Activity 3.2	Obtain 2 sets (computer/printer/UPS) per district and 1 set for each Upazila	328123		continue	N/A	328123
Activity 3.6	Priority water and sanitation repairs for all CCs, including water (arsenic) filters supplied to all CCs with arsenic contamination	93126		continue	N/A	93126
Activity 3.7	Critical gaps in transportation vehicles (boats and bicycles) are filled	150000		continue	N/A	150000
Support cost 1	Management costs: funds for covering costs of GAVI Annual report development, performance evaluation meetings, Recruitment Committee meeting, Technical Sub-committee meeting, Salary of Support Staff, Stationeries, Computer Accessories, etc	71000		continue	The total amount allocated for Management Cost would not be needed. On the other hand, additional amount is required to Technical cost. For that reason some amount of fund has been proposed to transfer to Technical Cost from this component.	42673
Activity 4.4	Institute routine 6-month training program for upgrading eligible FWAs, CHCPs & HAs into SBAs trng.	98522		continue	N/A	15100
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	N/A	65000
Support cost 2	M&E support costs (funds to purchase of equipments and support tracking the completion and collection of monthly supervisory reports, Co-investigate visit in 32 districts, vehicle using cost for monitoring of Gavi-HSS Activities	45000		continue	The total amount allocated for Management Cost would not be needed. On the other hand, additional amount is required to Technical cost. For that reason some amount of fund has been proposed to transfer to Technical Cost from this component.	21058
Support cost 3	Technical Cost: Salary of National Coordina	138000		continue	The allocated amount has been paid to NC. For the future period, additional amount is needed to pay is salary.	36201
Support cost 4	Capacity building through experience sharing overseas visits of the officials involved with GAVI HSS programme in the GAVI implementing countries	125000		continue	Capacity building of the concerned official helps to implement the program efficiently and effectively. For that reason the allocation has been proposed to increase a little bit	40843
Support Cost-5	Technical Cost: Salary of Assistant Coordinator. (US\$ 1500 per month with a double cabin pick up)	36000		continue	Gavi HSS program has been expanded in 19 new districts. It is difficult for a single coordinator to monitor all the districts. For	36000

					that reason an Assistant Coordinator would be recruited within June,2015. He will monitor the existing program as well as he will work with the new funding proposal. For that reason his contract will be continued even after December ,2015 to work for the new funding proposal, future plan and also to look after the sustainability of the existing program. For that reason his/her salary amount has been proposed for 16 months.	
New Activity 1	Recruitment, orientation, equipped with essential tools of District MCH and Immunization Officer in targeted 32 Districts and additional 19 districts. Also recruitment of a Admin & Financial asst. at HQ level to support the activities of DMCH & Immunization and other works	1848202		continue	As GAVI-HSS Program has been expanded in another 19 districts, so Additional fund is needed in this activity. The new activity- 3 will be supported by UNICEF. For that reason, that activity will not be continued. The fund allocated for new activity-3 has been proposed to shift to this acitivity-1.	1353531
New Activity 2	Structure Development for EPI vaccines and logistics Establishment of District EPI Cold and logistic room (Construction of new EPI Store and renovation of existing Existing selected EPI store for setting Walk-in Cooler) with separate sitting arrangement for storekeeper, CCT in targeted Districts	2239440		continue		2239440
New Activity 4	Furniture and equipment for newly constructed delivery room in CCs	143494		continue		96913
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		7268
New Activity 6	Support for volunteer for boarder check-post for ensuring polio vaccination to prevent polio importation	12000		continue		838
New Activity 7	Need based nationwide support for volunteer against vacant post of health assistant	474074		continue		317965
New Activity 8	Additional vaccine transportation cost for hard to reach areas	30864		continue		30864
New Activity 9	Recruitment of Cold chain Engineer at EPI HQ	20750		continue		20750

New Activity 10	Quarterly EPI Divisional Coordination meeting with Multi-sectoral partners	39506		continue		31581
New Activity 3	Support to District micro-plan for quality MNCH services			Not to continue	This activity will be supported by UNICEF. For that reason, this activity will not be continued. The fund allocated (US\$ 1,015,278) for this activity has been transferred to the New activity-1.	0
		8356438	0			5886408

## 8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. 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 8.6:** Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (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 2016 (if relevant)
New Activity 3	Support to District micro-plan for quality MNCH services		Not to continue	This activity will be supported by UNICEF. For that reason, this activity will not be continued. The fund allocated (US\$ 1,015,278) for this activity has been transferred to the New activity-1.	
		0			

## 8.7. 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@gavi.org](mailto:gavihss@gavi.org)

## 8.8. 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 8.8:** Sources of HSS funds in your country

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

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

## 8.9. Reporting on the HSS grant

8.9.1. 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 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any

8.9.2. 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.

Bangladesh follows fiscal year July to June and implement program activities as per country's prevailing fiscal year. We prepare expenditure statement as per country's prevailing fiscal year. But part 8.1 of HSS section is in Calendar year. So it is difficult for us to put expenditure amount in section 8.1 of HSS of APR form.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

### 9.1. 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 2014



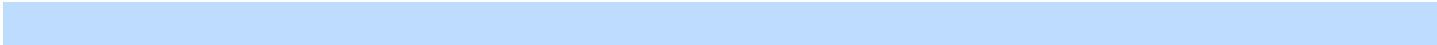
## 9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Bangladesh is not reporting on GAVI TYPE B CSO support for 2014

## 10. 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



## 11. Annexes

### 11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

### 11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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.

## 11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014 (balance carried forward to 2015)</b>	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2014</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	<a href="#">Signature_Health &amp; Finance.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 10:58:55 <b>Size:</b> 365 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	<a href="#">Signature_Health &amp; Finance.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 10:59:15 <b>Size:</b> 365 KB
3	Signatures of members of ICC	2.2	✓	<a href="#">Signature_ICC.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 05:00:10 <b>Size:</b> 2 MB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	<a href="#">ICC minutes_endorshed APR.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:28:24 <b>Size:</b> 856 KB
5	Signatures of members of HSCC	2.3	✓	<a href="#">Signature.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:29:25 <b>Size:</b> 2 MB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	<a href="#">Latest LCG meeting Minutes.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:30:05 <b>Size:</b> 3 MB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		<a href="#">Financial statement NVS.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:30:44 <b>Size:</b> 649 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1		<a href="#">Audit report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:34:43 <b>Size:</b> 287 KB
12	Latest EVSM/VMA/EVM report	7.5		<a href="#">EVM_report_BangladeshV820Aug14.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:46:07 <b>Size:</b> 5 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		<a href="#">Bangladesh cEVM Improvement PlanV5.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:49:19 <b>Size:</b> 3 MB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		<a href="#">Progress Report on cEVM Improvement Plan.docx</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 04:53:16 <b>Size:</b> 14 KB
16	Valid cMYP if requesting extension of support	7.8		<a href="#">cMYP Bangladesh 2014-2018_FINAL.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:43:21 <b>Size:</b> 4 MB
17	Valid cMYP costing tool if requesting extension of support	7.8		<a href="#">cMYP_Bangladesh_2014_2018_FINAL.xlsx</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:43:43 <b>Size:</b> 2 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		<a href="#">ICC minutes_Vaccine extention.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:44:06 <b>Size:</b> 665 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		<a href="#">HSS financial.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 04:56:29 <b>Size:</b> 485 KB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	<a href="#">HSS financial.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 04:57:32 <b>Size:</b> 485 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	<a href="#">HSS external audit report.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:40:36 <b>Size:</b> 2 MB
22	HSS Health Sector review report	8.9.3	✓	<a href="#">Mid Term Review Report - Final - 30-10-2014.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 12:18:29 <b>Size:</b> 3 MB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	No file loaded
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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	<a href="#">Bank statement.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:44:29 <b>Size:</b> 749 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	✗	No file loaded
28	Justification for changes in target population	5.1	✗	<a href="#">Population.pdf</a> <b>File desc:</b> <b>Date/time :</b> 13/05/2015 06:51:36 <b>Size:</b> 532 KB

	Other		X	<a href="#">43rd ICC minutes.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:51:34 <b>Size:</b> 681 KB
				<a href="#">44th ICC minutes.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:51:49 <b>Size:</b> 1 MB
				<a href="#">45th ICC minutes.pdf</a> <b>File desc:</b> <b>Date/time :</b> 11/05/2015 12:52:06 <b>Size:</b> 1 MB

