



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Bhutan

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **10/3/2013 6:45:14 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: 2012

Requesting for support year: 2014

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2013
INS			

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

1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2014	2015

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of **Bhutan** 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 **Bhutan**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	attached	Name	attached
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
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2.2. ICC signatures page

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

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

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

2.2.1. ICC report endorsement

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

Name/Title	Agency/Organization	Signature	Date
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attached	attached		
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ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

NA

Comments from the Regional Working Group:

NA

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **attached**, 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
attached	attached		

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

All comments will be treated confidentially

Comments from Partners:

NA

Comments from the Regional Working Group:

NA

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

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

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	14,600	14,169	14,660	14,660		14,892		15,189
Total infants' deaths	470	541	420	420		400		350
Total surviving infants	14130	13,628	14,240	14,240		14,492		14,839
Total pregnant women	14,600	14,169	14,660	14,660		14,892		15,189
Number of infants vaccinated (to be vaccinated) with BCG	14,600	13,319	14,220	14,220		14,892		15,189
BCG coverage	100 %	94 %	97 %	97 %		100 %		100 %
Number of infants vaccinated (to be vaccinated) with OPV3	14,100	13,246	14,220	14,220		14,246		14,530
OPV3 coverage	100 %	97 %	100 %	100 %		98 %		98 %
Number of infants vaccinated (to be vaccinated) with DTP1	14,100	13,501	14,073	14,073		14,400		14,800
Number of infants vaccinated (to be vaccinated) with DTP3	14,100	13,246	13,927	13,927		14,246		14,530
DTP3 coverage	100 %	97 %	98 %	98 %		98 %		98 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	0	5		4		4
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.00	1.05		1.04		1.04
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	13,692	13,501	14,073	14,073		14,400		14,800
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	13,692	13,246	14,073	14,000		14,246		14,530
DTP-HepB-Hib coverage	100 %	97 %	98 %	98 %		98 %		98 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5		4		4
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05		1.04		1.04
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	14,100	12,922	14,220	14,220		14,246		14,530
Measles coverage	100 %	95 %	100 %	100 %		98 %		98 %
Pregnant women vaccinated with TT+	14,600	11,169	12,167	12,167		14,892		15,189

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	100 %	79 %	83 %	83 %		100 %		100 %
Vit A supplement to mothers within 6 weeks from delivery	12,700	13,154	0	0		13,685		13,958
Vit A supplement to infants after 6 months	12,900	64,029	13,200	65,309	N/A	66,615	N/A	67,947
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	2 %	1 %	1 %		1 %		2 %

** Number of infants vaccinated out of total surviving infants

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

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

1 The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2013 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**

It is consistent with the WHO/UNICEF Joint Reporting for 2012 and is calculated based on National Population Projection by National Statistical Bureau.

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

It is also consistent with WHO/UNICEF Joint Reporting 2012.

- 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.**

There is no much changes in the targets by vaccine

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

since pentavalent vaccine is a single dose vial, the wastage is maintained at minimal which is less than 5%

5.2. Immunisation achievements in 2012

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

2012: Ψεαρ οφ Ιντενσιφιχατιον οφ Ρουτινε ιμμυνιζατιον. φολλοωινγ στρατεγιεσ ωερε υσεδ:

District wise mapping of hard to reach population areas which are under served by the Immunization program.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

- Catch up campaign for all floating population after assessment with district subset of population.
- Monthly facility wise immunization activity review by unit heads (BHU& CHU in hospital) for coverage, drop out and any existing discrepancy data for the activity
- Quarterly review by DHO
- Half yearly review by National Immunization programme& Health Information Management System & HIMs and send feed back
- Constant and consistent dialogue with the stake holders keeping them informed particularly Local Government bodies through advocacies
- Strategic involvement of CSO (NGO/INGOs for acceleration in campaigns and support

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

Gasa is the only district with below 80% immunization coverage. It is due to sparse population in the mountains and people are consistently migrating for economic purposes.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **no, not 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

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

Immunization program has no gender discrepancies in our system. Those who are eligible as per the schedule, the services are provided accordingly.

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

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

There is no gender related barriers in accessing the immunization services.

5.4. Data assessments

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

NA

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**

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

NA

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

NA

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

NA

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 53	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding
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		Country	GAVI	UNICEF	WHO	JCV JCV	NA	NA
Traditional Vaccines*	120,000	0	0	0	0	120,000	0	0
New and underused Vaccines**	140,500	42,500	98,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	0	0	0	0	0	0	0	0
Cold Chain equipment	117,754	0	18,870	0	0	0	98,884	0
Personnel	0	0	0	0	0	0	0	0
Other routine recurrent costs	81,487	20,000	0	26,184	35,303	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
1. Cost of injection supplies are included with vaccines 2. Since EPI services in Bhutan has been fully integrated with general Health care services, actual cost for personnel, capital and other routine expenditure are difficult to calculate		0	0	0	0	0	0	0
Total Expenditures for Immunisation	459,741							
Total Government Health		62,500	116,870	26,184	35,303	120,000	98,884	0

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

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

Traditional Vaccines are being funded by Japan Committee of Vaccines for World's Children (JCV). In future, the cost of the vaccines will be funded by Bhutan Health Trust Fund (BHTF)

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?

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

V3P conducted with the team from GAVI,WHO and Sabin Institute in 2012.

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

NA

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **2**

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

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

Some fund has been re-appropriated from HSS support for the procurement of refrigerators and training of vaccines inspectors from the Drug Regulatory Authority of Bhutan.

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

If Yes, which ones?

List CSO member organisations:

Tarayana Foundation

5.8. Priority actions in 2013 to 2014

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

1. cMYP for the VPD program is planned in July, 2013
2. HPV vaccination coverage report will be published in 2013
3. Certification of Polio eradication in 2014
4. HPV and EPI coverage survey report will be published in 2013 (Health Research Unit)
5. Establish Pneumonia surveillance in Bhutan, 2013
6. Nationwide AFP/Measles Surveillance Training
7. Revise EPI Manual, 2014
8. Development of guidelines for preventive maintenance of cold chain equipments and vehicle
9. Study temperature monitoring and train EPI store In Charges and Health Workers in Hospitals and BHUs

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	Auto Disable Syringes (AD)	JCV
Measles	Auto Disable Syringes (AD)	JCV
TT	Auto Disable Syringes (AD)	JCV
DTP-containing vaccine	Auto Disable Syringes (AD)	GAVI

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)

There were issues of AD syringes regarding re-capping of needles. The standard guideline stated that the re-capping of used syringes should not be practiced.

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

Sharp waste are being incinerated, burned and buried.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Bhutan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Bhutan is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

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

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	48,127	45,600	2,600	No

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

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

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

UNICEF country office has communicated to Ministry of health via letter No. Health/2013/020 dated 15th January, 2013 that there is a fund balance of US \$ 3414.77 from the 2012 co-financed amount for the procurement of pentavalent vaccine. The balance was since UNICEF has procured only 12000 doses of pentavalent vaccines instead of 14600 doses approved as per GAVI APR.

The remaining will be procured in 2013.

- 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.

Vaccine shipment plans were prepared annually in consultation with UNICEF Bhutan Office considering the existing stock position.

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.

There was no stock outs of Pentavalent vaccine in 2012.

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	There was no new vaccine introduction in 2012

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2016**

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? **Yes**

Is the country sharing its vaccine safety data with other countries? **Yes**

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **No**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

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? **Yes**

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:

<P>NA</P>

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0

Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

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 2013 onwards

NA

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	42,500	14,600
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	42500	
Donor		
Other		
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		
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	April	Bhutan Health Trust Fund (BHTF)
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Vaccine and related injection supplies were procured as lumpsum by GAVI. Therefore, separate figure for injection supplies were not mentioned available.		

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

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

NA

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2012**

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? **October 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Bhutan does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

If 2013 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 2014 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: 2015

The country hereby request for an extension of GAVI support for

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

vaccines: for the years 2014 to 2015. At the same time it commits itself to co-finance the procurement of

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

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.11 Calculation of requirements](#).

The multi-year extension of

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

vaccine support is in line with the new cMYP for the years 2014 to 2015 which is attached to this APR (Document N°16). The new costing tool is also attached.(Document N°17)

The country ICC has endorsed this request for extended support of

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

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°18)

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

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

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

Yes

If you don't confirm, please explain

NA

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	13,628	14,240	14,492	14,839	57,199
	Number of children to be vaccinated with the first dose	Table 4	#	13,501	14,073	14,400	14,800	56,774
	Number of children to be vaccinated with the third dose	Table 4	#	13,246	14,000	14,246	14,530	56,022
	Immunisation coverage with the third dose	Table 4	%	97.20 %	98.31 %	98.30 %	97.92 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.04	1.04	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	2,683				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	2,483				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.59	2.59	2.59	
cc	Country co-financing per dose	Co-financing table	\$		1.16	1.63	2.11	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		25.50 %	25.50 %	25.50 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

There is a difference of 200 vials. It was issued and distributed to district Hospitals for their urgent indent from Central EPI store.

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

Co-financing group	Graduating
--------------------	------------

	2012	2013	2014	2015
Minimum co-financing	0.61	1.16	1.63	2.11
Recommended co-financing as per APR 2011				
Your co-financing	0.88	1.16	1.63	2.11

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

		2013	2014	2015
Number of vaccine doses	#	29,200	22,900	16,800
Number of AD syringes	#	30,800	24,400	18,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	350	275	200
Total value to be co-financed by GAVI	\$	96,500	75,500	55,500

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

		2013	2014	2015
Number of vaccine doses	#	15,800	22,300	29,800
Number of AD syringes	#	16,700	23,800	31,800
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	200	275	375
Total value to be co-financed by the Country ^[1]	\$	52,000	74,000	98,500

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

	Formula	2012	2013			
		Total	Total	Government	GAVI	
A	Country co-finance	V	0.00 %	35.06 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	13,501	14,073	4,935	9,138
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3	3		
D	Number of doses needed	$B \times C$	40,503	42,219	14,803	27,416
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$	42,529	44,330	15,543	28,787
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		451	159	292
H	Stock on 1 January 2013	<i>Table 7.11.1</i>	2,483			
I	Total vaccine doses needed	$F + G - H$		44,831	15,719	29,112
J	Number of doses per vial	<i>Vaccine Parameter</i>		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		47,364	16,607	30,757
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		526	185	341
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		115,933	40,648	75,285
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		2,203	773	1,430
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		306	108	198
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		29,563	10,366	19,197
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	$(N+O+P+Q+R+S)$		148,005	51,892	96,113
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		51,892		
V	Country co-financing % of GAVI supported proportion	U / T		35.06 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	49.36 %			63.90 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	14,400	7,109	7,291	14,800	9,458	5,342
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	43,200	21,326	21,874	44,400	28,373	16,027
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.04			1.04		
F	Number of doses needed including wastage	$D \times E$	44,928	22,179	22,749	46,176	29,508	16,668
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	150	75	75	312	200	112
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	45,128	22,278	22,850	46,538	29,740	16,798
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	48,119	23,754	24,365	49,631	31,716	17,915
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	535	265	270	551	353	198
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	116,702	57,610	59,092	120,348	76,906	43,442
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	116,702	1,105	1,133	120,348	1,475	833
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	311	154	157	320	205	115
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	29,760	14,691	15,069	30,689	19,612	11,077
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	149,011	73,559	75,452	153,665	98,196	55,469
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	73,559			98,196		
V	Country co-financing % of GAVI supported proportion	U / T	49.36 %			63.90 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.1.1. Report on the use of HSS funds in 2012

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

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

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

If yes, please indicate the amount of funding requested: **41000** US\$

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

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

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

Table 9.1.3a (US)\$

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	37500	38400	40000	37000	40800
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	37500	38400	38500	40000	77800
Total funds received from GAVI during the calendar year (A)	0	37500	0	38500	0	76987
Remaining funds (carry over) from previous year (B)	0	0	20252	5008	3100	0
Total Funds available during the calendar year (C=A+B)	0	37500	20252	43508	3100	76987
Total expenditure during the calendar year (D)	0	17247	15244	40408	3100	27296
Balance carried forward to next calendar year (E=C-D)	0	0	0	0	0	50503
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	41000

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

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)	0	1583250	1858944	1815600	1726790	2232168
Revised annual budgets (if revised by previous Annual Progress Reviews)	0	1583250	1858944	1747515	1866800	4211959
Total funds received from GAVI during the calendar year (A)	0	1583250	0	1747515	0	4211959
Remaining funds (carry over) from previous year (B)	0	0	870836	187341	100736	0
Total Funds available during the calendar year (C=A+B)	0	1583250	870836	1934856	100736	4211959
Total expenditure during the calendar year (D)	0	712414	683495	18341190	100736	1382400
Balance carried forward to next calendar year (E=C-D)	0	870836	187341	1007360	0	2829558
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	1670784	1936400	1760605	1866800	2537900

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

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	44.33	39.37	48.83	45.96	45.39	51.35
Closing on 31 December	39.4	48.64	48.63	45.16	50.84	55.8

Detailed expenditure of HSS funds during the 2012 calendar year

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

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

Financial management of HSS funds

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

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

The fund is released by GAVI Headquarters through Royal Monetary Authority (RMA). The fund is transferred to Ministry of Finance by RMA through Gross National Happiness Commission (GNHC). Then, the Ministry of Health writes to Finance Ministry to incorporate the activities under HSS in the prevailing financial year, a detailed work plan is sent to the Finance ministry. Then, the funds are released to the implementing partners as and when the activities are conducted.

The fund under HSS is reflected in the annual budget of health ministry and also in the national budget. Bhutan uses government bank account to receive the funds. All the HSS activities are centrally implemented; therefore fund is transferred to sub-national levels. The status of the activities both technical and financial are reported to national coordination committee (NCC).

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 government's fiscal year. If an external audit report is available during your government's most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
OBJECTIVE 1	Activity 1.4: Send faculty for training on educational technology and pedagogy		RIHS
OBJECTIVE 2	Activity 2.4: Provide district based in-service training programmes in all 20 districts.	100	HRD, MOH
OBJECTIVE 3	Activity 3.2: Train Village Health Workers in selected districts		VHWP, MOH
	Re-programmed to purchase of refrigerators	100	VPDP, MOH
	Activity 3.3: Carryout monitoring and supervision of pilot project		VHWP, MOH
OBJECTIVE 2 (Activity in 2013)	Activity 2.4: Provide district based in-service training programmes in all 20 districts.		HRD, MOH
OBJECTIVE 3 (Activity in 2013)	Activity 3.2: Train Village Health Workers in selected districts		VHWP, DoPH, MOH
	Purchase of refrigerators	100	VPDP, MoH
	Training on vaccine evaluation for 3 registration committee members	100	DRA
	Monitoring and supervision of cold chain system in the health facilities	100	DRA

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

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
Activity 1.4: Send faculty for training on education	The activity was not conducted as explained under 9.2.2
Activity 2.4 Provide district based in-service training	The health workers in the districts represent as the front line health services providers. Providing the in-service training has contributed to further strengthening the primary healthcare services in the country. It has also contributed in motivating the health workers in the remote peripheries. The access to equitable healthcare services has improved with competent and motivated primary health services providers. The constraints are limited budget for training the health workers and also limited health human resources.
Activity 3.2: Train Village Health Workers in selected areas	The activity was not conducted as explained under 9.2.2
Re-programmed to purchase of refrigerators	Shortage of refrigerators in most of the health facilities in the country is a major problem. Therefore, VPDP under Department of Public Health procured 30 numbers of electric refrigerators for distribution to various health facilities; replacing the old and defective ones across the country for the vaccine storage. It has further strengthened the maintenance and effective storage of vaccines. Besides, it contributed to improved and increased immunization services and coverage in the country. This has contributed to improving the lives of child and mother by reducing the infant and maternal deaths.
Training on vaccine evaluation for 3 registration	The technical capacity on the vaccine evaluation with regard to safety and quality were strengthened. The members now understand the technicality and the importance of the relevant documents required for registration of different vaccines.
Monitoring and supervision of cold chain system in 27 health facilities	Cold chains in 27 health facilities in 5 districts were monitored. In order to ensure the effectiveness of the vaccines, the storage system (cold chain) has to be maintained well. The health workers were instructed on the importance of the proper maintenance of vaccines storage and also on the legal provisions of the cold chain. The errors were corrected at the time of monitoring of the cold chain by the officials from DRA.
Activity 3.3: Carryout monitoring and supervision	The activity was not conducted

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

Some of the activities in 2012 were not implemented, due to the reasons cited as follows:

- The release of HSS fund was delayed. Therefore, the activities could not be incorporated in the prevailing annual work plan. In addition, the general and primary elections of Bhutan were held from June to July 2013, restricting the movement of the civil servants prior to and during elections, thus hindering the implementation of activities 3.2 and 3.3. However, the activities which did not require travelling were conducted and completed.
- The manual for training the village health workers has been finalized and therefore the activities 3.2 and 3.3 will be carried out by end of October or early November 2013.
- The activity 1.4: Sending faculty for training on educational technology and pedagogy could not be conducted as the Royal Institute of Health Sciences (RIHS) was not able to find relevant institutions for the training. In addition, the academic year had already started and the faculty members were not relieved due to the engagement in teaching.

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

The GAVI HSS grant has contributed in many positives aspects as follows:

- producing competent health workers through support to RIHS
- the trained &

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target						Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
National DTP3 Coverage	94.8%	HMIS, 2005	>95%	97%	96%	93%	91%	93%	97%	WHO,UNI CEF (JRF, 2012)	
National measles coverage disaggregated by dist	90%	HMIS, 2005	>95%	95%	98%	94%	94%	93%	95%	WHO,UNI CEF (JRF, 2012)	
. Number of districts achieving ≥80% DTP3 covera	18	HMIS, 2005	20	19	na	18	18	19	19	WHO,UNI CEF (JRF, 2012)	Gasa (district located in the northern part of Bhutan and in the mountains) is the only dzongkhag where DTP3 coverage is below 80% at 69%. This is mainly due to the geographical location of the district and mobile population where majority of the populants are nomadic herders.
Under five mortality rate (per 1000)	60.1%	Population and Housing Census Survey, 2005	35%	69%		81%	79%	69&	69%	BMIC, 2010	The data from National Health Survey will be updated soon
Maternal Mortality Rate per 100,000 Live births	255	Population and Housing Census Survey, 2005	140	255		200		146	255	Population and Housing Census	The data from National Health Survey will be updated soon
Number of PHC workers/Nurses who graduate annually	0	RIHS Registers, 2007	All	134				81	134	RIHS	
% of PHC staff provided with at least 24 hours (3 days) of need based in-service training per year	<5%	2006	50%	74.3%	33%	84.5		71%	74.3%	HRD	

% of institutional deliveries*, in pilot distri	Dagana: 11.6 Trongsa: 27 Pemagatshel: 12.5 Lhuntse: 35.5 Trashiyangtse: 11.4	MOH Annual Report, 2006	Institutional deliveries increased by 10% of the baseline	Dagana: 33.94% Trongsa: 41.01% P/gatshel: 51.8% Lhuntse: 37.04% t/yangtse: 25%	Dagana: 24.6% Trongsa: 30.1% Pemagatshel: 35.8% Lhuntse: 53.4% Tashiyangtse: 29.2%	Dagana: 23% Trongsa: 27% Pemagatshel: 28% Lhuntse: 32% Tashiyangtse: 21%	Dagana: 26.6% Trongsa: 28.8% Pemagatshel: 29.11% Lhuntse: 22% Tashiyangtse: 30.31%	Dagana: 36.5% Trongsa: 28.67% Pemagatshel: 37.1% Lhuntse: 24.4% Tashiyangtse: 21.17%	Dagana: 33.94% Trongsa: 41.01% P/gatshel: 51.8% Lhuntse: 37.04% t/yangtse: 25%	Annual Health Bulletin, 2013 (HMIS)	
Proportion of HF's supplied with refrigerators	(0, 2012)	EPI Program		100					100%	VPDP, DoPH	
Number of registration committee members trained'	(0, 2012)	DRA		1					3	DRA	
Number of health facilities monitored	(70 health centres, 2011)	Inspection reports of Drug Regulatory Authority (DRA)		140					25	DRA	The Outreach Clinics (ORCs) were monitored, since vaccines have to be carried during vaccination. Due to fund constraint, all the ORCs could not be monitored

9.4. Programme implementation in 2012

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

Some of the accomplishments are as follows

- The in-service training of health workers started by HRD facilitated in producing more competent and motivated health workers in the peripheries, which contributed in increasing immunization coverage and reduction in the maternal and infants deaths
- With the purchase of 30 refrigerators, the vaccine storage has significantly improved in the health facilities contributing to overall increased immunization coverage
- The registration Committees' members are equipped with the knowledge on the importance of the relevant documents needed for registration of the vaccines, moreover the members are now aware of the technical knowhow regarding vaccines evaluation.
- With the monitoring and supervision of the cold chain, the quality of vaccines storage has improved, in addition the health workers were also made aware of the importance of the proper maintenance of the cold chain.

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

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

The task of overall of monitoring and evaluation of the HSS components for GAVI is Policy and Planning Division (PPD) under Ministry of Health. The GAVI Focal person will collect both the financial and technical reports from the implementing partners for review by end of financial year. The financial reports are verified from the Administration and Finance Division, MOH. The reports are then presented to NCC for review. Once the review is completed, the reports are reflected in the APR for submission.

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

PPD is the responsible for the overall monitoring and evaluation of all the planned activities in the Ministry. It is done through mid term review of the National development plan (plan period is 5 years) and also, the activities are monitored and evaluated through the web based system, created by Gross National Happiness Commission to facilitate the planning, monitoring and evaluating the work plans. The Ministry of Health also recruits external consultant for joint sectors review supported by the development partners.

The activities under the HSS are also monitored and evaluated in the similar method as mentioned above, the implementation and status are reported to the NCC prior to submission.

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

The key stakeholders in the implementation of the HSS proposals are the different programmes within the Ministry of Health. In the National Coordination Committee, we have members from developing partners like UNICEF, WHO and also from Tarayana Foundation, a civil society organization based in Thimphu. Their views and suggestions are sought during the proposal and implementation of the planned activities.

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

The participation from Civil Society Organization is as a member in NCC. All the planned activities are implemented by the different programs within the Health Ministry.

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

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

Since the Ministry of Health follows the Financial Rules and Regulations (FFR) of Ministry of Finance for the management of funds from all the development partners including GAVI. There has been no constraints in the disbursement of the fund. The concerned account personnels in the Administration and Finance Division are responsible for disbursement of the funds. They verify the expenditure reports of the planned activities with the concerned implementing partners.

9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
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Objective 1 To ensure the Institute has the capacity	Activity 1.4: Send faculty for training on educational technology and pedagogy	10000		Purchase of refrigerators	There is a need to replace the existing refrigerators in Phuntsholing General and Mongar Regional Referral Hospitals. The existing Refrigerators are more than 10 years. Under the replacement policy, it has to be replaced. In addition, the hospitals mentioned above are the ones receiving higher workloads.	10000
To pilot a low-cost intervention targeting village	3.2: Train Village Health Workers in selected districts Activity	13800			\$ 8000 is for the year 2012, \$5800 is for the year 2013. The budget from both the year is clubbed together.	
	3.3: Carryout monitoring and supervision of pilot project	6000			\$1000 from the year 2012 \$ 5000 from the year 2013. \$5000 was not mentioned in planned activities in APR 2011	
Objective 2: To establish a continuing education system that delivers standardization training on MCH and PHC best practices by end of 2012 for > 50% of targeted health workers	Activity 2.4 Provide district based in-service	20000			\$ 20000 will be utilized in this current financial year for the up-gradation of Basic Health workers and Bachelor of Public Health	
		49800	0			10000

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
To ensure the Institute has the capacity to use the revised curriculum for new maternal and child health best practices, for all the pre-service training by end of 2009	Activity 1.1 Revise maternal and child health components of curriculum of nursing and PHC categories based on job descriptions	5000	Send faculty for training on educational technology and pedagogy	The activity 1.1 has been completed in 2009 and out put has been implemented, in addition there is support from UNFPA for Reproductive Health activities and if need, support can be seek again. In order to strengthened the pre-service training and to produce competent and motivated primary healthcare services providers to improve the maternal and child health. There is need to train the new faculty in the Royal Institute of Health Sciences (RIHS). Also, the Institute has been identified in Thailand.	5000

	Activity 1.2: Purchase teaching learning aids and models for RIHS and districts training centre	14000			
Objective 2: To establish a continuing education system that delivers standardization training on MCH and PHC best practices by end of 2012 for > 50% of targeted health workers	Activity 2.4 Provide district based in-service training programme in all 20 districts	10000			
Objective 3 To pilot a low-cost intervention targeting village health workers of five districts to increase the percentage of institutional deliveries at medical institutions, with appropriate referral facilities, by 10% from the 2007 level, by end of 2010	Activity 3.2: Train Village health Workers in selected districts	10000			
	Activity 3.3: Carryout monitoring and supervision of pilot project	1000			
		40000			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded
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			<p>The external donors like UNFPA supports Reproductive Health Programme. UNICEF and Japan Committee of Vaccines for World's Children also supports in procurement of vaccines.</p> <p>The VHWP also receive some support from UNICEF.</p> <p>WHO and Royal Government of Bhutan supports the Continuing education of in-service PHC providers.</p>
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9.8.1. Is GAVI's HSS support reported on the national health sector budget? **Yes**

9.9. Reporting on the HSS grant

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

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

Table 9.9: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
Annual Health Bulletin, WHO, UNICEF JRF 2012, HRD, DRA, RIHS Register	The information was provided by the concerned officer from the relevant agencies in the MOH. Also, discussed in National Coordination Committee Meeting.	

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

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

Please attach:

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

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

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

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

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

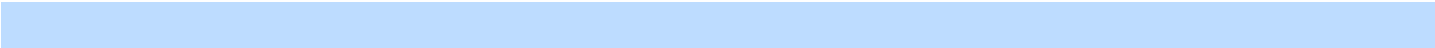
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

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

11. Comments from ICC/HSCC Chairs

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review. These could be in addition to the approved minutes, which should be included in the attachments



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on ***your government's own system of economic classification***. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

- I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
 - a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
- a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)
 - b. Income received from GAVI during 2012
 - c. Other income received during 2012 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2012
 - f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Page 1.jpg File desc: Date/time: 9/23/2013 8:30:58 AM Size: 1634690
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	004510.jpg File desc: Signature of Secretary, Gross National Happiness Commission, Bhutan Date/time: 5/12/2013 11:24:17 PM Size: 217035
3	Signatures of members of ICC	2.2	✓	scan2.pdf File desc: Date/time: 9/23/2013 8:40:09 AM Size: 646444
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	004732.jpg File desc: Date/time: 5/13/2013 12:49:56 AM Size: 146486
5	Signatures of members of HSCC	2.3	✗	024830.jpg File desc: Forwarding letter from Health Secretary for GAVI APR Submission Date/time: 5/13/2013 3:38:40 AM Size: 190286
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Minutes from NCC 2013 (1).doc File desc: Date/time: 9/23/2013 8:27:37 AM Size: 35328
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Minutes of the NCIP meetin1.docx File desc: Date/time: 5/13/2013 3:40:50 AM Size: 15565
9	Post Introduction Evaluation Report	7.2.2	✓	MINUTES National Coordination Committee Meeting for the approval of Annual Progress Report.docx File desc: Date/time: 5/13/2013 5:27:05 AM Size: 16030
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Minutes of the NCIP meetin1.docx File desc:

				Date/time: 5/13/2013 5:27:52 AM Size: 15565
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1	✓	Minutes of the NCIP meetin1.docx File desc: Date/time: 5/13/2013 5:29:10 AM Size: 15565
12	Latest EVSM/VMA/EVM report	7.5	✓	Minutes of the National Coordination Committee.docx File desc: Date/time: 5/13/2013 6:00:26 AM Size: 18341
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	MINUTES National Coordination Committee Meeting for the approval of Annual Progress Report.docx File desc: Date/time: 5/13/2013 6:01:10 AM Size: 16030
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	004624.jpg File desc: Date/time: 5/13/2013 6:29:23 AM Size: 219478
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	004732.jpg File desc: Date/time: 5/13/2013 6:32:23 AM Size: 146486
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	MINUTES National Coordination Committee Meeting for the approval of Annual Progress Report.docx File desc: Date/time: 5/13/2013 1:31:13 AM Size: 16030
17	Valid cMYP if requesting extension of support	7.8	✗	Addendum_to_cMYP.doc File desc: Date/time: 6/27/2013 5:57:04 AM Size: 406016
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	scan0002.pdf File desc: Date/time: 9/24/2013 6:03:03 AM Size: 896070
				scan2.pdf

20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	X	File desc: Date/time: 9/23/2013 8:23:24 AM Size: 646444
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	X	Page 2.jpg File desc: Date/time: 9/23/2013 8:17:37 AM Size: 1917645
22	HSS Health Sector review report	9.9.3	X	Minutes of the NCIP meetin1.docx File desc: Date/time: 5/13/2013 6:46:10 AM Size: 15565
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	Minutes of the NCIP meetin1.docx File desc: Date/time: 5/13/2013 6:46:41 AM Size: 15565