



GAVI Alliance

# Annual Progress Report **2011**

Submitted by

The Government of  
**Bhutan**

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **8/30/2012**

**Deadline for submission: 5/22/2012**

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto: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: **2011**

Requesting for support year: **2013**

### 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

### 1.2. Programme extension

No NVS support eligible to extension this year

### 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	No	ISS reward for 2011 achievement: N/A
HSS	Yes	next tranche of HSS Grant Yes
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

### 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** 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	Nima Wangdi	Name	Karma Tshiteem
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
Mr. TSHEWANG DORJI TAMANG	Sr. PROGRAM OFFICER	975-02-3228092	t_tamang@health.gov.bt
Mr.SANGAY PHUNTSO	PROGRAM OFFICER	975-02-3228091	sunnypinso@health.gov.bt
Ms. TASHI CHOZOM	ASSISTANT PLANNING OFFICER	17986701	tashichozom@health.gov.bt

### 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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ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **NA**, 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
Mr. TANDIN DORJI, CHAIRMAN	Communicable Disease Division, Ministry of Health		
Mr. CL MONGAR, VICE CHAIRMAN	UNICEF		
Mr. SONAM WANGCHUK, MEMBER	Ministry of Health		
Ms. PEMA, MEMBER	Tarayana Foundation		
Mr. TSHEWANG TAMANG, MEMBER	Ministry of Health		
Mr. SANGAY PHUNTSHO, MEMBER	Ministry of Health		
Mr. SHERUB, MEMBER	Gross National Happiness Commission		

Mr. Kinley Dorji, MEMBER	World Health Organization		
Mr. TSHERING WANGDI, MEMBER	Ministry of Health		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Bhutan is not reporting on CSO (Type A & B) fund utilisation in 2012

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## 4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)			
	2011		2012		2013	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation
<b>Total births</b>	14,165	13,694	14,413	14,600	14,660	14,660
<b>Total infants' deaths</b>	N/A	500		470		420
<b>Total surviving infants</b>	14165	13,194	14,413	14,130		14,240
<b>Total pregnant women</b>	14,165	13,694	14,413	14,600	14,660	14,660
<b>Number of infants vaccinated (to be vaccinated) with BCG</b>	13,598	13,089	13,981	14,600	14,220	14,220
<b>BCG coverage</b>	96 %	96 %	97 %	100 %	97 %	97 %
<b>Number of infants vaccinated (to be vaccinated) with OPV3</b>	13,456	12,871	13,692	14,100	14,220	14,220
<b>OPV3 coverage</b>	95 %	98 %	95 %	100 %	97 %	100 %
<b>Number of infants vaccinated (to be vaccinated) with DTP1</b>	13,456	12,811	13,692	14,100	14,073	14,073
<b>Number of infants vaccinated (to be vaccinated) with DTP3</b>	13,315	12,796	13,548	14,100	13,927	13,927
<b>DTP3 coverage</b>	52 %	97 %	94 %	100 %	95 %	98 %
<b>Wastage[1] rate in base-year and planned thereafter (%) for DTP</b>	0	10	0	5	0	0
<b>Wastage[1] factor in base-year and planned thereafter for DTP</b>	1.00	1.11	1.00	1.05	1.00	1.00
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib</b>	7,347	12,811	13,692	14,100	14,073	14,073
<b>Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib</b>	7,347	12,796	13,548	14,100	13,927	13,927
<b>DTP-HepB-Hib coverage</b>	52 %	97 %	94 %	100 %	95 %	98 %
<b>Wastage[1] rate in base-year and planned thereafter (%)</b>	5	5	5	5	35	5
<b>Wastage[1] factor in base-year and planned thereafter (%)</b>	1.05	1.05	1.05	1.05	1.54	1.05
<b>Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid</b>	5 %	5 %	5 %	5 %	5 %	5 %
<b>Number of infants vaccinated (to be vaccinated) with 1st dose of Measles</b>	13,598	12,797	13,980	14,100	14,220	14,220
<b>Measles coverage</b>	96 %	97 %	97 %	100 %	97 %	100 %
<b>Pregnant women vaccinated with TT+</b>	11,615	11,469	11,962	14,600	12,167	12,167
<b>TT+ coverage</b>	82 %	84 %	83 %	100 %	83 %	83 %
<b>Vit A supplement to mothers within 6 weeks from delivery</b>	0	12,661	0	12,700	0	0
<b>Vit A supplement to infants after 6 months</b>	N/A	12,800	N/A	12,900	N/A	13,200

Number	Achievements as per JRF		Targets (preferred presentation)			
	2011		2012		2013	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation
<b>Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100</b>	1 %	0 %	1 %	0 %	1 %	1 %

\*

\*\* 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 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**

NA

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

NA

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

NA

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

NA

### 5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

The target for 2011 as per APR 2010 was calculated based on the Population projection and Housing census,2005 by National Statistical bureau of bhutan. However, the coverage for 2011 was based on the annual house hold survey,2010.

The following activites were carried out in 2011:

1. EPI/VPD surveillance review conducted in March,2011
2. Pentavalent vaccine re-introduced in June,2011
3. Drafted new NCIP chater in October,2011

There was no major challenges faced in 2011.

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

The coverage for DTP3 in 2011 was 93%. The reasons for not reaching the targets were as follwos:

1. Discrepancies in the data between Health Management and information system (HMIS) and Districts level
2. Inconsistant denominator data
3. Mobile population for immunization services

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

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

NA

If no sex-disaggregated data is available at the moment, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **No**

What action have you taken to achieve this goal?

No actions

## 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)

There is no discrepancies in the different data sources such as survey and administrative.

\* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 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 2009 to the present.

Following activities were carried out for improving the administrative data:

1. Data cross checking was performed in few districts and the discrepancies were shared in the form of feedbacks to all the districts.

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.

Following are the future plans:

1. All districts to conduct the immunization assessment and identify the hard to reach population for immunization services as part of Intensification of routine immunization in Bhutan

## 5.5. Overall Expenditures and Financing for Immunisation

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

<b>Exchange rate used</b>	1 US\$ = 50.7	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 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	JCV for traditional Vaccines	To be filled in by country	To be filled in by country
Traditional Vaccines*	64,760	0	0	64,760	0	0	0	0

New and underused Vaccines**	98,761	7,261	91,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	5,000	5,000	0	0	0	0	0	0
Cold Chain equipment	10,000	10,000	0	0	0	0	0	0
Personnel	12,000	12,000	0	0	0	0	0	0
Other routine recurrent costs	298,272	25,000	0	169,087	104,185	0	0	0
Other Capital Costs	25,000	25,000	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
To be filled in by country		0	0	0	0	0	0	0
Total Expenditures for Immunisation	513,793							
Total Government Health		84,261	91,500	233,847	104,185	0	0	0

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

N/A

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

N/A

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

Since there is no government funding allocated for the traditional vaccines, the expected source of funding for 2012 and 2013 is from Japan Committee for Vaccines (JCV)

**Table 5.5b:** Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	64,760	100,000
New and underused Vaccines**	98,761	72,000
Injection supplies (both AD syringes and syringes other than ADs)	7,000	8,000
Injection supply with syringes other than ADs	2,000	5,000
Cold Chain equipment	5,000	8,000
Personnel	12,000	17,000
Other routine recurrent costs	273,272	5,000
Supplemental Immunisation Activities	0	0
Total Expenditures for Immunisation	462,793	215,000

\* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 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

N/A

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

It will be conducted in early 2012 (Graduating country financial review by GAVI and Vaccine, Price, Product and Procurement (V3P) Project by WHO) from 16th -21st April,2012

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **0**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting 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](#).

In Bhutan ICC is equivalent to PCM members and PCM members are responsible for both GAVI and GFATM. However,PCM members are the larger group and the focus is more to GFATM. In,2011 there, was no meetings conducted for Immunization activities except other than NCIP meetings. Henceforth,from 2012, seperate and new ICC members will be formed.

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

**If Yes**, which ones?

List CSO member organisations:

## 5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

1. To acheive 100% immunization coverage in 2012 (SEARO declared 2012 as Year of intensification of Immunization)

Are they linked with cMYP? **Yes**

## 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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD syringes	JCV
Measles	AD Syringes	JCV

TT	AD syringes	JCV
DTP-containing vaccine	AD syringes	GAVI/RGoB

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 was no obstacles encountered for injection safety policy.

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

The sharps waste are being auto claved, burned and buried.

## 6. Immunisation Services Support (ISS)

### 6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

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

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

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

### 6.2. Detailed expenditure of ISS funds during the 2011 calendar year

### 6.3. Request for ISS reward

Request for ISS reward achievement in Bhutan is not applicable for 2011



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

### 7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

**Table 7.1:** Vaccines received for 2011 vaccinations against approvals for 2011

	[ A ]	[ B ]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		30,700	0

*\*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? ...)

NA

- 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)

NA

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **No**

If **Yes**, how long did the stock-out last?

NA

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

NA

### 7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	0	
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **May 2013**

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° 20 )

HPV vaccination was introduced in 2010. The PIE for the HPV vaccination has been conducted in March, 2011 with the EPI/ VPD Surveillance by WHO team. The final reports is pending with the WHO office.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

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**

### 7.3. New Vaccine Introduction Grant lump sums 2011

#### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year ( Document No 14) . 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 2012 onwards

NA

### 7.4. Report on country co-financing in 2011

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

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	16,500	41,400
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Bhutan Health Trust Fund (BHTF)	
Donor		
Other		
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding

1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	April	Bhutan Health Trust Fund
<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>		
Technical Assistance for developing financial sustainability is not require because Bhutan Health Trust Fund will take on the vaccine procuremnt.		

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 GAVI's new vaccine support reported on 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](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? **March 2011**

Please attach:

- (a) EVM assessment (**Document No 15**)
- (b) Improvement plan after EVM (**Document No 16**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for for delay, if any
NA	NA	NA

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 2012**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

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 2012

Renewal of multi-year vaccines support for Bhutan is not available in 2012

## 7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for 2013 vaccination do the following

Confirm here below that your request for 2013 vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

NA

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

**Table 7.10.1: Commodities Cost**

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

**Note:** WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table 7.10.1: Commodities Cost**

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

**Note:** WAP weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

**Table 7.10.2: Freight Cost**

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningococcal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

## 7.11. Calculation of requirements

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

ID	Source		2011	2012	2013	TOTAL	
	Number of surviving infants	Table 4	#	13,194	14,130	14,240	41,564
	Number of children to be vaccinated with the first dose	Table 4	#	12,811	14,100	14,073	40,984
	Number of children to be vaccinated with the third dose	Table 4	#	12,796	14,100	13,927	40,823
	Immunisation coverage with the third dose	Table 4	%	96.98 %	99.79 %	97.80 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	184			
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	
cc	Country co-financing per dose	Co-financing table	\$		0.88	1.11	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		23.80 %	23.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	

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

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

	2011	2012	2013
Minimum co-financing	0.30	0.61	0.94
Recommended co-financing as per APR 2010			1.45
Your co-financing	0.30	0.88	1.11

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

		2012	2013
Number of vaccine doses	#	30,800	25,100
Number of AD syringes	#	32,800	26,500
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	375	300
Total value to be co-financed	\$	85,000	64,000

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

		2012	2013
Number of vaccine doses	#	14,500	19,300
Number of AD syringes	#	15,400	20,400
Number of re-constitution syringes	#	0	0

Number of safety boxes	#	175	250
Total value to be co-financed by country	\$	40,000	49,500

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

	Formula	2011	2012		
		Total	Total	Government	GAVI
<b>A</b> Country co-finance	$V$	0.00 %	31.93 %		
<b>B</b> Number of children to be vaccinated with the first dose	Table 5.2.1	12,811	14,100	4,503	9,597
<b>C</b> Number of doses per child	Vaccine parameter (schedule)	3	3		
<b>D</b> Number of doses needed	$B \times C$	38,433	42,300	13,508	28,792
<b>E</b> Estimated vaccine wastage factor	Table 4	1.05	1.05		
<b>F</b> Number of doses needed including wastage	$D \times E$	40,355	44,415	14,184	30,231
<b>G</b> Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		1,015	325	690
<b>H</b> Stock on 1 January 2012	Table 7.11.1	184			
<b>I</b> Total vaccine doses needed	$F + G - H$		45,246	14,449	30,797
<b>J</b> Number of doses per vial	Vaccine Parameter		1		
<b>K</b> Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		48,080	15,354	32,726
<b>L</b> Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
<b>M</b> Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		534	171	363
<b>N</b> Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		98,727	31,527	67,200
<b>O</b> Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		2,236	715	1,521
<b>P</b> Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
<b>Q</b> Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		4	2	2
<b>R</b> Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		23,498	7,504	15,994
<b>S</b> Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		224	72	152
<b>T</b> Total fund needed	$(N+O+P+Q+R+S)$		124,689	39,817	84,872
<b>U</b> Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		39,817		
<b>V</b> Country co-financing % of GAVI supported proportion	$U / T$		31.93 %		



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

	Formula	2013			
		Total	Government	GAVI	
A	Country co-finance	$V$	43.51 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	14,073	6,123	7,950
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	42,219	18,369	23,850
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	44,330	19,288	25,042
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	44,330	19,288	25,042
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	46,864	20,390	26,474
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	521	227	294
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	89,414	38,903	50,511
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	89,414	949	1,231
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	2	2
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	21,281	9,259	12,022
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	219	96	123
T	Total fund needed	$(N+O+P+Q+R+S)$	113,098	49,207	63,891
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	49,207		
V	Country co-financing % of GAVI supported proportion	$U / T$	43.51 %		

**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 2012	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)

Bhutan is not reporting on Injection Safety Support (INS) in 2012

## 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 2011**. All countries are expected to report on:

- a. Progress achieved in 2011
- b. HSS implementation during January – April 2012 (interim reporting)
- c. Plans for 2013
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2011, or experienced other delays that limited implementation in 2011, 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 2011 fiscal year starts in January 2011 and ends in December 2011, HSS reports should be received by the GAVI Alliance before **15th May 2012**. 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 2012, the HSS reports are expected by GAVI Alliance by September 2012.

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 activities and budget (reprogramming) please explain these changes in this report (Table/Section 9.5, 9.6 and 9.7) and provide explanations for each change so that the IRC can approve 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. The changes must have been discussed and documented in the HSCC minutes (or equivalent).**

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 2011
- b. Minutes of the HSCC meeting in 2012 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2011 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 2011 and request of a new tranche

### 9.1.1. Report on the use of HSS funds in 2011

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 **No**

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

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)		37500	38400	40000	37000	40800
Revised annual budgets (if revised by previous Annual Progress Reviews)		37500	38400	38500	40000	77800
Total funds received from GAVI during the calendar year (A)		37500	0	38500	0	76987
Remaining funds (carry over) from previous year (B)		0	20252	5008	3100	0
Total Funds available during the calendar year (C=A+B)		37500	20252	43508	3100	
Total expenditure during the calendar year (D)		17247	15244	40408	3100	
Balance carried forward to next calendar year (E=C-D)		20252	5008	3100	0	
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]		38400	40000	38500	40000	

Table 9.1.3b (Local currency)

	2007	2008	2009	2010	2011	2012
Original annual budgets (as per the originally approved HSS proposal)		1583250	1858944	1815600	1726790	4256438
Revised annual budgets (if revised by previous Annual Progress Reviews)		1583250	1858944	1747515	1866800	4256438
Total funds received from GAVI during the calendar year (A)		1583250	0	1747515	0	4211958

Remaining funds (carry over) from previous year (B)		0	870836	187341	100736	
Total Funds available during the calendar year (C=A+B)		1583250	870836	1934856	100736	
Total expenditure during the calendar year (D)		712414	683495	1834119	100736	
Balance carried forward to next calendar year (E=C-D)		870836	187341	100736	0	
<b>Amount of funding requested for future calendar year(s)</b> [please ensure you complete this row if you are requesting a new tranche]		1670784	1936400	1760605	1866800	

### 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	46.63	45.16	50.84	

### Detailed expenditure of HSS funds during the 2011 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2011 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: 9)**

If any expenditures for the January April 2012 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: 22)**

### 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 funds disbursed by GAVI are channeled from the GAVI headquarters to the Royal Monetary Authority (RMA) of Bhutan. The RMA then notifies the receipt of fund to the Ministry of Health and transfers the fund to Account of the Ministry of Finance, Royal Government of Bhutan through the Gross National Happiness Commission\*. The Ministry of Health has to write to the Ministry of Finance to incorporate the GAVI activities in the prevailing fiscal year with the work plan and the activity details. The Finance ministry then releases the fund to the Ministry of Health. <?xml:namespace prefix = o />

The funds from GAVI are incorporated in the overall annual budget of the Ministry of Health and also reflected in the Governments' national budget.

However, we have not incorporated the budget for 2012 even though we have received the fund from GAVI as there are few activities which have been reprogrammed and require IRC's approval. It shall be incorporated only after receiving approval of the APR from GAVI.

Bhutan uses Government Bank Account. All planned activities under GAVI HSS support are centrally implemented following the Government Financial Rules and Regulations due to which no fund is transferred to the sub-national levels.

The status on implementation of the planned activities under GAVI HSS support, both financial and physical, is then reported to the NCC and also through the APR.

*\*The Gross National Happiness Commission is responsible for the overall donor coordination in the country.*

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

**External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 26)**

## 9.2. Progress on HSS activities in the 2011 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 2011 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2011	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
<b>OBJECTIVE 1</b>	Activity 1.4: Send faculty for training on educational technology and pedagogy		NA
<b>OBJECTIVE 2</b>	Activity 2.4: Provide district based in-service training programmes in all 20 districts.		NA
<b>OBJECTIVE 3</b>	Activity 3.2: Train Village Health Workers in selected districts		NA
	Activity 3.3: Carryout monitoring and supervision of pilot project		NA

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
NA	NA



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

The activities as per the 2011 plan were not implemented as we did not receive funds in 2011. However, the village health workers in Tashigang district were trained with the balance carried forward from the previous years. Though Tashigang District is not one of the pilot districts, this activity was carried out based on the request received from Tashigang District to train the village health workers of the district. The activity was approved by the HSCC.

## 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?

High capacity computers were purchased with support from GAVI to establish a database mechanism for the Human Resources for Health as reported in the previous APRs. Accordingly, the high capacity computer was installed in the Human Resource Division for Health Human Resource Information System (HRIS). The HRIS captures information on the employment history including their promotions, transfers and training opportunities availed. The HRIS facilitates to sort out the health professionals, by which the Ministry can facilitate to promote & transfer the individuals and also determine the needs for training. This has also been instrumental in putting in place the performance management system.

The grant has contributed to the Health Human Resource Policy on developing appropriate, capable and motivated health human resources.

## 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 2010 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	2011 Target	2007	2008	2009	2010	2011	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
1. National DTP3 coverage (%)	94.8%	HMIS, 2005	>95%			96%	93%	91%	93%	Routine Immunization Report	Though 90% coverage at the national level is the globally accepted target, Bhutan has always aimed to achieve more than 90% coverage. Though we have not achieved the target, through the WHO's initiative of intensifying routine immunization this year, Ministry is geared towards intensification of routine immunization targeting more than 90% coverage.

<b>3. National measles coverage disaggregated by dist</b>	90%	HMIS, 2005	>95%				98%	94%	95%	93%	Routine Immunization Report	Though 90% coverage at the national level is the globally accepted target, Bhutan has always aimed to achieve more than 90% coverage. Though we have not achieved the target, through the WHO's initiative of intensifying routine immunization this year, Ministry is geared towards intensification of routine immunization targeting more than 90% coverage.
<b>2. Number of districts achieving ≥80% DTP3 covera</b>	18	HMIS, 2005	20				n/a	18	18	19	Routine Immunization Report	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.
<b>4. Under five mortality rate (per 1000)</b>	60.1%	Population and Housing Census Survey, 2005	35%				81%	79%	69%	----	Annual Health Bulletin, 2012 (HMIS)	
<b>5. Maternal Mortality Rate per 100,000 Live births</b>	255	Population and Housing Census Survey, 2005	140				200	---	146	----		The National Health survey is scheduled to be completed by the end of this year. Therefore, we would be able to provide the updated data upon completion of the survey
<b>6. Number of PHC workers/Nurses who graduate annua</b>	0	RIHS Registers, 2007	All				---	----	----	81 (All candidates)	RIHS	
<b>7. % of PHC staff provided with at least 24 hours</b>	<5%	2006	50%			33%	84.5%			71.33 %	HRD	

8. % 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: 24.6% Trongsa: 30.1% Pemagatshel: 35.8% Lhuntse: 53.4% Trashiyangtse: 29.2%	Dagana: 23% Trongsa: 27% Pemagatshel: 28% Lhuntse: 32% Trashiyangtse: 21%	Dagana: 26.6% Trongsa: 28.8% Pemagatshel: 29.11% Lhuntse: 22% Trashiyangtse: 30.31%	Dagana: 36.5% Trongsa: 28.67% Pemagatshel: 37.1% Lhuntse: 24.4% Trashiyangtse: 21.17%	Annual Health Bulletin, 2012 (HMIS)
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## 9.4. Programme implementation in 2011

9.4.1. Please provide a narrative on major accomplishments in 2011, especially impacts on health service programs, notably the organization program

Bhutan did not receive fund for 2011. However, the village health workers of Tashigang district were trained which has facilitated in improving the institutional delivery in the district.

Some other overall achievements of the Ministry during 2011 includes:

- Reforms were undertaken to strengthen the procurement (drugs and vaccines) system in the Ministry.
- IT- enabled Health care services was initiated called as Health Help Center to address the problem of inequality in accessing the services of health care professionals.
- Compact on Hospital Administration and Management Transformation was signed with all Dzongkhags in January, 2011 to improve hospital management and efficiency thereby improving service delivery.
  - Major programs were conducted to build capacity in Public Health interventions.

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

One of the main problems we normally face is lack of proper coordination of the PCM members. Partner Coordination Mechanism(PCM) was initially formed in 2004 for Global Fund for HIV/AIDS, TB & Malaria (GFATM) and they were also responsible for GAVI. With large number of PCM members which keeps on changing and since it has to look after GFATM, GAVI related issues do not receive much priority. With these problems in view, in 2012 a separate Inter-Agency Coordination Committee (ICC) was formed which is called as National Coordination Committee.

This problem was also highlighted in the APR for 2010.

Another challenge we face is coordination between the PPD(Policy and Planning Division) and the other programs when it comes to the implementation of the GAVI funded projects. This was also highlighted during the meeting on 27th August 2012. We are planning to overcome this issue through vigorous monitoring and supervision of the planned activities with requirement to submit quarterly reports by the implementing programs. The reports will be further reviewed, consolidated and presented to the committee members when meetings are held.

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

The GAVI focal person in the Policy and Planning Division (PPD) is responsible for the overall monitoring and evaluation of the GAVI funded HSS activities. The financial and activity progress reports at the end of each activity and at the end of each fiscal year is submitted by the concerned programme managers to the GAVI focal person for review and final compilation into the APR. The timeliness of the reports submitted is monitored and the completeness and accuracy of the information provided is also assessed. The financial reports are verified by the Accounts section of the Ministry. The reports were presented to the PCM previously which reviewed the progress of the project. But now with the formation of the National Coordination Committee, the reports will be presented to it for review. When there are activities that are conducted at the district level, the district health officers monitors the activities and reports to the concerned programs.

The activities are reflected in the Annual Progress Report (APR).<?xml:namespace prefix = o />

We are planning for a project evaluation at the end of the project period with the involvement of all the relevant stakeholders. However, it would be subject to the requirement of GAVI.

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.

The Policy and Planning Division is the responsible division within the Ministry for overall monitoring and evaluation of the implementation progress. This is done through periodic reviews and also through the Plan Monitoring Systems (PLaMS), a web based system, designed by the Gross National Happiness Commission, to facilitate in planning, monitoring and evaluation of the strategic and operational plans of all the sectors and agencies in the country. In addition, Ministry of Health also recruits external consultants from the development partners supporting Health to conduct a joint health sector review. In particular to GAVI activities, though the overall monitoring is captured through the modalities mentioned above, the status of implementation Progress is further reported to the National Coordination Committee. Previously reports were presented to the Partner Coordination Mechanism (PCM). Reports in terms of technical and financial progress is reflected in the Annual Progress Report on an annual basis to GAVI Headquarter.<?xml:namespace prefix = o />

The new National Coordination Committee will incorporate the role of the HSCC. It will regularly monitor the progress of the HSS activities. The APR is produced under the oversight of the committee.. If there are any change in activities, the committee is informed and endorsement is also sought. In case of emergencies, changes will be proposed through the chairman of the committee for endorsement and these changes will be presented to the the other members at the next meeting.

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

Guidance from key stakeholders such as UNICEF, WHO, GNHC and Tarayana Foundation(CSO) who are members of the National Coordination Committee is sought during the implementation of the activities and reporting period for the planned activities.<?xml:namespace prefix = o />

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.

None of the planned activities has been allocated to CSOs. All the planned activities are directly implemented by the relevant programmes within the Ministry. The Tarayana Foundation which is a CSO is part of the National Coordination Committee for GAVI and provides guidance during the implementation of the activities and during the reporting period.<?xml:namespace prefix = o />

Civil Society Organization is a recently formulated institution with the Civil Society Organizations Act of Bhutan, 2011 and since it is at a nascent stage, it lacks the technical capacity to participate in implementation of the activities. Nevertheless, the Civil Society Organizations Authority which was established in 2009 is undertaking various initiatives to strengthen this institution in the country so that it can work in a constructive partnership with the government to fulfill the government's policies and programs. We are therefore, hopeful to work closely with CSOs once they are technically competent.

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

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

The Financial Rules and Regulations (FRR) of the Ministry of Finance was the guiding document in relation to the management of HSS funds. The Accountant from the Administration and Finance Division(AFD) was responsible for making the disbursements of funds to the implementing programs, settling of accounts and verification of the expenditure reports. <?xml:namespace prefix = o />

## 9.5. Planned HSS activities for 2012

Please use **Table 9.5** to provide information on progress on activities in 2012. If you are proposing changes to your activities and budget in 2012 please explain these changes in the table below and provide explanations for these changes.

**Table 9.5:** Planned activities for 2012

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Original budget for 2012 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2012 actual expenditure (as at April 2012)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2012 (if relevant)
Objective 1	Activity 1.4: Send faculty for training on educational technology and pedagogy	10000				
Objective 2	Activity 2.4: Provide district based in-service training programmes in all 20 districts.	10000				
Objective 3	Activity 3.2: Train Village Health Workers in selected districts	16000		Purchase of refrigerators	Most health facilities in Bhutan are marked with shortage of refrigerators and very old existing refrigerators which are beyond repair. The Vaccine Preventable Disease Programme (VPDP) aims to provide it to these health facilities.  The planned activity 3.2 will be implemented with the balance amount of \$8000 and additional support of UNICEF and UNFPA will be sought.	8000
	Activity 3.3: Carryout monitoring and supervision of pilot project	1000				
		37000	0			8000

## 9.6. Planned HSS activities for 2013

Please use **Table 9.6** to outline planned activities for 2013. If you are proposing changes to your activities and budget (reprogramming) please explain these changes in the table below and provide explanations for each change so that the IRC can approve 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 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)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
<b>Objective 2 To establish a continuing education sy</b>	Activity 2.4: Provide district based in-service training programmes in all 20 districts.	20000			
<b>Objective 3 To pilot a low-cost intervention targe</b>	Activity 3.2: Train Village Health Workers in selected districts	15800	1. Purchase of refrigerators	Most health facilities in Bhutan are marked with shortage of refrigerators and very old existing refrigerators which are beyond repair. The Vaccine Preventable Disease Programme (VPDP) aims to provide it to these health facilities.	3500
			2. Training on vaccine evaluation for 1 registration committee member	Such trainings will create fair knowledge on how the new vaccines are introduced, their source and amongst other, importance of the immuno monitoring and phase clinical trials in vaccine evaluation. Moreover we lack human resource who have undergone such kind of trainings.	5000
			3. Monitoring and supervision of cold chain system in the health facilities	The activity 'monitoring and supervision of the cold chain system in the health facilities' has been chosen considering its importance for vaccines storage/ transportation in BHUs, ORCs and other health institutions especially those health institutions which is half day walk from the road point. It is also to ensure the efficacy and quality of the vaccines.  ** Please note that a total of \$10000 has been proposed to be reprogrammed for the three revised activities from the activity 3.2 Train Village Health Workers in selected districts. The remaining balance of \$5800 will be used for planned activity in the approved HSS proposal (Activity 3.2) with additional support from UNFPA and UNICEF.	1500
		35800			

9.6.1. If you are reprogramming, please justify why you are doing so.

Considering the fact that activities were planned in 2007, we are of the view that these planned activities are of less priority now or support for the same can be sought from other development partners. There are additional priorities that requires to be supported urgently to contribute in increasing the DTP3 coverage. Further considering the advice of the V3P mission in April 2012, from the GAVI Secretariat, to consider re-programming of the planned activities that might have become redundant, following re-programming is proposed.

<?xml:namespace prefix = o />

We propose to re-appropriate a total of \$18000 from Activity 3.2: Train Village Health Workers in selected districts under objective 3 (\$8000 from 2012 and \$10000 from 2013) to carry out the activities mentioned in Table 9.5 and Table 9.6.

The Village Health Workers Programme (VHWP) has managed to seek some support from UNICEF/UNFPA. Moreover, we are confident that the target for the same can be achieved with the remaining fund balance.

We have proposed changes in the activities but this does not mean we are completely cancelling the planned activities. Certain portion of the allocated budget for each of the planned activities from which reprogramming is proposed has been maintained. In this case a part of budget would be \$8000 from a total \$16000 for 2012 and \$10000 from a total of \$15800 for 2013 from activity 3.2 under Objective 3.

#### 9.6.2. If you are reprogramming, please outline the decision making process for any proposed changes

The proposals received from the programs requesting for fund mobilization was reviewed by the Policy and Planning Division, Ministry of Health together with the EPI program, to assess how technically relevant each proposals were in contributing to achieving overall objective of GAVI HSS support. <?xml:namespace prefix = o />

After assessing the proposals, the proposals were presented to the National Coordination Committee. Final decision was made at the National Coordination Committee meeting held on 21 June 2012 where a consensus was reached as to the activities and the amount identified for reprogramming was concerned. The activity from which the funds were to be re-appropriated was also identified at this meeting.

#### 9.6.3. Did you propose changes to your planned activities and/or budget for 2013 in **Table 9.6** ? **Yes**

### 9.7. Revised indicators in case of reprogramming

If the proposed changes to your activities and budget for 2013 affect the indicators used to measure progress, please use **Table 9.7** to propose revised indicators for the remainder of your HSS grant for IRC approval.

**Table 9.7:** Revised indicators for HSS grant in case of reprogramming

| Name of Objective or Indicator (Insert as many rows as necessary) | Numerator   | Denominator   | Data Source | Baseline value and date | Baseline Source           | Agreed target till end of support in original HSS application | 2013 Target |
|---|---|---|-------------|-------------------------|---------------------------|---|-------------|
| Proportion of HFs supplied with refrigerators                     | Total number of HFs (Health facilities) supplied with refrigerators (New HFs and HFs needing replacement) | Total number of HFs (New HFs and HFs needing replacement) |             | 0 (2012)                | EPI Program               |   | 100         |
| Number of registration committee member trained                   | Total number of registration committee member trained to evaluate vaccines                                |   |             | 0 (2012)                | Drug Regulatory Authority |   | 1           |



|                                       |  |  |  |                          |   |  |     |
|---------------------------------------|--|--|--|--------------------------|---|--|-----|
| Number of health facilities monitored | Number of health facilities (BHUs, Out-reach clinics, and hospitals) monitored in a year for vaccines and biologics that require cold chain facilities |  |  | 70 Health centres (2011) | Inspection reports of Drug Regulatory Authority (DRA) |  | 140 |
|---------------------------------------|--|--|--|--------------------------|---|--|-----|

9.7.1. Please provide justification for proposed changes in the **definition, denominator and data source of the indicators** proposed in Table 9.6

These three indicators proposed in table 9.7 are indicators in addition to the existing indicators we have. These indicators have been drawn to monitor the reprogrammed activities. <?xml:namespace prefix = o />

Indicator 1 'Proportion of HFs supplied with refrigerators' is for the activity 'Purchase of refrigerators' reflected in Table 9.5 and 9.6. This activity aims to purchase and supply refrigerators to new Health facilities and Health facilities with refrigerators that need replacement. The EPI programme will carry out this activity and they would be providing the data after completion of the activity.

There are currently 33 Health facilities that need to be supplied with refrigerators (8 new HFs and 25 HFs with refrigerators that need replacement). Therefore, refrigerators shall be supplied to all 33 health facilities.

Indicator 2 'Number of registration committee member trained' and Indicator 3 'Number of health facilities monitored' are for the activities 'Training on vaccine evaluation for 1 registration committee member' and 'Monitoring and supervision of cold chain system in the health facilities' respectively. Keeping in view the amount proposed for reappropriation, the Drug Regulatory Authority (DRA) aims to train one registration committee member which would be very helpful in ensuring the quality of the vaccines as there are none at the moment who have undergone such kind of training. While additional sources shall be explored to train some more people. DRA also aims to monitor 140 health facilities which includes BHUs, out reach clinics and hospitals in the country for vaccines and biologics that require cold chain facilities annually.

9.7.2. Please explain how the changes in indicators outlined in Table 9.7 will allow you to achieve your targets

We have not really changed the existing indicators that we have but we are adding three new indicators for the three reprogrammed activities. <?xml:namespace prefix = o />

This has been proposed to monitor the achievement of the proposed activities at the end of the implementation period and also to draw an assessment on its contribution to the overall target of the project. All the proposed reprogrammed activities are geared towards ensuring the quality, efficacy and safety of vaccines administered in all health centers of the country, which would facilitate in increasing DTP 3 coverage.

## 9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

## 9.9. Reporting on the HSS grant

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

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



Table 9.9: Data sources

| Data sources used in this report                                      | How information was validated   | Problems experienced, if any |
|---|---|------------------------------|
| Routine Immunization report, Annual Health Bulletin and RIHS register | Information was validated at the National Coordination Committee meetings | N/A                          |

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.

There were no difficulties as such but there were times when we could not access the APR. When we encountered problems especially those related to the filling up the APR, we contacted the responsible personnels at the GAVI headquarter who immediately responded to our queries.

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2010?? 1

Please attach:

1. The minutes from all the HSCC meetings held in 2010, including those of the meeting which discussed/endorsed this report (**Document Number: 8**)
2. The latest Health Sector Review report (**Document Number: 23**)

## **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 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 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

We are proposing to form new ICC members in June,2012 for new vaccines support and HSS from GAVI. Please find three minutes of the meetings related to immunization.

During the meeting on 27th August 2012, the members of the committee pointed out that Indicator 6 'Number of PHC workers/Nurses who graduate annually under the revised curriculum' was not very relevant. Suggestion was made as to seek for GAVI's guidance whether to do away with the indicator or revise the indicator.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

## 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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)       | 25,392,830           | 53,000         |
| <b>Summary of income received during 2011</b>                           |                      |                |
| Income received from GAVI   | 57,493,200           | 120,000        |
| Income from interest  | 7,665,760            | 16,000         |
| Other income (fees)   | 179,666              | 375            |
| <b>Total Income</b>   | <b>38,987,576</b>    | <b>81,375</b>  |
| <b>Total expenditure during 2011</b>                                    | <b>30,592,132</b>    | <b>63,852</b>  |
| <b>Balance as of 31 December 2011</b> (balance carried forward to 2012) | <b>60,139,325</b>    | <b>125,523</b> |

\* 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 |
| <b>Salary expenditure</b>   |                   |               |                   |               |                   |                 |
| Wedges & salaries   | 2,000,000         | 4,174         | 0                 | 0             | 2,000,000         | 4,174           |
| Per diem payments   | 9,000,000         | 18,785        | 6,150,000         | 12,836        | 2,850,000         | 5,949           |
| <b>Non-salary expenditure</b>   |                   |               |                   |               |                   |                 |
| Training  | 13,000,000        | 27,134        | 12,650,000        | 26,403        | 350,000           | 731             |
| Fuel  | 3,000,000         | 6,262         | 4,000,000         | 8,349         | -1,000,000        | -2,087          |
| Maintenance & overheads   | 2,500,000         | 5,218         | 1,000,000         | 2,087         | 1,500,000         | 3,131           |
| <b>Other expenditures</b>   |                   |               |                   |               |                   |                 |
| Vehicles  | 12,500,000        | 26,090        | 6,792,132         | 14,177        | 5,707,868         | 11,913          |
| <b>TOTALS FOR 2011</b>  | <b>42,000,000</b> | <b>87,663</b> | <b>30,592,132</b> | <b>63,852</b> | <b>11,407,868</b> | <b>23,811</b>   |

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

## 12.3. 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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)       | 25,392,830           | 53,000         |
| <b>Summary of income received during 2011</b>                           |                      |                |
| Income received from GAVI   | 57,493,200           | 120,000        |
| Income from interest  | 7,665,760            | 16,000         |
| Other income (fees)   | 179,666              | 375            |
| <b>Total Income</b>   | <b>38,987,576</b>    | <b>81,375</b>  |
| <b>Total expenditure during 2011</b>                                    | <b>30,592,132</b>    | <b>63,852</b>  |
| <b>Balance as of 31 December 2011 (balance carried forward to 2012)</b> | <b>60,139,325</b>    | <b>125,523</b> |

\* 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 |
| <b>Salary expenditure</b>   |                   |               |                   |               |                   |                 |
| Wedges & salaries   | 2,000,000         | 4,174         | 0                 | 0             | 2,000,000         | 4,174           |
| Per diem payments   | 9,000,000         | 18,785        | 6,150,000         | 12,836        | 2,850,000         | 5,949           |
| <b>Non-salary expenditure</b>   |                   |               |                   |               |                   |                 |
| Training  | 13,000,000        | 27,134        | 12,650,000        | 26,403        | 350,000           | 731             |
| Fuel  | 3,000,000         | 6,262         | 4,000,000         | 8,349         | -1,000,000        | -2,087          |
| Maintenance & overheads   | 2,500,000         | 5,218         | 1,000,000         | 2,087         | 1,500,000         | 3,131           |
| <b>Other expenditures</b>   |                   |               |                   |               |                   |                 |
| Vehicles  | 12,500,000        | 26,090        | 6,792,132         | 14,177        | 5,707,868         | 11,913          |
| <b>TOTALS FOR 2011</b>  | <b>42,000,000</b> | <b>87,663</b> | <b>30,592,132</b> | <b>63,852</b> | <b>11,407,868</b> | <b>23,811</b>   |

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



## 12.5. 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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)       | 25,392,830           | 53,000         |
| <b>Summary of income received during 2011</b>                           |                      |                |
| Income received from GAVI   | 57,493,200           | 120,000        |
| Income from interest  | 7,665,760            | 16,000         |
| Other income (fees)   | 179,666              | 375            |
| <b>Total Income</b>   | <b>38,987,576</b>    | <b>81,375</b>  |
| <b>Total expenditure during 2011</b>                                    | <b>30,592,132</b>    | <b>63,852</b>  |
| <b>Balance as of 31 December 2011 (balance carried forward to 2012)</b> | <b>60,139,325</b>    | <b>125,523</b> |

\* 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 |
| <b>Salary expenditure</b>   |                   |               |                   |               |                   |                 |
| Wedges & salaries   | 2,000,000         | 4,174         | 0                 | 0             | 2,000,000         | 4,174           |
| Per diem payments   | 9,000,000         | 18,785        | 6,150,000         | 12,836        | 2,850,000         | 5,949           |
| <b>Non-salary expenditure</b>   |                   |               |                   |               |                   |                 |
| Training  | 13,000,000        | 27,134        | 12,650,000        | 26,403        | 350,000           | 731             |
| Fuel  | 3,000,000         | 6,262         | 4,000,000         | 8,349         | -1,000,000        | -2,087          |
| Maintenance & overheads   | 2,500,000         | 5,218         | 1,000,000         | 2,087         | 1,500,000         | 3,131           |
| <b>Other expenditures</b>   |                   |               |                   |               |                   |                 |
| Vehicles  | 12,500,000        | 26,090        | 6,792,132         | 14,177        | 5,707,868         | 11,913          |
| <b>TOTALS FOR 2011</b>  | <b>42,000,000</b> | <b>87,663</b> | <b>30,592,132</b> | <b>63,852</b> | <b>11,407,868</b> | <b>23,811</b>   |

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

## 13. Attachments

| Document Number | Document  | Section | Mandatory   | File   |
|-----------------|---|---------|---|--|
| 1               | Signature of Minister of Health (or delegated authority)  | 2.1     |    | 050106.jpg<br>File desc: Signature of Ministry of health.<br>Date/time: 5/22/2012 5:45:25 AM<br>Size: 239356                 |
| 2               | Signature of Minister of Finance (or delegated authority) | 2.1     |    | 050106.jpg<br>File desc: Signature of Ministry of finance<br>Date/time: 5/22/2012 5:46:33 AM<br>Size: 239356                 |
| 3               | Signatures of members of ICC                              | 2.2     |    | 010718.jpg<br>File desc: Signature of ICC<br>Date/time: 5/22/2012 5:48:27 AM<br>Size: 291956                                 |
| 4               | Signatures of members of HSCC                             | 2.3     |    | Minutes on JIAC consultant with DG.docx<br>File desc: File description...<br>Date/time: 5/22/2012 5:58:13 AM<br>Size: 15129  |
| 5               | Minutes of ICC meetings in 2011                           | 2.2     |  | Minutes of meeting[1].doc<br>File desc: Minutes of immunization<br>Date/time: 5/22/2012 5:49:28 AM<br>Size: 38400            |
| 6               | Minutes of ICC meeting in 2012 endorsing APR 2011         | 2.2     |  | 010718.jpg<br>File desc: Minutes of immunization meeting.<br>Date/time: 5/22/2012 5:50:56 AM<br>Size: 291956                 |
| 7               | Minutes of HSCC meetings in 2011                          | 2.3     |  | Minutes of meeting[1].doc<br>File desc: File description...<br>Date/time: 5/22/2012 5:59:04 AM<br>Size: 38400                |
| 8               | Minutes of HSCC meeting in 2012 endorsing APR 2011        | 9.9.3   |  | Minutes of the NCIP members meeting.docx<br>File desc: File description...<br>Date/time: 5/22/2012 5:55:21 AM<br>Size: 21860 |
| 9               | Financial Statement for HSS grant APR 2011                | 9.1.3   |  | Minutes on JIAC consultant with DG.docx<br>File desc: File description...<br>Date/time: 5/22/2012 5:59:36 AM<br>Size: 15129  |
| 10              | new cMYP APR 2011   | 7.7     |  | 084435.jpg<br>File desc: File description...<br>Date/time: 5/22/2012 5:53:48 AM  |

|    |   |        |   |   |
|----|---|--------|---|---|
|    |   |        |   | Size: 171601  |
| 11 | new cMYP costing tool APR 2011                                  | 7.8    | ✓ | 010718.jpg<br>File desc: File description...<br>Date/time: 5/22/2012 6:01:18 AM<br>Size: 291956                             |
| 12 | Financial Statement for CSO Type B grant APR 2011               | 10.2.4 | ✗ | Health Sector Review Report.pdf<br>File desc:<br>Date/time: 8/27/2012 12:04:31 AM<br>Size: 431760                           |
| 14 | Financial Statement for NVS introduction grant in 2011 APR 2011 | 7.3.1  | ✓ | Minutes on JIAC consultant with DG.docx<br>File desc: File description...<br>Date/time: 5/22/2012 6:01:57 AM<br>Size: 15129 |
| 15 | EVSM/VMA/EVM report APR 2011                                    | 7.5    | ✓ | 050106.jpg<br>File desc: File description...<br>Date/time: 5/22/2012 6:03:08 AM<br>Size: 239356                             |
| 16 | EVSM/VMA/EVM improvement plan APR 2011                          | 7.5    | ✓ | 084435.jpg<br>File desc: File description...<br>Date/time: 5/22/2012 6:04:12 AM<br>Size: 171601                             |
| 17 | EVSM/VMA/EVM improvement implementation status APR 2011         | 7.5    | ✓ | Minutes on JIAC consultant with DG.docx<br>File desc: File description...<br>Date/time: 5/22/2012 6:04:42 AM<br>Size: 15129 |
| 18 | new cMYP starting 2012  | 7.8    | ✗ | MINUTES OF HSCC MEETING, 21 JUNE 2012.docx<br>File desc:<br>Date/time: 8/28/2012 6:13:06 AM<br>Size: 20005                  |
| 19 | External Audit Report (Fiscal Year 2011) for ISS grant          | 6.2.3  | ✗ | External Audit.pdf<br>File desc:<br>Date/time: 8/30/2012 4:37:56 AM<br>Size: 1358108  |
| 20 | Post Introduction Evaluation Report                             | 7.2.2  | ✓ | Minutes of meeting[1].doc<br>File desc: File description...<br>Date/time: 5/22/2012 6:05:16 AM<br>Size: 38400               |
| 21 | Minutes ICC meeting endorsing extension of vaccine support      | 7.8    | ✓ | Minutes on JIAC consultant with DG.docx<br>File desc: File description...<br>Date/time: 5/22/2012 5:56:19 AM<br>Size: 15129 |

|    |   |        |   |   |
|----|---|--------|---|---|
| 22 | External Audit Report (Fiscal Year 2011) for HSS grant  | 9.1.3  | X | Minutes of the NCIP members meeting.docx<br>File desc: File description...<br>Date/time: 5/22/2012 6:08:36 AM<br>Size: 21860                                    |
| 23 | HSS Health Sector review report                         | 9.9.3  | X | Minutes on JIAC consultant with DG.docx<br>File desc: File description...<br>Date/time: 5/22/2012 6:09:10 AM<br>Size: 15129                                     |
| 24 | Report for Mapping Exercise CSO Type A                  | 10.1.1 | X | Minutes of HSCC 2011.pdf<br>File desc:<br>Date/time: 8/29/2012 6:43:14 AM<br>Size: 192800   |
| 25 | External Audit Report (Fiscal Year 2011) for CSO Type B | 10.2.4 | X | FINANCIAL STATEMENT FOR HSS GRANT.jpg<br>File desc:<br>Date/time: 8/30/2012 4:40:41 AM<br>Size: 971175  |
| 26 | HSS expenditures for the January-April 2012 period      | 9.1.3  | X | MINUTES National Coordination Committee Meeting for the approval of Annual Progress Report.docx<br>File desc:<br>Date/time: 8/30/2012 4:41:22 AM<br>Size: 16061 |