



Appendix B

This Decision Letter sets out the Programme Terms of a Programme.

1. Country: Bangladesh										
2. Grant number: 0914-BGD-10a-Y										
3. Date of Decision Letter: 20 March 2014										
4. Date of the Partnership Framework Agreement: 24 June 2013.										
5. Programme Title: Health Systems Strengthening (HSS)										
<p>6. HSS terms:</p> <p>The ultimate aim of HSS support is to ensure increased and sustained immunisation coverage through addressing health systems barriers in Country, as specified in:</p> <ul style="list-style-type: none"> • The relevant GAVI HSS guidelines – please contact Mr Dirk Gehl, CRO for Bangladesh, at dgehl@gavialliance.org for the guidelines. • The relevant GAVI HSS application form - please contact Mr Dirk Gehl, CRO for Bangladesh, at dgehl@gavialliance.org for the form. • Country’s approved grant proposal and any responses to the HSS IRC’s request for clarifications. 										
7. Programme Duration¹: 2009 to 2014										
<p>8. Programme Budget (indicative) (subject to the terms of the Partnership Framework Agreement, if applicable)::</p> <table border="1"> <thead> <tr> <th></th> <th>2009-2012</th> <th>2013</th> <th>2014</th> <th>Total²</th> </tr> </thead> <tbody> <tr> <td>Programme Budget (US\$)</td> <td>7,243,500</td> <td>0</td> <td>6,428,000</td> <td>13,671,500</td> </tr> </tbody> </table>		2009-2012	2013	2014	Total²	Programme Budget (US\$)	7,243,500	0	6,428,000	13,671,500
	2009-2012	2013	2014	Total²						
Programme Budget (US\$)	7,243,500	0	6,428,000	13,671,500						
<p>9. Indicative Annual Amounts (indicative) (subject to the terms of the Partnership Framework Agreement):</p> <p>The following disbursements are subject to the conditions set out in sections 6, 10, 11 and 12::</p> <table border="1"> <thead> <tr> <th>Programme Year</th> <th>2013</th> <th>2014</th> <th>Total³</th> </tr> </thead> <tbody> <tr> <td>Annual Amount (\$US)</td> <td>0</td> <td>6,428,000</td> <td>6,428,000</td> </tr> </tbody> </table>	Programme Year	2013	2014	Total³	Annual Amount (\$US)	0	6,428,000	6,428,000		
Programme Year	2013	2014	Total³							
Annual Amount (\$US)	0	6,428,000	6,428,000							

¹ This is the entire duration of the programme.

² This is the total amount endorsed by GAVI for the entire duration of the programme. This should be equal to the total of all sums in the table.

³ This is the amount approved by GAVI.

10. Financial Clarifications: The Country shall provide the following clarifications to GAVI⁴:

If the bank account information most recently provided to GAVI has changed or changes prior to disbursement, the country will need to complete a bank account information form. Please contact gavihss@gavialliance.org for the form.

11. Documents to be delivered for future HSS cash disbursements:

The Country shall deliver the following documents by the specified due dates as part of the conditions for approval and disbursements of the future Annual Amounts.

Reports, documents and other deliverables	Due dates
Annual Progress Reports (APRs). The APRs shall provide detail on the progress against milestones and targets against baseline data for indicators identified in the proposal, as well as the PBF indicators as listed in section 6 above. The APRs should also include a financial report on the use of GAVI support for HSS (which could include a joint pooled funding arrangement report, if appropriate).	15 May 2013 or as negotiated with Secretariat
Interim unaudited financial reports. Unless stated otherwise in the existing Aide Memoire between GAVI and the Country, the Country shall deliver interim unaudited financial reports on the HSS cash support no later than 45 days after the end of each 6-month reporting period (15 February for the period covering 1 July – 31 December and 15 August for the period covering 1 January – 30 June). Failure to submit timely reports may affect future funding.	15 February and 15 August

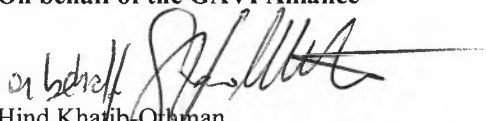
12. Other conditions: The following terms and conditions shall apply to HSS support.

Cash disbursed under HSS support may not be used to meet GAVI's requirements to co-finance vaccine purchases.

In case the Country wishes to alter the disbursement schedule over the course of the HSS programme, this must be highlighted and justified in the APR and will be subject to GAVI approval. It is essential that Country's Health Sector Coordination Committee (or its equivalent) be involved with this process both in its technical process function and its support during implementation and monitoring of the HSS programme proposal. Utilisation of GAVI support stated in this letter will be subject to performance monitoring.

Signed by,

On behalf of the GAVI Alliance


Hind Khatib-Othman
Managing Director, Country Programmes
20 March 2014

⁴ Failure to provide the financial clarifications requested may result in GAVI withholding further disbursements

Type of report: Annual Progress Report (HSS)**Country: Bangladesh****Reporting period: 2012****Date reviewed: October 2013**

Table: Cash Support

Cash support	Approval Period
HSS	2009-2013

1. Composition and Functioning of Inter-agency Coordinating Committee (ICC) / Health Sector Coordinating Committee (HSCC)

The minutes of HSCC meeting endorsing the 2012 APR HSS section and signatures is provided. Meeting held Oct 1 2013. Detailed minutes provided. The minutes show that HSS APR was well described to the group, history, reprogramming approval in 2013, and current plan for no cost extension.

2. Health Systems Strengthening (HSS)

GAVI-HSS program is being implemented at 13 low performing districts of Bangladesh. The goal of Health System Strengthening (HSS) in Bangladesh is to provide universal MCH services in selected Districts through strengthen human resource management, improve logistics management and increase community participation and demand, which will contribute to achieving MDGs 4 and 5. In August 2012, Bangladesh submitted the re-programming proposal for 2013 with a total estimated budget of US\$ 6,428,029. As a result the total proposed budget for planned activities for 2014 is US\$ 8,309,418.04.

The HSS section provides sufficient details of the activities completed in 2012 and 2013 with plans for 2014. The country is requesting a no-cost extension for 2014 to enable completion of activity plans proposed for 2013, i.e., expansion of activities to 19 new districts. Funds approved (\$6.4m) in April 2013 along with a balance of 1.88m from 2013 (\$8.30m) are now budgeted for activities in 2014 (all these supported by expense statements too).

The 2012-13 (July 2012 to June 2013) expense statement reports a budget of 5.4m and expense of 3.56m (summary table has 3.3m), balance of 1.93m. Of this, 49K have been spent leaving a balance of 1.88m as of Sep 2013.

Given the current spending rate, and their clear plans, the IRC recommends that at least part of the approved 6.4m may be disbursed to country, otherwise, a delay in fund disbursement by GAVI (until receipt of an external audit report) may stall some of the planned activities for 2014 and country may be required to request another no-cost extension. Given that SWAP mechanisms are strong there, risks of financial mismanagement may be minimal, thus delaying fund disbursement while waiting for an external audit may be affecting program implementation in this country. Country is requested to enable the external audit process as quickly as possible to avoid any possible delays in receipt of approved funds from GAVI.

2012 achievements

APR provides details of the activities done by the country with clear indicators—However not all activities are included in the list. Most of planned activities for 2012 are almost complete with clear linkages to improvement in immunization. Although very useful, now it is important for country **to provide update some output and outcome indicators** proposed by the country as part of the original proposal. The narrative on Pg. 41 states that “ With the implementation of HSS activities, the vaccination coverage of targeted district is increased” this needs to be quantified and documented, through outcome and impact indicators.

The APR also clearly documents some of the issues, mainly related to retaining manpower at difficult to reach areas and high turnover. The country has requested for a GAVI HSS coordinator position to help implement the programs.

Some discussion on sustainability of these activities beyond GAVI support is now essential and should be provided in the next APR.

Re M&E, APR states that GAVI HSS funds is part of SWAP mechanisms and therefore results framework incorporates the same. Further information on indicators used within this framework is required.

This APR clearly identifies and describes the roles of various CSOs who have provided support to HSS activities (Plan international, BRAC, and save the children).

3. Summary of 2012 APR Review

Bangladesh is congratulated for its excellent work and documentation of the HSS activities with meticulous programmatic and financial reporting of activities in 2012 (progress on some activities were missing), 2013 and plans for 2014. The IRC requests the country to provide information on outcome and impact indicators in the next APR.

4. IRC Review Recommendations

- **HSS:** Approve the no-cost extension to 2014.

5. Clarification Required with Approved Funding

Short-term clarifications

1. Country to provide progress information on all activities under each objective;
2. Country to provide external audit report.