



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Timor-Leste (East Timor)

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/27/2012**

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 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, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015

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	No	next tranche of HSS Grant N/A
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 **Timor-Leste (East Timor)** 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 **Timor-Leste (East Timor)**

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		Name	
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

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

Timor-Leste (East Timor) is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Timor-Leste (East Timor) 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		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	N/A	47,385	49,696	49,696	50,894	50,894	52,121	52,121	53,377	53,377
Total infants' deaths	N/A	2,132	2,236	2,236	2,290	2,290	2,345	2,345	2,402	2,402
Total surviving infants	N/A	45,253	47,460	47,460	48,604	48,604	49,776	49,776	50,975	50,975
Total pregnant women	N/A	51,650	54,170	54,170	55,475	55,475	56,812	56,812	58,181	58,181
Number of infants vaccinated (to be vaccinated) with BCG		29,671	41,248	41,248	45,805	45,805	48,472	48,472	51,242	51,242
BCG coverage		63 %	83 %	83 %	90 %	90 %	93 %	93 %	96 %	96 %
Number of infants vaccinated (to be vaccinated) with OPV3		27,772	40,751	40,751	44,278	44,278	46,909	46,909	49,107	49,107
OPV3 coverage		61 %	86 %	86 %	91 %	91 %	94 %	94 %	96 %	96 %
Number of infants vaccinated (to be vaccinated) with DTP1		28,847	40,341	40,341	43,744	43,744	46,291	46,291	48,426	48,426
Number of infants vaccinated (to be vaccinated) with DTP3		28,279	38,917	38,917	42,285	42,285	44,798	44,798	46,897	46,897
DTP3 coverage		62 %	82 %	82 %	87 %	87 %	90 %	90 %	92 %	92 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP		50	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP		2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib		0	40,341	40,341	43,744	43,744	46,291	46,291	48,426	48,426
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib		0	38,917	38,917	42,285	42,285	44,798	44,798	46,897	46,897
DTP-HepB-Hib coverage		0 %	82 %	82 %	87 %	87 %	90 %	90 %	92 %	92 %
Wastage[1] rate in base-year and planned thereafter (%)		0	25	25	0	25	0	25	0	25
Wastage[1] factor in base-year and planned thereafter (%)		1	1.33	1.33	1	1.33	1	1.33	1	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles		27,333	39,757	39,757	41,224	41,224	44,824	44,824	48,753	48,753
Measles coverage		60 %	84 %	84 %	85 %	85 %	90 %	90 %	96 %	96 %
Pregnant women vaccinated with TT+		16,972	37,026	37,026	37,919	37,919	38,833	38,833	39,768	39,768
TT+ coverage		33 %	68 %	68 %	68 %	68 %	68 %	68 %	68 %	68 %
Vit A supplement to mothers within 6 weeks from delivery		0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	N/A	209,910	N/A	0	N/A	0	N/A	0	N/A	0

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100		2 %	4 %	4 %	3 %	3 %	3 %	3 %	3 %	3 %

*

** 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 - 2015 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**
- Justification for any changes in **surviving infants**
- Justification for any changes in **targets by vaccine**
- Justification for any changes in **wastage by vaccine**

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:

Activities in Immunization: <?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

EPI Working Group: The EPI working Group meetings have been regularly held every month. Various issues related to strengthening systems for immunization and coordination among partners was discussed. A special meeting was also organized to discuss ways and means to improve the AFP surveillance system.

MLM training: The Mid-Level Managers training module was adapted for Timor-Leste and training was conducted for Immunization managers at District and Sub district Level. In 2011, the managers from 6 districts were trained and equipped with management skills for routine immunization.

Micro planning: The micro planning tool was developed with technical support from UNICEF. The micro planning exercise has since been conducted in 7 districts with technical support from IPL (USAID funded project) and UNICEF.

Measles Outbreak Response: An outbreak of Measles was reported in Timor-Leste from February – July 2011 which affected 12 out of 13 districts. More than 82% of measles cases were reported by 2 districts - Dili and Ermera. A total of 739 measles cases and 8 deaths were reported to the Surveillance Unit, MoH, during this period. Nationally, the attack rate per 1,000 populations was 1.3 and CFR (Case Fatality Ratio) was 1.1%. The highest attack rate was in Ermera district (3.1 per 1,000 populations). Measles related deaths were reported by Ermera (3 deaths; CFR 0.9%) and Dili district (5 deaths; CFR 1.9%). The outbreak was met with a concerted response involving MoH officials at national and district levels along with UNICEF, WHO, AusAID, USAID and all NGO partners. The response was supported by the very generous and timely funding from AusAID and Prime Minister's Emergency Fund. The Response was essentially coordinated by the Komisaun Nasional Kontrola Moras Surtu (KNKM-SURTU) or National Committee for Control of Disease Outbreaks. The outbreak response included case management, active and passive surveillance, communication activities and Measles Immunization catch up activity for all children in the age group 6 months to 14 years. The immunization activity targeted about 495,000 children, making up almost one-half of the total population of Timor-Leste. The measles immunization catch up was undertaken in phases and included measles immunization for all children in the age group 6 months to 14 years, Vitamin A (100,000 IU) for children from 6 months to 1 year, and Vitamin A (200,000 IU) and Deworming for children from 1 year to 4 years. The activity was carried out over 3 weeks, with the first week dedicated to immunization in schools and the second and third weeks were dedicated to

immunization in all health facilities, SISCa and other outreach sites. The activity achieved a reported coverage of 92% and an evaluated coverage of 85%.

Social Mobilization for Immunization: The microplanning exercise included participation of local leaders and community health volunteers. In addition, IPL (USAID funded project) in collaboration with other partners implemented the “My Village-My Home” initiative in select sucos. This initiative involves the tracking of beneficiaries or immunization using community pressure and local leaders. UNICEF and WHO are also working closely with the HMIS department to develop a child tracking system using RSF (Family Health Register) database. This inactive which will utilize automatically generated due lists will be piloted in one subdistrict of Liquica district of Timor-Leste.

Effective Vaccine Management: The Effective Vaccine Management Assessment was completed using 9 main criteria as given in the graphs below. The first criteria of Vaccine Arrival (E1) was applicable only for national level while the ninth criteria of MIS, Supportive functions was applicable only for National and District levels. The summary findings were as follows:

- **Generally:** There are examples of good practices in the vaccine supply chain of Timor-Leste and against major EVM indicators on which strengths can be built upon.
- **Cold chain capacity:** Capacity appears to be adequate at national level to meet current and future programme needs. Seven out of 13 districts have adequate capacity. With minor exception, sixty-four out of 66 Community Health Centers have adequate capacity. 50 refrigerators/ freezers are expected to be replaced in the coming 5 year due to the life-span of the equipment.
- **Buildings, equipment and transport:** Overall, the general condition of the cold chain equipment and of the store building remains good. However, Dili district vaccine store remains the only district without adequate vaccine store space. Transport appears to be adequate at all level for the distribution of vaccines and supplies.
- **Vaccine management:** The knowledge of health workers is very encouraging at all level with the exception of vaccine wastage control.

There are also a number of weaknesses, of which the most significant are the following:

- **Temperature monitoring:** Despite a great improvement since 2008, temperature monitoring practices require improvement in ensuring the vaccine storage conditions. At national level, there are no continuous temperature recorders which are a pre-requisite for stores where a large amount of vaccines are kept.
- **Stock management:** During the review period, stock outs occurred at some locations in the supply chain. The absence of setting maximum and safety stock levels in individual stores makes the systematic management of stock flows through the system extremely difficult and exposes the system as a whole to the risk of stock outs and overstocking. Introduction of computerized stock management system becomes an essential component of effective stock control in order to ensure that stock related information are easily processed and communicated.
- **Distribution management:** Widely varying distribution management practices exist at different level but there no annual distribution planning and monitoring system.
- **Maintenance:** The absence of planned preventive maintenance services for the cold chain equipment has led to increased frequency of emergency repair which is not taking in a timely manner as indicated in 2011 national cold chain inventory.

MNTE: UNICEF also supported the conduct of the Pre-validation assessment for MNTE validation through an international consultant. Based on the verification of reported neonatal deaths, field assessments and review of existing data, the districts of Ainaro, Ermera and Manufahi received the highest risk scoring for Neonatal Tetanus. The findings of pre validation assessment were shared with the EPI working Group and the Ministry of Health, following which it was decided that Timor-Leste was ready to conduct a validation survey to ascertain elimination of Maternal and Neonatal Tetanus in the first quarter of 2012.

AEFI and VPD Surveillance:

In 2011, with technical support from WHO, the MoH finalized the modules and conducted training on VPD and AEFI surveillance for the CHC managers and DPHO (District Public Health Officer – Immunization) in 13 districts.

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

A marginal decrease in coverage has been recorded in 2011 when compared to 2010 figures. This could be attributed to data issues and inability to reach certain areas due to difficult geographic terrain and lack of logistics support for outreach sessions.

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: **yes, available**

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

Data Source	Timeframe of the data	Coverage estimate
HMIS, Ministry of Health	Jan 2011 to December 2011	BCG - M (68.3%), F (72.5%), DPT3 - M (66.6%), F (67.4%), Measles - M (63.4%), F (66.2%)

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

The data does not show gender related barriers

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? **Not selected**

What action have you taken to achieve this goal?

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 are differences between the coverage reported in the JRF and the HMIS reports. This was because the HMIS for 2011 was updated after the submission of the JRF for 2011 due to corrections in figures from districts.

* 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? **Not selected**

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

EPI surveillance review was conducted by team from WHO SEARO in 2010

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Training on recording and reporting immunization data has been a part of MLM training and CCVM (Cold chain and vaccine management) training.

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.

There are plans to conduct DQAS in the future. It is envisaged that funding for the same will be included in the HSS application scheduled to be submitted in September 2012.

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\$.

Exchange rate used	1 US\$ = 1	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	IPL (USAID funded)		
Traditional Vaccines*	224,288		0	224,288				
New and underused Vaccines**	0		0					
Injection supplies (both AD syringes and syringes other than ADs)	93,109		0	93,109				
Cold Chain equipment	0		0					
Personnel	0		0					
Other routine recurrent costs	706,675		0	357,089	19,586	330,000		
Other Capital Costs	0		0					
Campaigns costs	231,041		0	231,041				
Immunization Related Activities			0					
Total Expenditures for Immunisation	1,255,113							
Total Government Health			0	905,527	19,586	330,000		

* 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.

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.

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

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

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*		
New and underused Vaccines**		
Injection supplies (both AD syringes and syringes other than ADs)		
Injection supply with syringes other than ADs		
Cold Chain equipment		
Personnel		
Other routine recurrent costs		
Supplemental Immunisation Activities		
Total Expenditures for Immunisation		

* 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.

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.

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011?

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](#)

Are any Civil Society Organisations members of the ICC? **Not selected**

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?

Are they linked with cMYP? **Not selected**

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		
Measles		
TT		
DTP-containing vaccine		

Does the country have an injection safety policy/plan? **Not selected**

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)

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

6. Immunisation Services Support (ISS)

Timor-Leste (East Timor) is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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 Timor-Leste (East Timor) 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		0	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? ...)

- 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)

The Pentavalent vaccine shipments are due to arrive in June 2012. The Launch of the vaccine was scheduled for August - September 2012 due to the National Parliamentary elections in July 2012.

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?

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

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	Pentavalent	
Phased introduction	No	
Nationwide introduction	Yes	01/09/2012
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	In the proposal the date of introduction was stated as early 2012. However, due to the Presidential elections in March - April 2012 and the Parliamentary elections in July 2012, the launch of the vaccine has been scheduled for the months of AUGUST-September 2012, after the new government is in place.

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

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? **No**

Does the country have an institutional development plan for vaccine safety? **No**

Is the country sharing its vaccine safety data with other countries? **No**

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)		
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)		

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

Please describe any problem encountered and solutions in the implementation of the planned activities

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

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, 10 dose(s) per vial, LIQUID	0	0
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government		
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, 10 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, 10 dose(s) per vial, LIQUID	March	
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Technical Assistance required for Immunization costing and developing financial sustainability strategy.	

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/>

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

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

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

Are there any changes in the Improvement plan, with reasons? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Timor-Leste (East Timor) does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Timor-Leste (East Timor) 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 Timor-Leste (East Timor) 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

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	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
Meningogoccal, 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 %		
Meningogoccal	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, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	45,253	47,460	48,604	49,776	50,975	242,068
	Number of children to be vaccinated with the first dose	Table 4	#	0	40,341	43,744	46,291	48,426	178,802
	Number of children to be vaccinated with the third dose	Table 4	#	0	38,917	42,285	44,798	46,897	172,897
	Immunisation coverage with the third dose	Table 4	%	0.00 %	82.00 %	87.00 %	90.00 %	92.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.33	1.33	1.33	1.33	
	Vaccine stock on 1 January 2012		#	0					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.37	0.74	1.11	1.48	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		23.80 %	23.80 %	23.80 %	23.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Intermediate
--------------------	--------------

	2011	2012	2013	2014	2015
Minimum co-financing		0.37	0.43	0.49	0.56
Recommended co-financing as per Proposal 2011			0.74	1.11	1.48
Your co-financing		0.37	0.74	1.11	1.48

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

		2012	2013	2014	2015
Number of vaccine doses	#	174,100	126,100	104,200	76,700
Number of AD syringes	#	154,900	105,900	87,400	64,300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	1,725	1,175	975	725
Total value to be co-financed by GAVI	\$	478,500	320,500	261,000	187,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	27,200	51,900	83,100	118,700
Number of AD syringes	#	24,200	43,600	69,700	99,500
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	275	500	775	1,125
Total value to be co-financed by the Country	\$	74,500	132,000	208,000	289,500

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	13.47 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	40,341	5,434	34,907
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	0	121,023	16,302	104,721
E	Estimated vaccine wastage factor	Table 4	1.00	1.33		
F	Number of doses needed including wastage	D X E	0	160,961	21,682	139,279
G	Vaccines buffer stock	(F – F of previous year) * 0.25		40,241	5,421	34,820
H	Stock on 1 January 2012	Table 7.11.1	0			
I	Total vaccine doses needed	F + G – H		201,202	27,102	174,100
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		179,004	24,112	154,892
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		1,987	268	1,719
N	Cost of vaccines needed	I x vaccine price per dose (g)		439,023	59,136	379,887
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		8,324	1,122	7,202
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		12	2	10
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		104,488	14,075	90,413
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		834	113	721
T	Total fund needed	(N+O+P+Q+R+S)		552,681	74,445	478,236
U	Total country co-financing	I x country co-financing per dose (cc)		74,445		
V	Country co-financing % of GAVI supported proportion	U / T		13.47 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	29.13 %			44.37 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	43,744	12,745	30,999	46,291	20,540	25,751
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	131,232	38,233	92,999	138,873	61,620	77,253
E	Estimated vaccine wastage factor	Table 4	1.33			1.33		
F	Number of doses needed including wastage	$D \times E$	174,539	50,849	123,690	184,702	81,955	102,747
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	3,395	990	2,405	2,541	1,128	1,413
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	177,934	51,838	126,096	187,243	83,082	104,161
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	149,436	43,536	105,900	156,970	69,650	87,320
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,659	484	1,175	1,743	774	969
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	358,893	104,558	254,335	371,865	165,001	206,864
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	358,893	2,025	4,924	371,865	3,240	4,060
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	10	3	7	11	5	6
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	85,417	24,885	60,532	88,504	39,271	49,233
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	696	203	493	732	325	407
T	Total fund needed	$(N+O+P+Q+R+S)$	451,965	131,673	320,292	468,412	207,840	260,572
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	131,672			207,840		
V	Country co-financing % of GAVI supported proportion	U / T	29.13 %			44.37 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	60.76 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	48,426	29,422	19,004
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	145,278	88,266	57,012
E	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses needed including wastage	$D \times E$	193,220	117,394	75,826
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	2,130	1,295	835
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	195,350	118,688	76,662
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	163,623	99,412	64,211
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	1,817	1,104	713
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	377,612	229,423	148,189
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	7,609	4,623	2,986
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	11	7	4
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	89,872	54,603	35,269
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	762	463	299
T	Total fund needed	$(N+O+P+Q+R+S)$	475,866	289,118	186,748
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	289,118		
V	Country co-financing % of GAVI supported proportion	U / T	60.76 %		

8. Injection Safety Support (INS)

Timor-Leste (East Timor) is not reporting on Injection Safety Support (INS) in 2012

9. Health Systems Strengthening Support (HSS)

Timor-Leste (East Timor) is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

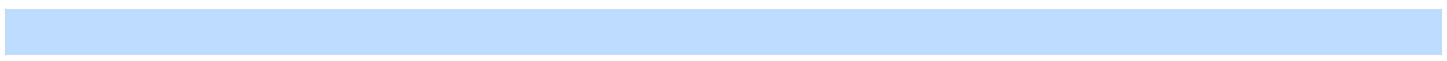
Timor-Leste (East Timor) is not reporting on GAVI TYPE A CSO support for 2012

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

Timor-Leste (East Timor) is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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



12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 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
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 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
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 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
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

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

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		SignatureVM_MoH&MoF.pdf File desc: File description... Date/time: 7/5/2012 4:17:33 AM Size: 1010282
5	Minutes of ICC meetings in 2011	2.2		Minutes,_EPI_NWG 2011.pdf File desc: meetings minutes 2011 Date/time: 5/18/2012 3:56:29 AM Size: 831888
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		MEETING MINUTES OF EPI WG ON 152012.docx File desc: meeting minutes 2012 Date/time: 5/18/2012 3:57:57 AM Size: 20014
10	new cMYP APR 2011	7.7		DOC 5 MYP-TLS_2011-2015 updated may 17.doc File desc: New cMYP Date/time: 5/18/2012 4:00:18 AM Size: 2316800
11	new cMYP costing tool APR 2011	7.8		DOC 6 TL cMYP Costing 2011-2015 updated may 17.xls File desc: cMYP costing tools Date/time: 5/18/2012 4:01:58 AM Size: 3479040
15	EVSM/VMA/EVM report APR 2011	7.5		EVM_TL_report_F1_Oct19_2011.pdf File desc: EVM Report Date/time: 5/18/2012 4:03:15 AM Size: 1117288
16	EVSM/VMA/EVM improvement plan APR 2011	7.5		EVM_Improvement Plan.pdf File desc: EVM Improvement Plan Date/time: 5/18/2012 4:04:29 AM Size: 983819