



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of *Timor-Leste (East Timor)*

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **15/05/2014**

Deadline for submission: 15/05/2014

Please submit the APR **2013** 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: 2013

Requesting for support year: 2015

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

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	No	next tranche: N/A	N/A
HSFP	No	Next tranche of HSFP Grant Yes	N/A
VIG	Yes	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 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	Dr. Sergio C.G Lobo.SpB	Name	Mrs Emilia Pires
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

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

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **14 May 2014**, 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
Ivo Ireneu da C. Freitas / National Director of Planning, Policy and Cooperation	MoH		
Carlito Freitas / National Director of Public Health	MoH		
Reginal Gibson / Country Director of HADIAK (USAID)	USAID		
Dr. Rajesh Pandav / Health Policy Advisor	WHO		
Desmon Whymys / Senior Health Specialist	DFAT Australian Government		
Dr. Triana Oliveira / Head of MCH Department	MOH		
Tanya Wells B. / Health Program	USAID		
Aline Sulivan / Health Development Officer	World Bank		
Juvita DSG / PO	EU		

Lourenco Camnahas / Project Manager	NHSSP-SP		
dr. Irene de Carvalho / Inspector	MoH		
Celina Expostu / National Project Manager	Care International		
Mateus Cunha / Head of Planning Department, GAVI Focal Person	MoH		
Aderito Gregorio do Carmo / Immunization Officer	UNICEF		

HSCC 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:

2.4. 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 2014

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4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	43,010	43,010	43,924	43,924	44,854	44,854
Total infants' deaths	2,618	2,618	2,577	2,577	2,536	2,536
Total surviving infants	40392	39,497	41,347	41,347	42,318	42,318
Total pregnant women	46,881	46,881	47,877	48,316	48,891	49,339
Number of infants vaccinated (to be vaccinated) with BCG	34,333	32,452	37,212	37,212	39,356	39,471
BCG coverage	80 %	82.1%	85 %	85 %	88 %	88 %
Number of infants vaccinated (to be vaccinated) with OPV3	32,314	32,203	35,145	35,145	38,086	38,086
OPV3 coverage	80 %	81.5%	85 %	85 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	0	0	0	0	0	0
Number of infants vaccinated (to be vaccinated) with DTP3	0	0	0	0	0	0
DTP3 coverage	0 %	0 %	0 %	0 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	43,744	33,841	37,212	37,212	39,356	39,356
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	43,744	32,316	37,212	37,212	38,086	38,086
DTP-HepB-Hib coverage	80 %	81.8 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	25	25	25	25	25	25
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.33	1.33	1.33	1.33	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 % ?	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	32,314	27,534	35,145	35,145	36,817	36,817
Measles coverage	80 %	69.7 %	85 %	85 %	87 %	87 %
Pregnant women vaccinated with TT+	23,440	17,197	28,726	28,726	34,224	34,224

TT+ coverage	50 %	36.7 %	60 %	59 %	70 %	69 %
Vit A supplement to mothers within 6 weeks from delivery	22,603	20,908	24,658	24,658	26,712	26,712
Vit A supplement to infants after 6 months	103,485	96,875	112,892	112,892	117,596	117,596
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	4.5 %	0 %	0 %	0 %	0 %

** 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.

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 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**

There is no fully functional civil registration system or system to capture all births taking place in Timor Leste. The number of total births reported in Table 4 for the year 2013 is a projection by Central Statistics Department of the Ministry of Finance based on the data emanated from 2010 census. According to the 2013 Ministry of Health (MOH) official HIMS statistical bulletin (a copy is attached), only 25,920 births reported through the health information system and out of it only 60 % received assistance from skilled birth attendant for delivery. Hence, the number of births took place in Timor Leste in 2013 and years to come will be an estimated figure by the Central Statistics Department based on latest available census data. Accordingly, the estimated number of births for 2013 by the Central Statistics Department is 43,010.

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

The explanation given under "Justification for any changes in births" is also applicable to surviving infants as well. There is no system to enumerate infant deaths and this figure also an estimate from 2010 census and 2009/2010 DHS survey data. The estimated number of surviving infants for 2013 by the Central Statistics Department is 39,497.

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

There is no necessity to change the coverage targets projected, except for measles vaccine. On scrutiny of measles coverage data from 2009 to 2013, It is revealed that reported coverage has never reached more than 73 %. Expected target for 2014 is 85 %. Hence. It is appropriate to maintain measles coverage target at 80 % level in 2014.

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

The wastage rate for Pentavalent vaccine including for all other vaccines at national level for 2013 could not be determined due to lack of related data at the national level. Due non availability of Central Vaccine Store Manager, data related to vaccine receipts and issues were not marinated until September, 2013 by the Central Vaccine Store/SAMES. On identification of this issue, with WHO financial support, public health graduate was recruited to SAMES as Central Vaccine Store Manager. She was trained by a WHO consultant; required SOPs were developed and put into practice in September 2013. Since then, all data related to vaccine receipts and issues are maintained systematically. Accordingly, vaccine wastage data will be able to obtain for 2014 and onwards. The Pentavalent vaccine stock position as end of April, 2014 was 168,000 doses and which is sufficient for over 10 months requirement of the country.

5.2. Immunization achievements in 2013

5.2.1. Please comment on the achievements of immunization programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

In 2013 immunization coverage for BCG, Measles, OPV3 and Pentavalent3 are 82.1%, 69.7%, 81.5% and 81.8% respectively.

Except Measles vaccine, coverage's for BCG, OPV and Pentavalent 3 vaccines has increased marginally to achieve over 80% targeted coverage for 2013. The main activities which may contributed to the increase of

coverage in 2013 was support provided to 7 districts by USAID IPL project and USAID HADDIAK project for strengthening micro planning at community health center level and also support provided to health workers, community leaders to conduct immunization sessions in heard to reach and unreached areas.

In 2013 UNICEF also provided financial support to another five districts for micro planning, backlog fighting for reach unimmunized children. MLM training for district and CHC level immunization programme managers also completed in all districts in 2012. With UNICEF assistance clod chain was strengthened in several CHC's of heard to reach areas. All these interventions may have been contributed to increase in immunization coverage in 2013.

The Measles coverage was low consistently over the last five years and it has never reached targeted 80 %. The highest coverage archived was 73 % in 2012. This is an indication that fair proportion of children completing Penta 3 is not turning up for measles, may be due to large gap of 14 weeks to 9 months between Penta 3 and Measles dose.

The stock out of measles vaccine at central level due to delaying of the renewal of MoU for procurement service between Ministry of Health and UNICEF may have contributed to low coverage.

The possible reasons for consistently low TT+ coverage is due to not recoding of TT+ status of mothers of children who receiving Penta 1 immunization. Currently programme recording only mothers receiving TT 2nd dose at antenatal service setting. The reported TT+ coverage 36.7 % for 2013 is only for mothers received TT+ doses as per national schedule. The WHO/UNICEF best estimate for protection at birth (PAB) against Tetanus for 2013 is 81 %.

The wastage rate for Pentavalent vaccine including for all other vaccines at national level for 2013 could not be determined due to lack of related data at the national level. Due lack of personal, data related to vaccine receipts and issues were not marinated until September, 2013 by the Central Vaccine Store at SAMES. On identification of this issue with WHO financial support, public health graduate was recruited to SAMES as central vaccine store manager. She was trained by a WHO consultant; required SOPs were developed and put into practice in September 2013. Since the all data related to vaccine receipts and issues are maintained systematically. Hence, vaccine wastage for 2014 will be able to obtain for 2014 and onwards.

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

According to the data and other information emanating from immunization programme and other MCH programmes, there is fair percentage of Aldias (villages) not reached regularly by MCH services due to distance, lack of transport and operational cost.

. Other reasons for poor coverage are;

- Poor human resource capacity at national and district level to monitor and supervise regularly the activities at peripheral level.
- Inadequate financial support at peripheral (CHC, HP and SISCa) level to implement EPI activities due to delaying cash flow into the periphery.
- Lack of information and communication on importance of immunization from health worker to the community due to lack of field level health workers in the community

GAVI HSS project to be commenced this year has been designed to address many of these issues and may improve the coverage over the next few years gradually.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3/PENTA3 Coverage Estimate	
		Boys	Girls
HMIS (MOH)	Census 2010	20540	19811

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

Disaggregated immunization data on sex indicate that there is no any discrepancies in reaching boys versus girls- Ministry of Health will continued to collect sex disaggregated data on immunization.

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

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

No.

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)

WHO/INICEF best estimates for 2013 find no discrepancy with government administrative data.

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

MOH, Timor Leste has conducted a Food and Nutrition Survey in 2013 with UNICEF financial assistance and with the technical assistance of Southeast Asian Ministers of Education Organization's Regional Centre for Food and Nutrition. The survey also collected some other pertinent health related information including immunization. The sample size is 2057 children aged 12 – 23 months for Timor Leste, comprising average of 160 children in each district. The sampling methodology is cluster sampling technique, probability proportionate to the population and 40 clusters per district. The survey methodology and sampling technique is more or less similar to WHO recommended 30 cluster survey methodologies for EPI coverage surveys. According to the survey report almost all districts reported high immunization coverage when compared to the administrative coverage for all antigens with 86.5 % of children fully immunized at the time of survey by record. This relatively very high coverage when compared to coverage of 52.6% fully immunized children reported by 2009/2010 TLDHS and 69.7 % reported coverage for measles vaccine in 2013.

The possible reasons for this discrepancy need to be carefully looked into by district level data quality audits. HAVI HSS project also has provisions for training and conduct data quality audits on EPI data.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

MLM trainings conducted for all district and CHC level EPI mangers in 2013 had a module on EPI data management and emphasized the importance use of data for micro planning and supportive supervision. However, due to lack of transport and operational cost, system to establish regular system supportive supervision was not materialized in 2013. GAVI HSS project envisaged to allocate fair amount resource for this activity in 2014 and beyond.

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.

Review existing reporting formats in the HIMS and establish DHIS2 in the HMIS system is planned to be started June 2014. Data quality audits and inputs for supportive supervision by GAVI HSS project may further improve the situation.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 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 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	IPL	-	-
Traditional Vaccines*	250,773	230,173	0	15,800	4,800	0	0	0
New and underused Vaccines**	124,580	65,080	59,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	14,763	9,863	4,900	0	0	0	0	0
Cold Chain equipment	182,650	70,000	12,500	100,150	0	0	0	0
Personnel	62,000	12,000	0	25,000	25,000	0	0	0
Other routine recurrent costs	243,450	11,600	12,000	149,850	20,000	50,000	0	0
Other Capital Costs	100,000	0	0	0	0	100,000	0	0
Campaigns costs	0	0	0	0	0	0	0	0
--		0	0	0	0	0	0	0
Total Expenditures for Immunisation	978,216							
Total Government Health		398,716	88,900	290,800	49,800	150,000	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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

Not applicable!

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
	No

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

Not applicable. No FMA was conducted prior to or during 2012. FMA was conducted in 2013.

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

Not Applicable!

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **9**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 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? **Yes**

If Yes, which ones?

List CSO member organisations:
Imunizasaun Proteje Labarik (IPL)
HADIAK (USAID Funded Project)
Clinica Cafe Timor (CCT)

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for **2014 to 2015**

- Strengthen routine immunization activity in all facilities level
- increase frequency of monitoring and supervision to health facility regularly
- Conducting integrated micro planning and implement it at health facilities
- Improvement of health worker capacity to provide vaccination to children properly as well as on how to provide community awareness for immunization
- Implementation of Effective vaccine management (EVM) improvement plan
- Introduce new vaccine including IPV as per national and regional goals
- Introduce booster schedule to the national immunization program
- Improve community participation in mobilizing children and mothers for health service

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 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	AD 0.05 ml	Government RDTL
Measles	AD 0.5 ml	Government RDTL
TT	AD 0.5 ml	Government RDTL
DTP-containing vaccine	AD 0.5 ml	Government RDTL and GAVI

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

No.

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

The sharps were loading in the safety box during the immunization services and then disposed through incinerator, burial and burning.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Timor-Leste (East Timor) is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

Timor-Leste (East Timor) is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Timor-Leste (East Timor) is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	Total doses for 2013 in Decision Letter	Total doses received by 31 December 2013	Total doses of postponed deliveries in 2013	Did the country experience any stockouts at any level in 2013?
DTP-HepB-Hib	178,000	178,000	0	No

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

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

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

Timor Lested didn't face problems related to pentavalent vaccine's stock

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

Not Applicable.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

Not Applicable.

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Timor Leste had introduced pentavalent in 2012. The introduction was done nationwide.

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **September 2014**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9)

Timor Leste didn't conduct PIE yet.

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**

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Not selected**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Not selected**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Not selected**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Not selected**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Not selected**

Please describe the results of surveillance/special studies and inputs of the NITAG/ICC:

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency

Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	19,449	19,449
Total funds available in 2013 (C=A+B)	19,449	19,449
Total Expenditures in 2013 (D)	6,609	6,609
Balance carried over to 2014 (E=C-D)	12,840	12,840

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 calendar year (Document No 10,11) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

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

The amount of 12840 will be used for procurement of refrigerator. The procurement service of the refrigerator is on going.

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

The delaying in procurement service of refrigerator was due to the decision making on the type of vaccine refrigerator to be procured.

It was suggested to couple GAVI NVI procurement with GAVI HSS procurements. However GAVI HSS grant disbursement got delayed to 2014.

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Balance fund will be utilized in 2014 and will not carry forward to 2015.

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	65,080	30,500
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	65080.25	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	15,052	19,618
	Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding	

Schedule of Co-Financing Payments	Proposed Payment Date for 2015	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	June	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	not necessary. Government of Timor Leste is fully committed to make co-financing payment.	

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 support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **Not selected**

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? **September 2011**

Please attach:

- (a) EVM assessment (**Document No 12**)
- (b) Improvement plan after EVM (**Document No 13**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

Are there any changes in the Improvement plan, with reasons? **Yes**

If yes, provide details

Ministry of Health is keen to change the type of vaccine refrigerator that recommended in EVM improvement plan. The main reason for changing the type of refrigerator was due to improved electricity supplies to rural areas of Timor Leste.

When is the next Effective Vaccine Management (EVM) assessment planned? **July 2016**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

Renewal of multi-year vaccines support for Timor-Leste (East Timor) is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 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 are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigens	VaccineTypes	No Threshold	200,000\$		250,000\$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000\$		2,000,000\$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID	Source		2013	2014	2015	TOTAL
Number of surviving infants	Table 4	#	40,392	41,347	42,318	124,057
Number of children to be vaccinated with the first dose	Table 4	#	43,744	37,212	39,356	120,312
Number of children to be vaccinated with the third dose	Table 4	#	43,744	37,212	38,086	119,042
Immunisation coverage with	Table 4	%	108.30 %	90.00 %	90.00 %	

	the third dose					
	Number of doses per child	Parameter	#	3	3	3
	Estimated vaccine wastage factor	Table 4	#	1.33	1.33	1.33
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	207,300		
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	207,300		
	Number of doses per vial	Parameter	#		10	10
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Co-financing table	\$		0.66	0.95
ca	AD syringe price per unit	Table 7.10.1	\$		0.0450	0.0450
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0
cs	Safety box price per unit	Table 7.10.1	\$		0.0050	0.0050
fv	Freight cost as % of vaccines value	Table 7.10.2	%		25.50 %	25.50 %
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

There is no difference between stock on 31 st December 2013 and 1 st January 2014.

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

6

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

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

	2013	2014	2015
Minimum co-financing	0.43	0.66	0.95
Your co-financing	0.43	0.66	0.95

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

		2014	2015
Number of vaccine doses	#	95,600	65,500
Number of AD syringes	#	77,100	49,300
Number of re-constitution syringes	#	0	0

Number of safety boxes	#	850	550
Total value to be co-financed by GAVI	\$	202,000	133,500

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

		2014	2015
Number of vaccine doses	#	43,500	57,100
Number of AD syringes	#	35,100	43,000
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	400	475
Total value to be co-financed by the Country	\$	92,000	116,500

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

	Formula	2013	2014			
			Total	Government	GAVI	
A	Country co-finance	V	0.00 %	31.25 %		
B	Number of children to be vaccinated with the first dose	Table 4	43,744	37,212	11,629	25,583
B1	Number of children to be vaccinated with the third dose	Table 4	43,744	37,212	11,629	25,583
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	131,232	111,636	34,885	76,751
E	Estimated vaccine wastage factor	Table 4	1.33	1.33		
F	Number of doses needed including wastage	$D \times E$		148,476	46,397	102,079
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.5) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.5)$		- 9,798	- 3,061	- 6,737
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.5$				
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$				
H2	Reported stock on January 1st	Table 7.11.1	0	207,300		
H3	Shipment plan	UNICEF shipment report		51,000		
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		139,000	43,436	95,564
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$		112,022	35,006	77,016
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$		1,233	386	847
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		229,906	71,843	158,063
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		5,041	1,576	3,465
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		7	3	4
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		58,627	18,321	40,306
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$		293,581	91,740	201,841
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		91,740		
V	Country co-financing % of GAVI supported proportion	U / T		31.25 %		

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

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	46.58 %		
B	Number of children to be vaccinated with the first dose	Table 4	39,356	18,333	21,023
B1	Number of children to be vaccinated with the third dose	Table 4	38,086	17,742	20,344
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	116,278	54,166	62,112
E	Estimated vaccine wastage factor	Table 4	1.33		
F	Number of doses needed including wastage	$D \times E$	154,650	72,040	82,610
G	Vaccines buffer stock	$((D - D \text{ of previous year}) \times 0.5) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.5)$	3,087	1,438	1,649
H	Stock to be deducted	$H1 - F \text{ of previous year} \times 0.5$	35,587	16,578	19,009
H1	Calculated opening stock	$H2 (2014) + H3 (2014) - F (2014)$	109,824	51,159	58,665
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	UNICEF shipment report			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	122,500	57,064	65,436
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	92,155	42,929	49,226
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	1,014	473	541
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	195,755	91,188	104,567
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	4,147	1,932	2,215
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	6	3	3
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	49,918	23,254	26,664
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	249,826	116,375	133,451
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	116,375		
V	Country co-financing % of GAVI supported proportion	U / T	46.58 %		

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2013**. All countries are expected to report on:

- a. Progress achieved in 2013
- b. HSS implementation during January – April 2014 (interim reporting)
- c. Plans for 2015
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2013, or experienced other delays that limited implementation in 2013, 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 2013 fiscal year starts in January 2013 and ends in December 2013, HSS reports should be received by the GAVI Alliance before **15th May 2014**. 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 2014, the HSS reports are expected by GAVI Alliance by September 2014.

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

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

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

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

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

- a. Minutes of all the HSCC meetings held in 2013
- b. Minutes of the HSCC meeting in 2014 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2013 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 2013 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed ? **No**

If NO, please indicate the anticipated date for completion of the HSS grant.

The GAVI HSS grant first disbursement received in March 2014. So the implementation yet to be commenced.

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

No CSOs will be involved in the implementation of HSS Grant.

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

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

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

9.1.1. Report on the use of HSS funds in **2013**

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

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

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

If yes, please indicate the amount of funding requested: **334349** US\$

These funds should be sufficient to carry out HSS grant implementation through December 2015.

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)\$

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the						

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

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	534164	334349	566385	805192
Revised annual budgets (if revised by previous Annual Progress Reviews)	534164	334349	566385	805192
Total funds received from GAVI during the calendar year (A)	534164	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	534164	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	334349	566385	805192

Table 9.1.3b (Local currency)

	2008	2009	2010	2011	2012	2013
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)						
Remaining funds (carry over) from previous year (B)						
Total Funds available during the calendar year (C=A+B)						
Total expenditure during the calendar year (D)						
Balance carried forward to next calendar year (E=C-D)						
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	0	0	0	0	0

	2014	2015	2016	2017
Original annual budgets (as per the originally approved HSS proposal)	534164	334349	566385	805192
Revised annual budgets (if revised by previous Annual Progress Reviews)	534164	334349	566385	805192
Total funds received from GAVI during the calendar year (A)	534164	0	0	0
Remaining funds (carry over) from previous year (B)	0	0	0	0
Total Funds available during the calendar year (C=A+B)	534164	0	0	0
Total expenditure during the calendar year (D)	0	0	0	0
Balance carried forward to next calendar year (E=C-D)	0	0	0	0
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]	0	334349	566385	805192

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	2008	2009	2010	2011	2012	2013
Opening on 1 January	1	1	1	1	1	1
Closing on 31 December	1	1	1	1	1	1

Detailed expenditure of HSS funds during the 2013 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2013 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2014 period are reported in Tables 9.1.3a and 9.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Financial management of HSS funds

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

Please include details on: the type of bank account(s) used (commercial versus government accounts); how budgets are approved; how funds are channelled to the sub-national levels; financial reporting arrangements

at both the sub-national and national levels; and the overall role of the HSCC in this process.

GAVI HSS Fund have been included in national health sector plans and budgets. Since GAVI HSS fund just received in March 2014, the disbursements within the country not yet commenced.

Separate bank account was created with the commercial bank for GAVI HSS fund.

Has an external audit been conducted? Yes

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

9.2. Progress on HSS activities in the 2013 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 2013 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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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
---	--

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

The first disbursement received in March 2014 and therefore no activity conducted in 2013.

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?

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 2012 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	2013 Target	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date				

9.4. Programme implementation in 2013

9.4.1. Please provide a narrative on major accomplishments in 2013, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

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

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

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.

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

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.

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

9.5. Planned HSS activities for 2014

Please use **Table 9.5** to provide information on progress on activities in 2014. If you are proposing changes to your activities and budget in 2014 please explain these changes in the table below and provide explanations for these changes.

Table 9.5: Planned activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2014 actual expenditure (as at April 2014)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Development and implementation of district planning and supportive supervision system	Development and implementation of district planning and supportive supervision system	55168	0 0		Not Applicable (N/A)	0
Development of financial management guidelines for financial costed CHCs micro plans	Development of financial management guidelines for financial costed CHCs micro plans	388830				
Test and development of CHCs micro planing system in 2 districts in 2014 including	Test and development of CHCs micro planing system in 2 districts in 2014 including	6456				

implementation of baseline needs assessment	implementation of baseline needs assessment					
Implementation of vaccine management improvement plan	Implementation of vaccine management improvement plan	388014				
		838468	0			0

9.6. Planned HSS activities for 2015

Please use **Table 9.6** to outline planned activities for 2015. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

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

Table 9.6: Planned HSS Activities for 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
Development & implementation of district planning and support supervision system	Development & implementation of district planning and support supervision system	110507			
Design and develop of system of DQA/DQS	Design and develop of system of DQA/DQS	12386			
Test and development of CHCs micro planning system in 2 districts in 2014, including implementation of baseline needs assessment	Test and development of CHCs micro planning system in 2 districts in 2014, including implementation of baseline needs assessment	128256			
Implementation of the vaccine management improvement plan	Implementation of the vaccine management improvement plan	240000			
Review and implementation of policy & Guideline on community participation	Review and implementation of policy & Guideline on community participation	59200			
		550349			

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

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

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2013?

Please attach:

1. The minutes from the HSCC meetings in 2014 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

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

Timor-Leste (East Timor) **has NOT received GAVI TYPE A CSO support**

Timor-Leste (East Timor) is not reporting on GAVI TYPE A CSO support for 2013

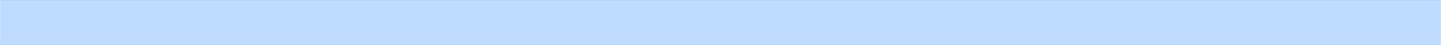
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Timor-Leste (East Timor) **has NOT received GAVI TYPE B CSO support**

Timor-Leste (East Timor) is not reporting on GAVI TYPE B CSO support for 2013

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 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 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 2012 (balance as of 31Decembre 2012)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	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	✓	Attachment 1 & 2 _signature of MoH and MoF.pdf File desc: Signature of Minister of Health Date/time : 15/05/2014 06:34:36 Size: 387 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Attachment 1 & 2 _signature of MoH and MoF.pdf File desc: Signature of Minister of Finance is in the process. Date/time : 15/05/2014 06:36:38 Size: 387 KB
3	Signatures of members of ICC	2.2	✓	Attachment 3 Signature of ICC members.pdf File desc: Date/time : 15/05/2014 06:40:12 Size: 181 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Attachment 4 _ICC meeting minutes.pdf File desc: Date/time : 15/05/2014 06:43:18 Size: 239 KB
5	Signatures of members of HSCC	2.3	✓	Attachment 5 signature of HSCC members.pdf File desc: Signature of members of NHSCC Date/time : 15/05/2014 06:46:24 Size: 186 KB
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	attachment 6_HSCC meeting minutes.pdf File desc: Date/time : 15/05/2014 06:48:41 Size: 134 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✗	No file loaded

9	Post Introduction Evaluation Report	7.2.2		Attachment 9, 11, 19, 20, 21, 22, 26.pdf File desc: Date/time : 15/05/2014 06:51:14 Size: 73 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		Attachment 10 Financial statement NVI Grant.pdf File desc: Financial statement NVS introduction grant Date/time : 15/05/2014 06:54:00 Size: 139 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000	7.3.1		Attachment 9, 11, 19, 20, 21, 22, 26.pdf File desc: NA Date/time : 15/05/2014 07:11:42 Size: 73 KB
12	Latest EVSM/VMA/EVM report	7.5		Attachment 12 EVM TL report F1 Oct19 2011.pdf File desc: EVM Timor Leste 2011 Report Date/time : 07/05/2014 08:55:33 Size: 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		Attachment 13 EVM Improvement Plan.pdf File desc: EVM Timor Leste 2011 Improvement Plan Date/time : 07/05/2014 08:59:55 Size: 983 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		Attachment14 EVM IP Status.pdf File desc: Date/time : 15/05/2014 07:06:50 Size: 80 KB
16	Valid cMYP if requesting extension of support	7.8		No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8		No file loaded

18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	X	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Attachment 9, 11, 19, 20, 21, 22, 26.pdf File desc: NA Date/time : 15/05/2014 06:56:39 Size: 73 KB
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✓	Attachment 9, 11, 19, 20, 21, 22, 26.pdf File desc: NA Date/time : 15/05/2014 06:58:32 Size: 73 KB
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✓	Attachment 9, 11, 19, 20, 21, 22, 26.pdf File desc: NA Date/time : 15/05/2014 07:00:42 Size: 73 KB
22	HSS Health Sector review report	9.9.3	✓	Attachment 9, 11, 19, 20, 21, 22, 26.pdf File desc: NA Date/time : 15/05/2014 07:02:48 Size: 73 KB
23	Report for Mapping Exercise CSO Type A	10.1.1	X	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	X	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	X	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Attachment 9, 11, 19, 20, 21, 22, 26.pdf File desc: Date/time : 15/05/2014 07:04:54 Size: 73 KB

27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded
	Other		X	No file loaded