



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Solomon Islands

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/14/2013 5:45:14 PM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: 2012

Requesting for support year: 2014

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2015
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

By signing this page, the Government of **Solomon Islands** 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 **Solomon Islands**

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	Hon. Charles Sigoto	Name	Hon. Rick Houenipwela
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
Dr Divinal Ogaoga	Director Reproductive and Child Health Division	+677-7513627	dogaoga@moh.gov.sb
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Ricard Taro	National Cold Chain manager	+677-7488643	taro.richard@gmail.com
Jenny Gaiofa	Child Health Support Officer	+677-6414244	jgaiofa@moh.gov.sb

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
Dr Tenneth Dalipanda - Undersecretary Health Improvement.	Ministry of Health and Medical services		

Dr Divinal Ogaoga - Director Reproductive and Child health Division.	Ministry of Health and Medical Services		
Dr Juliet Fleischl - Representative a.c WHO	World Health Organization (WHO) Solomon Islands.		
Mr Kang Yun Jong - Chief of Office UNICEF	United Nations Children's Funds (UNICEF Field office) Solomon Islands.		
Mr Yoshinobu Takishita - Representative JICA	Japan International Cooperation Agency (JICA) Solomon Islands		
Mr Timmy Manea - Director National Pharmacy Services	Ministry of Health and Medical Services NMS		
Dr Titus Nasi - Director Paediatric Department	National Referral Hospital Honiara Solomon Islands		
Dr Leeanne Panisi - O&G Specialist	National referral Hospital Honiara Solomon Islands.		

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

All comments will be treated confidentially

Comments from Partners:

Comment was included under section 5.7 of APR.

Comments from the Regional Working Group:

NA

2.3. HSCC signatures page

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC), **NA**, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Dr Tenneth Dalipanda- Undersecretary Health Improvement	MHMS		

Dr Divinal Ogaoga -Director RCH Division	MHMS		
Mr Timmy Manea- Director NPS	MHMS		
Dr Juliet Fleischi- WHO Representative	WHO Solomon Islands		
Mr Kang Yun Jong Chief Field Office.	UNICEF Solomon Islands		
Mr Yoshinobu Takishita Representative	JICA Solomon Islands		
Dr Titus Nasi Head of Pediatric Dept.	NRH Solomon islands		
Dr Leeanne Panisi O&G specialist	NRH		

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

All comments will be treated confidentially

Comments from Partners:

NA

Comments from the Regional Working Group:

NA

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

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

3. Table of Contents

This APR reports on *Solomon Islands*'s activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

[1. Application Specification](#)

[1.1. NVS & INS support](#)

[1.2. Programme extension](#)

[1.3. ISS, HSS, CSO support](#)

[1.4. Previous Monitoring IRC Report](#)

[2. Signatures](#)

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

[2.2. ICC signatures page](#)

[2.2.1. ICC report endorsement](#)

[2.3. HSCC signatures page](#)

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

[3. Table of Contents](#)

[4. Baseline & annual targets](#)

[5. General Programme Management Component](#)

[5.1. Updated baseline and annual targets](#)

[5.2. Immunisation achievements in 2012](#)

[5.3. Monitoring the Implementation of GAVI Gender Policy](#)

[5.4. Data assessments](#)

[5.5. Overall Expenditures and Financing for Immunisation](#)

[5.6. Financial Management](#)

[5.7. Interagency Coordinating Committee \(ICC\)](#)

[5.8. Priority actions in 2013 to 2014](#)

[5.9. Progress of transition plan for injection safety](#)

[6. Immunisation Services Support \(ISS\)](#)

[6.1. Report on the use of ISS funds in 2012](#)

[6.2. Detailed expenditure of ISS funds during the 2012 calendar year](#)

[6.3. Request for ISS reward](#)

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

[7.1. Receipt of new & under-used vaccines for 2012 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2012](#)

[7.3. New Vaccine Introduction Grant lump sums 2012](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2012](#)

[7.5. Vaccine Management \(EVSM/VMA/EVM\)](#)

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2012](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013](#)

[7.9. Request for continued support for vaccines for 2014 vaccination programme](#)

- [7.11. Calculation of requirements](#)
- [8. Injection Safety Support \(INS\)](#)
- [9. Health Systems Strengthening Support \(HSS\)](#)
 - [9.1. Report on the use of HSS funds in 2012 and request of a new tranche](#)
 - [9.2. Progress on HSS activities in the 2012 fiscal year](#)
 - [9.3. General overview of targets achieved](#)
 - [9.4. Programme implementation in 2012](#)
 - [9.5. Planned HSS activities for 2013](#)
 - [9.6. Planned HSS activities for 2014](#)
 - [9.7. Revised indicators in case of reprogramming](#)
 - [9.8. Other sources of funding for HSS](#)
 - [9.9. Reporting on the HSS grant](#)
- [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](#)
 - [10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)
- [11. Comments from ICC/HSCC Chairs](#)
- [12. Annexes](#)
 - [12.1. Annex 1 – Terms of reference ISS](#)
 - [12.2. Annex 2 – Example income & expenditure ISS](#)
 - [12.3. Annex 3 – Terms of reference HSS](#)
 - [12.4. Annex 4 – Example income & expenditure HSS](#)
 - [12.5. Annex 5 – Terms of reference CSO](#)
 - [12.6. Annex 6 – Example income & expenditure CSO](#)
- [13. Attachments](#)

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	16,659	17,286	16,950	19,891		20,448		21,020
Total infants' deaths	616	517	627	597		613		631
Total surviving infants	16043	16,769	16,323	19,294		19,835		20,389
Total pregnant women	16,659	17,286	16,950	19,891		20,448		21,020
Number of infants vaccinated (to be vaccinated) with BCG	14,993	14,317	15,255	17,902		18,403		18,918
BCG coverage	90 %	83 %	90 %	90 %		90 %		90 %
Number of infants vaccinated (to be vaccinated) with OPV3	14,599	14,375	14,853	16,593		17,454		18,350
OPV3 coverage	91 %	86 %	91 %	86 %		88 %		90 %
Number of infants vaccinated (to be vaccinated) with DTP1	15,080	15,842	15,343	16,979		17,851		18,758
Number of infants vaccinated (to be vaccinated) with DTP3	14,278	15,053	14,527	15,821		16,661		17,535
DTP3 coverage	89 %	90 %	89 %	82 %		84 %		86 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	5	5	5	5		5		5
Wastage[1] factor in base-year and planned thereafter for DTP	1.05	1.05	1.05	1.05		1.05		1.05
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	16,549	15,842	17,364	16,979		17,851		18,758
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	16,549	15,053	17,364	15,821		16,661		17,535
DTP-HepB-Hib coverage	89 %	90 %	89 %	82 %		84 %		86 %
Wastage[1] rate in base-year and planned thereafter (%)	0	5	0	5		5		5
Wastage[1] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05		1.05		1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	12,834	14,220	13,875	14,664		16,264		17,943
Measles coverage	80 %	85 %	85 %	76 %		82 %		88 %
Pregnant women vaccinated with TT+	9,995	13,368	11,865	16,311		17,176		18,077

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	60 %	77 %	70 %	82 %		84 %		86 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0		0
Vit A supplement to infants after 6 months	0	68,839	0	0	N/A	0	N/A	0
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	5 %	5 %	7 %		7 %		7 %

** Number of infants vaccinated out of total surviving infants

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

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

The new cMYP target was calculated based on 2009 census projection figures.

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

The surviving infants are the same as JRF 2012.

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

National coverage of TT2+ for pregnant women in 2012 was completed with data reported from all 10 provinces, while reported coverage of TT2+ for PWs in 2011 was consolidated from only 3 provincial reports in the country.

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

There is no change of wastage recorded for pentavalent.

5.2. Immunisation achievements in 2012

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

Most of the annual vaccination targets for 2012 programme was achieved, except BCG and OPV, which were lower than planned figures.

Following were the major activities conducted:

1. Integrated Measles & Rubella Supplementary Immunization Activities campaign was completed in June 2012 for children 1-4 years old together with Vit A & Albendazole intake: 68,261 children (more than 100% compared with the target) vaccinated with MR: 60839 children (90%) received Vit Supplementation and 55,972 (83%) undertaken Albendazole tablets.
2. Two round of Cholera Campaign were conducted for children 1-15 yrs old in Choiseul province and Shortlands Zone 5 of Western prov. in April and June 2012. Total number of children vaccinated was 10,365 (90%)
3. Provincial EPI reviews were conducted in 5 provinces, namely Honiara City Council, Guadalcanal, Makira, Malaita and Western for local planning activities.
4. National EPI review was completed by Int'l experts from WHO, UNICEF, GAVI, JICA, Mongolian MOH and SIG officials. Action Plan addressing key findings and priority recommendations of the review has been developed for implementaion in 2014-2015
5. EVM assessment was conducted with support of WHO consultant in August 2012. Findings and recommendation are used for improvement of vaccine and cold chain management through the NIP system in 2013 and beyond.
6. Development of microplans for increasing vaccination performance was done in Honiara City Council, Malaita, Guadalcanal, Western and Makira provinces.

Main challenges were:

1. Data management is not adequate in different levels of the system, issues of accuracy, completeness and timeliness of data collection and reporting
2. Cold chain system is not fully adequate for service delivery all over the country, because:
 - 2.1 Large portion of CCE is beyond their life span
 - 2.2. Process of shifting from kerosene/ gas to solar fridges to accomodate fuel/ gas supply difficulties in islands environment is ongoing. Lack of refrigerators in some areas
 - 2.3. Lack of sufficient accessories for cold chain equipment functions, i.e. stabilizers, freeze indicators...and financial resources for transportation at lower delivery levels.

In order to address the above listed challenges, we have collaborated with UNICEF, GAVI and other donor agencies to seek additional financial resources for cold chain supply procurement and means of transportation for far away provinces such as Western, Isabel, Malaita, Temotu.... in 2013 and beyond. Supply of new Solar Chills refrigerators for instalation and functioning at service delivery levels are in progress. Training activities are also initiated to improve staff capacity on EPI data management

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

Targets for BCG, OPV vaccination were not reached due to one-month stock-outs of BCG and OPV vaccines in many provinces in 2012.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate
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		Boys	Girls
NA	NA	NA	NA

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

NA

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/>)

There is no gender-related barriers to accessing and delivering vaccination services in Solomon Islands. Reasons of un-vaccination are multiple and mainly due to availability of family members to bring children for vaccination and/or their knowledge on vaccination benefits....these issues will be addressed through enhancing EPI communication component in the Action Plan for EPI further strengthening.

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)

No independent coverage survey was conducted in 2012, therefore administrative data system is the only data source we have used so far.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**
If Yes, please describe the assessment(s) and when they took place.

National EPI review conducted by int'l experts from WHO,UNICEF,GAVI...in November 2012 to assess Programme management aspect, incl. data management

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

Training of EPI staff at service delivery levels on EPI data recording, reporting.

Mid-Level Management training for provincial EPI coordinators

Capacity building on Microplanning for local level's programm managers and staff

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 is plan to review routine system of EPI data recording and reporting from bottom up and carry out capacity development for staff responsible.

Implementation locally developed Micro plans will contribute further to the improvement of routine data management system in Solomon Islands.

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\$ = 7.3	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	66,729	66,729	0	0	0	0	0	0
New and underused Vaccines**	195,384	69,384	126,000	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	8,395	5,828	2,567	0	0	0	0	0
Cold Chain equipment	210,245	0	0	210,245	0	0	0	0
Personnel	918,579	918,579	0	0	0	0	0	0
Other routine recurrent costs	20,548	20,548	0	0	0	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	354,891	164,383	0	135,069	55,439	0	0	0
0		0	0	0	0	0	0	0
Total Expenditures for Immunisation	1,774,771							
Total Government Health		1,245,451	128,567	345,314	55,439	0	0	0

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

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

NA

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Yes, fully implemented**

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?
1).Having comercial Bank Account details;2)replenishment procedures for GAVI cash grants operational account,defined by MHMS together with MoFT.	Yes

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

Contact and collaborate with Ministry of finance for establishment of commercial Bank account and mechnism for money transfer from central to Comercial Bank. At present Ministry Finance and Treasury(MoFT) is processing to get the above action to be completed and Ministry Health and Medical Service(MHMS) has kept close communication with MOF on the progress so that the Aide Memoire can be finalied and Signed as soon as possible in May 2013 for HSS implementation.

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

NA

5.7. Interagency Coordinating Committee (ICC)

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

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

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

No concerns were raised by ICC members, however following Key recommendation made:

1. Removal barriers on financial operating procedures for timely implementation of Health System Strengthening proposals in three provinces in 2013 - 2015.

2. MR vaccination for older groups of susceptible adolescent girls and child bearing age women (CBA) to prevent Rubella and Congenital Rubella Syndrome (CRS) in 2014 - 2015, will be seeking GAVI support on this.

Are any Civil Society Organisations members of the ICC? **No**

If Yes, which ones?

List CSO member organisations:

5.8. Priority actions in 2013 to 2014

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

Main objectives are:

1. To achieve 80% Fully Immunized Child Coverage nation-wide
2. To improve functioning cold chain coverage from 78% to 90%.
3. To introduce new vaccines MR and PCV in the routine EPI activity

Priority Actions:

1. Undertake actions for EVM improvement at all level of vaccine supply system in the country
2. Continue upgrading cold chain system with supply and installation of Solar Chills fridges with other required accessories, such as sterilizers, freeze indicators.... Get the new installed cold room functioned with data logger and stabilizer... for effective vaccine storage at National level.
3. Develop proposals for MR and PCV vaccine introduction in 2014-2015
4. Implement Action Plan for further EPI strengthening with focuses on EVM, data management, implementation of REZ/ microplans for increased outreach vaccination activity and supportive supervision
5. Implement GAVI supported HSS Plan when the Budget is available.

5.9. Progress of transition plan for injection safety

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

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

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	AD Syringes	SI Government
Measles	Ad Syringes	SI Government
TT	Ad Syringes	SI Governmen
DTP-containing vaccine	Ad Syringes	SI Government
Hepatis B birh dose	AD Syringes	SI Government

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

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

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

There is no problem encountered

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

Sharps are disposed using the Safety Boxes, burning and buring of remains

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

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

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

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

6.3. Request for ISS reward

Request for ISS reward achievement in Solomon Islands is not applicable for 2012

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

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

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

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

	[A]	[B]		
Vaccine type	Total doses for 2012 in Decision Letter	Total doses received by 31 December 2012	Total doses of postponed deliveries in 2012	Did the country experience any stockouts at any level in 2012?
DTP-HepB-Hib	52,130	45,000	7,130	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? ...)

No major problem encountered.

Government co-financed vaccines increase from 7200 to 23600 doses to cover buffer stock need that was done in March 2012.

- 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.

We use single dose vial of pentavalent vaccines. this vaccine presentation is very effective and wastage rate is very low and we do not plan for any vaccine presentation change.

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.

N/A

7.2. Introduction of a New Vaccine in 2012

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	<P> According cMYP 2011- 2015 there is no other vaccine than Pentavalent vaccine to be introduced in 2012</P>

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **October 2015**

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)

N/A

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? **Yes**

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? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **No**

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

<P>Currently there is lack of sentinel surveillance for paediatric bacteria meningitis, but we wish to establish one sentinel site at National Referral Hospital</P>

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0

Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

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

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

7.3.2. Programmatic Reporting

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

N/A

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

N/A

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

N/A

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2012?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	69,384	23,600
Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?		
Government	SIG	
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, 1 dose(s) per vial, LIQUID	1,356	26,000
Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding		
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	October	SIG
Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing		
Program management officer specific for GAVI activities.		

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/>

N/A

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

(a) EVM assessment (**Document No 12**)

(b) Improvement plan after EVM (**Document No 13**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 14**)

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

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

If yes, provide details

The new Cold Room at national vaccine Store and twenty new ICR Refrigerator intalled to all ten provinces including 8 clinics in Honiara City Council

In 2012 another five 4-day MLM Training for five Provinces with total 96 participants were completed

Three-day National training on cold chain Management and maintenance for 15 provincial store keepers was conducted.

Training on vaccine management for 22 nurses from clinics of Guadalcanal and Honiara City council was completed

National EPI review conducted by external experts (WHO,GAVI, UNICEF,JICA,Mogolian MOH) in November 2012. Action Plan for strenghtening the vaccine Management developed.

Supply request sent for supply of new sabilizers for the new cold Room and twenty clinics in ten provinces.

When is the next Effective Vaccine Management (EVM) assessment planned? **August 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Solomon Islands does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

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

Renewal of multi-year vaccines support for Solomon Islands is not available in 2013

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

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

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

Yes

If you don't confirm, please explain

N/A

7.11. Calculation of requirements

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

ID	Source		2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	16,769	19,294	19,835	20,389	76,287
	Number of children to be vaccinated with the first dose	Table 4	#	15,842	16,979	17,851	18,758	69,430
	Number of children to be vaccinated with the third dose	Table 4	#	15,053	15,821	16,661	17,535	65,070
	Immunisation coverage with the third dose	Table 4	%	89.77 %	82.00 %	84.00 %	86.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	17,029				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	17,029				
	Number of doses per vial	Parameter	#		1	1	1	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.04	2.04	1.99	
cc	Country co-financing per dose	Co-financing table	\$		0.40	0.46	0.53	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.5800	0.5800	0.5800	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		25.50 %	25.50 %	25.50 %	
fd	Freight cost as % of devices value	Parameter	%		0.00 %	0.00 %	0.00 %	

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

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

n/a

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

Co-financing group	Intermediate	2012	2013	2014	2015
Minimum co-financing		0.20	0.23	0.26	0.30
Your co-financing		0.40	0.40	0.46	0.53

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

		2013	2014	2015
Number of vaccine doses	#	46,100	47,000	47,500
Number of AD syringes	#	48,800	49,600	50,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	550	575	575
Total value to be co-financed by GAVI	\$	120,500	123,000	121,000

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

		2013	2014	2015
Number of vaccine doses	#	8,400	10,100	12,500
Number of AD syringes	#	8,900	10,700	13,200
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	100	125	150
Total value to be co-financed by the Country ^[1]	\$	22,000	26,500	32,000

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

	Formula	2012	2013			
		Total	Total	Government	GAVI	
A	Country co-finance	V	0.00 %	15.32 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	15,842	16,979	2,601	14,378
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3	3		
D	Number of doses needed	$B \times C$	47,526	50,937	7,803	43,134
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05	1.05		
F	Number of doses needed including wastage	$D \times E$	49,903	53,484	8,194	45,290
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		896	138	758
H	Stock on 1 January 2013	<i>Table 7.11.1</i>	17,029			
I	Total vaccine doses needed	$F + G - H$		54,430	8,338	46,092
J	Number of doses per vial	<i>Vaccine Parameter</i>		1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		57,535	8,814	48,721
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		639	98	541
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		110,820	16,977	93,843
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		2,676	410	2,266
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		371	57	314
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		28,260	4,330	23,930
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	$(N+O+P+Q+R+S)$		142,127	21,772	120,355
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		21,772		
V	Country co-financing % of GAVI supported proportion	U / T		15.32 %		

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

	Formula	2014			2015			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	17.62 %			20.80 %		
B	Number of children to be vaccinated with the first dose	<i>Table 5.2.1</i>	17,851	3,145	14,706	18,758	3,902	14,856
C	Number of doses per child	<i>Vaccine parameter (schedule)</i>	3			3		
D	Number of doses needed	$B \times C$	53,553	9,435	44,118	56,274	11,704	44,570
E	Estimated vaccine wastage factor	<i>Table 4</i>	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	56,231	9,907	46,324	59,088	12,289	46,799
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	687	122	565	715	149	566
H	Stock on 1 January 2013	<i>Table 7.11.1</i>						
I	Total vaccine doses needed	$F + G - H$	56,968	10,037	46,931	59,853	12,449	47,404
J	Number of doses per vial	<i>Vaccine Parameter</i>	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	60,207	10,607	49,600	63,258	13,157	50,101
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	$(K + L) / 100 \times 1.11$	669	118	551	703	147	556
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	115,987	20,434	95,553	118,869	24,723	94,146
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	115,987	494	2,306	118,869	612	2,330
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	$M \times \text{safety box price per unit (cs)}$	389	69	320	408	85	323
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	29,577	5,211	24,366	30,312	6,305	24,007
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	148,753	26,206	122,547	152,531	31,723	120,808
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	26,206			31,723		
V	Country co-financing % of GAVI supported proportion	U / T	17.62 %			20.80 %		

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.1.1. Report on the use of HSS funds in 2012

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

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

9.1.2. Please indicate if you are requesting a new tranche of funding **No**

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

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

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

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

Table 9.1.3a (US)\$

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

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	599810	599810	599810	599810
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]	599810	599810	599810	599810

Table 9.1.3b (Local currency)

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

	2013	2014	2015	2016
Original annual budgets (as per the originally approved HSS proposal)	4378613	4378613	4378613	4378613
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]	4378613	4378613	4378613	4378613

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

Exchange Rate	2007	2008	2009	2010	2011	2012
Opening on 1 January	0	0	0	0	0	0
Closing on 31 December	0	0	0	0	0	0

Detailed expenditure of HSS funds during the 2012 calendar year

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

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

Financial management of HSS funds

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

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

The provision of operating/replenishment procedures for GAVI cash grant operational account is being defined by MoFT and MHMS.

Has an external audit been conducted? **No**

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 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2012	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
N/A	N/A	0 0	

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
N/A	N/a

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

N/A

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?

N/A

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2012 Target	2008	2009	2010	2011	2012	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
N/a	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

9.4. Programme implementation in 2012

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

N/A

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

N/A

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

N/A

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.

N/A

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.

N/A

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.

N/A

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

N/A

9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

Major Activities (insert as many rows as necessary)	Planned Activity for 2013	Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2013 actual expenditure (as at April 2013)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2013 (if relevant)
Supply of Cold chain and transportation means; training Activities for three provinces, adaptation of training materials.	procurement of Cold chain equipment and transportation means/Staff capacity buliding, advocacy and communication,hospital information system.	599810	0 0			0
		599810	0			0

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2014 (if relevant)
Supply and procurement; Staff Capacity Building; Communication on advocacy data management and Surveillance; Supportive supervision	procurement of cold chain /incinerator/Sterilizers and Boats/OBMs engines; training on microplanning, data recording, surveillance for VPDs and AEFIs; Communication advocacy activities: supportive supervision and TA, and Recruitment of staff.	599810	0	0	0
		599810			

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
0	0	0	0

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

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
HSS proposal	Approval Letter from GAVI	Process for establishment of mechanism for Bank transfer lengthy, so far commercial bank account is being explored

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.

NA

9.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2012?0

Please attach:

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

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

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

Solomon Islands **has NOT received GAVI TYPE A CSO support**

Solomon Islands 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

Solomon Islands **has NOT received GAVI TYPE B CSO support**

Solomon Islands 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

Key comments made by ICC Chair.

1. ICC team strongly recommend MHMS in collaboration with EPI partners to introduce MR Vaccination in the country to Prevent Rubella and Congenital Rubella Syndrome(CRS)-
2. It is recommended that MHMS would support those HSS activity, what have been done in three GAVI supported provinces to be implemented in other provinces in the country.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2012 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2012 (referred to as the "variance").

IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2012 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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

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

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		HP0002.jpg File desc: scanned signatures of Hon.Minister of Finance and Supervising Minister of Health. Date/time: 5/14/2013 1:10:23 AM Size: 269253
2	Signature of Minister of Finance (or delegated authority)	2.1		HP0002.jpg File desc: scanned signatures of Hon.Minister of Finance and Supervising Minister of Health. Date/time: 5/14/2013 1:15:36 AM Size: 269253
3	Signatures of members of ICC	2.2		HP0001.jpg File desc: Scanned Signatures of the ICC members. Date/time: 5/14/2013 1:20:17 AM Size: 167865
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7		Minute of ICC mtg.docx File desc: Date/time: 5/13/2013 1:01:17 AM Size: 21506
5	Signatures of members of HSCC	2.3		Note for the Records.docx File desc: Date/time: 5/5/2013 10:51:19 PM Size: 11707
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3		Note for the Records.docx File desc: Date/time: 5/5/2013 11:11:26 PM Size: 11707
9	Post Introduction Evaluation Report	7.2.2		Note for the Records.docx File desc: Date/time: 5/5/2013 10:54:05 PM Size: 11707
10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		Note for the Records.docx File desc: Date/time: 5/5/2013 11:03:26 PM Size: 11707
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.3.1		Note for the Records.docx File desc:

				Date/time: 5/5/2013 11:14:52 PM Size: 11707
12	Latest EVSM/VMA/EVM report	7.5	✓	SI - EVM Report - Executive Summary- KP - 23 Aug 12.docx File desc: Date/time: 5/5/2013 6:46:22 PM Size: 938533
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	SI-EVM-Improvement plan-22 Aug 12.xls File desc: Date/time: 5/2/2013 11:59:18 PM Size: 191488
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Aug 2012 EVM Improvement Plan Status by Apr 2013.docx File desc: Date/time: 5/6/2013 12:31:17 AM Size: 13371
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000	7.6.3	✗	Note for the Records.docx File desc: Date/time: 5/5/2013 10:59:16 PM Size: 11707
19	Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Note for the Records.docx File desc: Date/time: 5/5/2013 11:06:11 PM Size: 11707
20	Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	Note for the Records.docx File desc: Date/time: 5/5/2013 11:08:06 PM Size: 11707
21	External audit report for HSS grant (Fiscal Year 2012)	9.1.3	✗	Note for the Records.docx File desc: Date/time: 5/5/2013 11:09:05 PM Size: 11707
22	HSS Health Sector review report	9.9.3	✗	Note for the Records.docx File desc: Date/time: 5/5/2013 11:10:00 PM Size: 11707
				Note for the Records.docx

26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0		File desc: Date/time: 5/5/2013 11:12:54 PM Size: 11707
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