



GAVI Alliance

Annual Progress Report **2014**

Submitted by

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

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **24/06/2015**

Deadline for submission: 27/05/2015

Please submit the APR 2014 using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.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: 2014

Requesting for support year: 2016

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
HSS	Yes	next tranche of HSS Grant Yes	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2013 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 High Level Review Panel (HLRP) 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. Ana Isabel de F. S.Soares,PH, MSc,PhD, Vice Minister of Health	Name	HE. Mr. Helder Lopes, Vice Minister of Finance
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Mr. Manuel Mausiry	EPI Manager, Ministry of Health	+67077351964	mmausiry@gmail.com
Mr. Mateus Cunha	National Professional Officer - WHO	+67077269219	cunham@who.int
Mr. Aderito Gregorio do Carmo	Immunization Officer, UNICEF	+67077257464	adocarmo@unicef.org

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
Mr. Marcelo Amaral, S.E / Acting Director General, MoH	Ministry of Health		

Mr. Carlitos Correia Freitas / National Director of Public Health	Ministry of Health		
Ms. Isabel Maria Gomes / Director of Community Health Service	Ministry of Health		
Dr. Triana de Oliveira / Head of MCH Department	Ministry of Health		
Mr. Manuel Mausiry / EPI manager	Ministry of Health		
Dr. Rajesh Pandav / WHO Representative	WHO Timor Leste		
Dr. Sudath Peiris / Medical Officer - EPI	WHO Timor Leste		
Mr. Mateus Cunha / National Professional Officer - EPI	WHO Timor Leste		
Mr. Herminio Lelan / Programme Assistant - EPI	WHO Timor Leste		
Ms. Desiree Jongsma / UNICEF Representative	UNICEF Timor Leste		
Dr. Hemlal Sharma / Chief of Health and Nutrition Section	UNICEF Timor Leste		
Mr. Aderito Gregorio do Carmo / Immunization Officer	UNICEF Timor Leste		
Dr. Jannatul F. / Adviser of MCH Department	Ministry of Health		
Ms. Leticia Niha / Central Vaccine Store Officer	Central Pharmacy, Ministry of Health		

Ms. Maria Angela Niha / Head of Surveillance Department	Ministry of Health		
Liliana Varela/Surveillance Officer	Ministry of Health		

ICC may wish to send informal comments to: apr@gavi.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), of **Timor Leste**, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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

Name/Title	Agency/Organization	Signature	Date
Mr. Jose dos Reis Magno, Director General	Ministry of Health		

HSCC may wish to send informal comments to: apr@gavi.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 2015

3. Table of Contents

This APR reports on *Timor-Leste (East Timor)*'s activities between January – December 2014 and specifies the requests for the period of January – December 2016

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

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

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

[5.5. Priority actions in 2015 to 2016](#)

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

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

[6.1. Report on the use of ISS funds in 2014](#)

[6.2. Detailed expenditure of ISS funds during the 2014 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 2014 vaccine programme](#)

[7.2. Introduction of a New Vaccine in 2014](#)

[7.3. New Vaccine Introduction Grant lump sums 2014](#)

[7.3.1. Financial Management Reporting](#)

[7.3.2. Programmatic Reporting](#)

[7.4. Report on country co-financing in 2014](#)

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

[7.6. Monitoring GAVI Support for Preventive Campaigns in 2014](#)

[7.7. Change of vaccine presentation](#)

[7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2015](#)

[7.9. Request for continued support for vaccines for 2016 vaccination programme](#)

[7.10. Weighted average prices of supply and related freight cost](#)

[7.11. Calculation of requirements](#)

[8. Health Systems Strengthening Support \(HSS\)](#)

[9. Strengthened Involvement of Civil Society Organisations \(CSOs\) : Type A and Type B](#)

[9.1. TYPE A: Support to strengthen coordination and representation of CSOs](#)

[9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP](#)

[10. Comments from ICC/HSCC Chairs](#)

[11. Annexes](#)

[11.1. Annex 1 – Terms of reference ISS](#)

[11.2. Annex 2 – Example income & expenditure ISS](#)

[11.3. Annex 3 – Terms of reference HSS](#)

[11.4. Annex 4 – Example income & expenditure HSS](#)

[11.5. Annex 5 – Terms of reference CSO](#)

[11.6. Annex 6 – Example income & expenditure CSO](#)

[12. 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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Total births	43,924	43,924	44,854	44,854		46,268
Total infants' deaths	2,577	3,573	2,536	2,536		2,632
Total surviving infants	41347	40,351	42,318	42,318		43,636
Total pregnant women	48,316	48,316	49,339	49,339		50,432
Number of infants vaccinated (to be vaccinated) with BCG	37,212	31,726	39,471	39,475		43,636
BCG coverage[1]	85 %	72 %	88 %	88 %	0 %	94 %
Number of infants vaccinated (to be vaccinated) with OPV3	35,145	30,802	38,086	38,000		39,272
OPV3 coverage[2]	85 %	76 %	90 %	90 %	0 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	0	0	0	0		0
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	0	0	0	0		0
DTP3 coverage[2]	0 %	0 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	0	0	0	0		0
Wastage[5] 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 1st dose of DTP-HepB-Hib	37,212	32,619	39,356	38,000		43,636
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	37,212	31,001	38,086	38,000		39,272
DTP-HepB-Hib coverage[2]	90 %	77 %	90 %	90 %	0 %	90 %

Wastage[5] rate in base-year and planned thereafter (%) [6]	25	30	25	25		20
Wastage[5] factor in base-year and planned thereafter (%)	1.33	1.43	1.33	1.33	1	1.25
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	35,145	29,968	36,817	39,026		39,272
Measles coverage[2]	85 %	74 %	87 %	92 %	0 %	90 %
Pregnant women vaccinated with TT+	28,726	17,741	34,224	34,043		50,432
TT+ coverage[7]	59 %	37 %	69 %	69 %	0 %	100 %
Vit A supplement to mothers within 6 weeks from delivery	24,658	19,423	26,712	0		25,000
Vit A supplement to infants after 6 months	112,892	61	117,596	0	N/A	170,000
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] 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.

[6] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 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**

Timor-Leste still does not have complete birth registration system. Current health management information system (HMIS) reports only the births take place in the hospital system, health centers and assisted home deliveries. Unassisted home deliveries are not reported to the current HMIS. The number of total births reported through the HMIS for 2014 was 25,347. However in 2014, HMIS reported that in all together 32619 children immunized with first dose of Pentavalent vaccinations. Therefore, EPI working group, who assisted to the Ministry of Health has decided to use 2014 estimated births as reported number of births for 2014 and estimated under 1 year population as the number of surviving infants to be report in section 4 of the APR. Accordingly number of infant deaths reported appeared in the section 4 is the difference between estimated births and surviving infants and it also an estimated number and not a reported number. The relevant scanned pages of the MoH annual HMIS report is attached in annexure under others.

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

Please refer to the explanation provided under justification for Births.

- 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

There is no changes to the target population

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

The vaccine wastage in Timor-Leste still be high because most of the immunization is conducting at outreach level. The Ministry of Health is planning to applied the multi dose vial policy in outreach sessions. it may contribute to the reduction of wastage rate for vaccines in comming years.

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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 Coverage Estimate	
		Boys	Girls
Health Statistic, MoH	2014	15800	15237

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

Both boys and girls are equally treated in immunization service.

5.2.3. If no sex-disaggregated data are available at the moment, do you plan in the future to

collect sex-disaggregated coverage estimates? **Not selected**

5.2.4. 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 barriers in health program related to gender in Timor-Leste

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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
---------------------------	------------	--

Table 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	0	0	0
Traditional Vaccines*	283,293	283,293	0	0	0	0	0	0
New and underused Vaccines**	109,894	48,469	61,425	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	20,152	19,619	533	0	0	0	0	0
Cold Chain equipment	228,388	0	202,828	25,560	0	0	0	0
Personnel	1,347,028	1,224,000	47,250	25,000	50,778	0	0	0
Other routine recurrent costs	833,415	643,480	26,051	104,600	59,284	0	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	0	0	0	0	0	0	0	0
Procured Motor Bikes to use by health staffs in CHCs and Municipal Office		0	126,650	0	0	0	0	0
Total Expenditures for Immunisation	2,822,170							
Total Government Health		2,218,861	464,737	155,160	110,062	0	0	0

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **12**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

Immunization Working Group of the MOH is the ICC equitant institution in Timor Leste. It chaired by the Head of MCH division of the MOH and includes EPI programme manager, other key public health officials of the MOH and officials of the WHO and UNICEF.

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

If **Yes**, which ones?

List CSO member organisations:

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

The priority actions of immunization programme at Ministry of Health Timor Leste for 2015 and 2016 are as followed:

- Conduct of comprehensive Joint national and international EPI and VPD surveillance receive in March 2015 and implementation of its recommendations
- Conduct of wide age range MR and Polio immunization campaign in July 2015
- Implementation of 2011 EVM assessment recommendations including distribution and installation of ILR's up to all Health Posts level
- Introduction of IPV, MR two dose schedule and DT and DPT booster schedule into the routine immunization schedule in September, 2015
- Conduct Effective vaccine management assessment in late 2015 or early 2016
- Preparation of Comprehensive Multi Years Plan for immunization programme
- Conduct combined Pentavalent PIE and GAVI graduation assessment
- Implement activities of GAVI HSS project
- MLM trainings in four districts
- Data quality assessments in four districts
- EPI Coverage survey at four districts
- Strengthening micro planning capacities at CHCs at four districts

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD syringes of 0.05ml	Government of Timor-Leste
Measles	AD Syringe of 0.5ml	Government of Timor-Leste
TT	AD Syringe of 0.5ml	Government of Timor-Leste
DTP-containing vaccine	AD Syringe of 0.5ml	Government of Timor-Leste and GAVI
IPV	AD Syringe of 0.5ml	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)

The current policy is open pit burning in areas not access to incineration.

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

The sharp wastes were disposed through incineration, burial and burning. Some health facilities faced the issue regarding the maintenance of incinerator.

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Timor-Leste (East Timor) is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Timor-Leste (East Timor) is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Timor-Leste (East Timor) is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
DTP-HepB-Hib	51,000	51,000	0	No

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? ...)

Not applicable.

- 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.

There was no any specific issues encountered in 2014 with related to vaccine management except relative high wastage of all vaccines due to non-adherence to the open mutt dose vial policy.

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 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	DPT-HepB-Hib was introduced in October 2012. However the PIE for DPT-HepB-Hib was not conducted yet until now. We are planning to do in 2016.

When is the Post Introduction Evaluation (PIE) planned? **October 2016**

7.2.2. 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)

No. Timor-Leste has not conducted any 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**

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? **Yes**

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

The NITAG will be establish in fourth quarter of 2015

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	0	0
Remaining funds (carry over) from 2013 (B)	17,932	17,932
Total funds available in 2014 (C=A+B)	17,932	17,932
Total Expenditures in 2014 (D)	540	540
Balance carried over to 2015 (E=C-D)	17,392	17,392

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 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

clearance of pentavalent vaccines.

Please describe any problem encountered and solutions in the implementation of the planned activities
no.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards
The balance fund will be used for social mobilization of MR/OPV campaign and IPV introduction.

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	48,469	19,500
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	48469	
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		15,000
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing	Proposed Payment Date for 2016	Source of funding

Payments		
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	April	Government of Timor-Leste
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Ministry of Health is committed for immunization programme including funding for new vaccine procurement.	

*Note: co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.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? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2015**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

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 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2017 for the following vaccines:

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

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

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

The multi-year support extension is in line with the new cMYP for the years 2016 to 2017, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

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

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

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

7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 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 Antigen	Vaccine Type	2012	2013	2014	2015	2016
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID			4.00 %	3.50 %	4.60 %

7.11. Calculation of requirements

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

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	41,347	42,318	43,636	127,301
	Number of children to be vaccinated with the first dose	Parameter	#	37,212	39,356	43,636	120,204
	Number of children to be vaccinated with the third dose	Parameter	#	37,212	38,086	39,272	114,570
	Immunisation coverage with the third dose	Parameter	%	90.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Parameter	#	1.33	1.33	1.25	
	Stock in Central Store Dec 31, 2014		#	46,000			
	Stock across second level Dec 31, 2014 (if available)*		#				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	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	Parameter	\$		0.88	1.05	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		3.50 %	4.60 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

The method for stock count was primary using the stock book of all the vaccine in the central pharmacy which is updated once there is any transaction. Besides that, the confirmation of the stock book will be confirmed through the physical counting. The physical count is conducted in quarterly basis.

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.

Not defined

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

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

	2014	2015	2016
Minimum co-financing	0.66	0.95	1.05
Recommended co-financing as per APR 2013			1.05
Your co-financing	0.66	0.88	1.05

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

		2014	2015	2016
Number of vaccine doses	#	31,500	59,000	61,900
Number of AD syringes	#	9,500	44,800	57,300
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	125	500	700
Total value to be co-financed by GAVI	\$	56,000	102,000	94,500

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

		2014	2015	2016
Number of vaccine doses	#	19,500	63,500	137,700
Number of AD syringes	#	5,800	47,500	127,500
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	75	550	1,525
Total value to be co-financed by the Country [1]	\$	34,000	108,000	209,500

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

	Formula	2014	2015		
			Total	Government	GAVI
A Country co-finance	V				
B Number of children to be vaccinated with the first dose	Table 4	37,212	39,356		
B1 Number of children to be vaccinated with the third dose	Table 4	37,212	39,356		
C Number of doses per child	Vaccine parameter (schedule)	3	3		
D Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	111,636	116,278		
E Estimated vaccine wastage factor	Table 4	1.33	1.33		
F Number of doses needed including wastage	$D \times E$		154,649		
G Vaccines buffer stock	Buffer on doses needed + buffer on				

		<p>doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> • <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ • <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375$ ≥ 0 				
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$				
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$				
H2	Reported stock on January 1st	Table 7.11.1	141,460	46,000		
H3	Shipment plan	Approved volume		122,500		
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		122,500		
J	Number of doses per vial	Vaccine Parameter				
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$				
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$				
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$				
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				

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	2014			
		Total	Government	GAVI	
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	43,636	30,111	13,525
B1	Number of children to be vaccinated with the third dose	Table 4	39,272	27,100	12,172
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	124,755	86,087	38,668
E	Estimated vaccine wastage factor	Table 4	1.25		
F	Number of doses needed including wastage	$D \times E$	155,944	107,609	48,335
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$	3,180	2,195	985

		Buffer on doses wasted =			
		<ul style="list-style-type: none"> <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved): ((F - D) - ((F - D) of previous year original approved - (F - D) of previous year current estimation)) x 0.375</i> <i>else: (F - D - ((F - D) of previous year original approved)) x 0.375 >= 0</i> 			
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	- 39,977	- 27,586	- 12,391
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	16,880	11,649	5,231
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	199,500	137,665	61,835
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	184,704	127,455	57,249
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	2,195	1,515	680
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	282,293	194,796	87,497
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,275	5,711	2,564
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	12	9	3
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	12,986	8,961	4,025
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	$(N+O+P+Q+R+S)$	303,566	209,475	94,091
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	209,475		
V	Country co-financing % of GAVI supported proportion	U / T	69.00 %		

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. Health Systems Strengthening Support (HSS)

Please complete and attach the [HSS Reporting Form](#) to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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

9.1. 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 2014

9.2. 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 2014

10. 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

The year 2014 was also a very challenging year for Timor Leste immunization programme as in the previous years. Being a very young country with limited human resource capacity with many infrastructures and logistical constraints, maintaining the status core itself is highly challenging.

In Timor Leste, Ministry of Health, EPI programme manager is the only dedicated official at national level to manage and coordinate EPI related activities and he left the EPI programme in mid-2014 for his postgraduate studies and many months, programme manager without any replacement. The new officer appointed to the EPI manager position in early 2015, is without much EPI background. Therefore, the implementation of many GAVI HSS related work and any new initiatives had come to standstill until new replacement came in early 2015.

In addition to managing and maintaining status core, to achieve regional and global goals of disease elimination and eradication programmes such as polio end game activities (IPV introduction, TOPV/BOPV switch), Measles elimination activities (conduct of MR/OPV immunization campaigns and introduction of MR vaccines to routine programme), implementation of GAVI HSS activities and conduct of series of assessments was highly challenging for Timor Leste EPI.

After taking above situation into consideration, MOH, Timor Leste has requested long term international technical assistance for the EPI programme from the partners and accordingly WHO recruited international professional for technical assistance to the EPI programme in December, 2014. Further, two NPOs also were recruited to WHO and UNICEF with GAVI HSS funds in 2015.

With this additional technical support, implementations of GAVI HSS activities were recommenced. Well organized Joint National and International EPI/VPD surveillance Review was conducted in March 2015 and its final report is awaiting official hand over to the government. All preparations are well under way for the successful wide age range MR/OPV immunization campaign in July 2015. Plans are in place to introduce four new vaccines (IPV, MR, DPT booster at 18 months and DT booster at 5 years) to the routine immunization schedule in September 2015. Recently, on the request of MOH and with WHO technical assistance, MOH developed a draft Comprehensive Hepatitis prevention, control and management strategy. One recommendation of this strategy is introduction of Hepatitis B birth dose in to the immunization schedule in phase manner commencing from September 2015.

The Ice Lined refrigerators and other cold chain equipment's procured with GAVI HSS support has already been reached Timor Leste and will be in placed up to Health Posts level very soon expanding cold chain up to very grass root level and this should improve the access to immunization and will improve the coverage in coming years.

11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of Minister of Health and Minister of finance 1.PDF File desc: Signature of Minister of Health Date/time : 15/05/2015 06:36:40 Size: 25 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of Minister of Health and Minister of finance 1.PDF File desc: Signature of Minister of Finance Date/time : 15/05/2015 06:37:05 Size: 25 KB
3	Signatures of members of ICC	2.2	✓	ICC - MOH.pdf File desc: Signature of ICC Date/time : 15/05/2015 05:06:15 Size: 903 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	Minutes of EPI-Working Group Meeting 1.PDF File desc: Minutes of EPI working group meeting Date/time : 15/05/2015 06:28:22 Size: 293 KB
5	Signatures of members of HSCC	2.3	✓	Signature of NHSSC-NHSCC and Minutes 1.PDF File desc: signature of NHSCC Date/time : 15/05/2015 06:37:47 Size: 40 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Signature of NHSSC-NHSCC and Minutes 1.PDF File desc: Minutes of NHSSC Date/time : 15/05/2015 06:38:22 Size: 40 KB
7	Financial statement for ISS grant (Fiscal year 2014) 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 2014)	6.2.3	✗	No file loaded

9	Post Introduction Evaluation Report	7.2.1	X	No file loaded
10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial Statement-Penta-2012_1.PDF File desc: Financial statement NVS carryover from Pentavalent introduction from 2012 Date/time : 15/05/2015 05:29:41 Size: 92 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1	✓	External Audit_1.PDF File desc: External audit report for NVS Intro Date/time : 15/05/2015 06:39:18 Size: 15 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	Attachment 12 EVM TL report F1 Oct19 2011.pdf File desc: Latest EVM Report Date/time : 21/04/2015 10:15:47 Size: 1 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	Attachment 13 EVM Improvement Plan.pdf File desc: Latest of EVM Improvement Plan Date/time : 13/05/2015 10:58:06 Size: 744 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Attachment 14 status of EVM Improvement Plan.xlsx File desc: EVM Improvement plan Implementation Status Date/time : 13/05/2015 10:54:05 Size: 20 KB
16	Valid cMYP if requesting extension of support	7.8	✓	cMYP.docx File desc: CMYP Date/time : 24/06/2015 02:15:04 Size: 13 KB
17	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP.docx File desc: cMYP costing Tools Date/time : 24/06/2015 02:13:48 Size: 13 KB

18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✓	cMYP.docx File desc: ICC meeting Date/time : 24/06/2015 02:15:49 Size: 13 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	Financial Statement-Jan-Dec2014_1.PDF File desc: Financial Statement 2014 Date/time : 15/05/2015 05:26:11 Size: 720 KB
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3	✓	Financial Statement-Jan-Apr-2015_1.PDF File desc: Financial Statement of Jan-april 2015 Date/time : 15/05/2015 05:27:42 Size: 118 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	✓	External Audit_1.PDF File desc: External Audit Report for HSS Fund Date/time : 15/05/2015 06:40:26 Size: 15 KB
22	HSS Health Sector review report	8.9.3	✓	JAHSR_1.PDF File desc: HSS report Date/time : 21/04/2015 10:29:13 Size: 5 MB
23	Report for Mapping Exercise CSO Type A	9.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	✗	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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	Bank-Statment-Jan-Dec2014_1.PDF File desc: Bank Statements Date/time : 12/05/2015 12:10:50 Size: 632 KB

27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded
28	Justification for changes in target population	5.1	X	No file loaded
	Other		X	<p>Copy of Attachment 5 A Revised Budget and Workplan Timor Leste- resources 15th May 2015 for 2014 APR.xlsx File desc: Budget 2014 & 2015 Date/time : 15/05/2015 05:47:28 Size: 545 KB</p> <p>HSS-2014-Report 1.PDF File desc: GAVI-HSS 2014 Implementation Report Date/time : 15/05/2015 05:45:15 Size: 3 MB</p> <p>Justification on changing in Birth.pdf File desc: Justification on changing in Births Date/time : 15/05/2015 06:44:05 Size: 1 MB</p> <p>attachment_Nutrition survey report.pdf File desc: Timor Leste food and Nutrition survey Report for immunization section Date/time : 15/05/2015 06:41:37 Size: 461 KB</p>

