



GAVI Alliance

Annual Progress Report 2010

Submitted by
The Government of
Solomon Islands

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 01.06.2011 02:18:32

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform
<https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country_results/index.php

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 IRC processes and the availability of funds.

AMENDMENT TO THE APPLICATION

The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 TRANSPARENCY 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 language of the arbitration will be English.

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: 2010

Requesting for support year: 2012

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 1 dose/vial, Liquid	DTP-HepB-Hib, 1 dose/vial, Liquid	2015

Programme extension

No NVS support eligible to extension this year.

1.2. ISS, HSS, CSO support

There is no ISS, HSS or CSO support this year.

2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)	
Name	Honourable Charles Sigoto	Name	Hourable Gorden Darcy Lilo
Date		Date	
Signature		Signature	

This report has been compiled by

Note: To add new lines click on the **New item** icon in the **Action** column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
MAURIASI Raymond	National EPI Coordinator. MOH Solomon Islands	+677 28169	rmauriasi@moh.gov.sb	
OGAOGA Divinal, Dr	Director of Child Health, MOH Solomon Islands	+677 28169	dogaoga@moh.gov.sb	
HOROTO, William	Manager National Medical Store, MOH Solomon Islands	+677 30890	willieh@nms.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

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.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Dr Alependava Cedric	UnderSecretary Health Improvement MHMS			
Dr Fleischl Juliet	CLO World Health Organization Solomon Islands.			
Mr Marcos Kool	Officer Incharge UNICEFSolomon Islands.			
Dr Carol Titiulu	Head Of Paediatric Department NRH Solomon Islands.			
Ms Edith Fanega	Director of Nursing Services (DP) Solomon Islands.			

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC Signatures Page

If the country is reporting on HSS

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.

2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - , 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.

Note: To add new lines click on the **New item** icon in the **Action** column.

Action.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - , endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the **New item** icon in the **Action** column.
Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

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This APR reports on Solomon Islands's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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4. Baseline and Annual Targets

Table 1: baseline figures

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Total births	18,309	18,822	19,349	19,891	20,448	21,020
Total infants' deaths	550	565	580	597	613	631
Total surviving infants	17,759	18,257	18,769	19,294	19,835	20,389
Total pregnant women	18,309	18,822	19,349	19,891	20,448	21,020
# of infants vaccinated (to be vaccinated) with BCG	15,040	16,375	17,414	17,909	19,016	19,969
BCG coverage (%) *	82%	87%	90%	90%	93%	95%
# of infants vaccinated (to be vaccinated) with OPV3	13,936	14,971	16,446	17,106	17,851	18,350
OPV3 coverage (%) **	78%	82%	88%	89%	90%	90%
# of infants vaccinated (or to be vaccinated) with DTP1 ***	15,045	16,066	16,892	17,364	17,851	19,369
# of infants vaccinated (to be vaccinated) with DTP3 ***	13,973	15,153	15,953	16,872	17,454	18,350
DTP3 coverage (%) **	79%	83%	85%	87%	88%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05
Infants vaccinated (to be vaccinated) with 1 st dose of HepB and/or Hib	15,045	16,066	16,892	17,364	17,851	19,369
Infants vaccinated (to be vaccinated) with 3 rd dose of HepB and/or Hib	13,973	15,153	15,953	16,872	17,454	18,350
3 rd dose coverage (%) **	79%	83%	85%	87%	88%	90%
Wastage ^[1] rate in base-year and planned thereafter (%)	5%	5%	5%	5%	5%	5%
Wastage ^[1] factor in base-year and planned thereafter	1.05	1.05	1.05	1.05	1.05	1.05

Number	Achievements as per JRF	Targets				
	2010	2011	2012	2013	2014	2015
Infants vaccinated (to be vaccinated) with 1 st dose of Measles	12,019	13,692	15,015	16,399	18,843	19,369
Measles coverage (%) **	68%	75%	80%	85%	95%	95%
Pregnant women vaccinated with TT+	11,563	14,681	15,479	16,399	17,851	18,350
TT+ coverage (%) ****	63%	78%	80%	82%	87%	87%
Vit A supplement to mothers within 6 weeks from delivery						
Vit A supplement to infants after 6 months						
Annual DTP Drop-out rate [(DTP1 - DTP3) / DTP1] x 100	7%	6%	6%	3%	2%	5%

* Number of infants vaccinated out of total births

** 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 2010 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2010**. The numbers for 2011 to 2015 in the table on section 4 [Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

In the fields below, please provide justification and reasons for those numbers that in this APR are different from the referenced ones

Provide justification for any changes in **births**

There is no changes in births in Solomon Islands. The figures are the same with GAVI APR 2009 and cMYP 2011-2015.

Provide justification for any changes in **surviving infants**

No change.

Provide justification for any changes in **targets by vaccine**

The targets of BCG, OPV3, Penta3, Measles and TT in this APR 2010 report for the targets for 2011-2015 have been increased. This is the commitment of MOH Solomon achieve Global Immunization targets and MDG 4 Goal. MOH Solomon is confident that these targets could be achieved. Since 2009, a lot of improvement has taken place, namely: vaccine management and cold chain improvement. In 2010, National EPI coordinator and 10 provincial EPI coordinator attended Joint mid Level Management trainings conducted by UNICEF Pacific and WHO South Pacific In 2011, data management will be improved significantly.

The proposed targets in the 2010 APR are correct. They are lower than previously set because we realized that we can achieve 2 to 3% coverage rise annually with the current challenges we have. The challenges are mainly in recording and reporting, limited HR and the difficult geographic spread of Solomon Islands. There are limited infrastructure (roads, sea transport etc) to reach the difficult to reach areas. We aim to reach 90% coverage by 2015.

Provide justification for any changes in **wastage by vaccine**

Our target for wastage rates for DPT HebB Hib is still 5%.

5.2. Immunisation achievements in 2010

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 2010 and how these were addressed

According to GAVI APR 2009, we set the target for DPTHebBHib3 to 90%, while in 2010 the coverage was 78%. This target is still in line with the target set in revised cMYP 2011-2015. We need to adjust the target to cMYP based because it is more realistic, given the challenges faces by MOH Solomon Islands are:
1. Health Information System (HIS) is not functioning as expected, problem in data reporting from remote islands and area health centers.
2. Outdated refrigerators of which 32 are kerosene type and 39 RCW 42 EG gas refrigerators out of 292 HCs with refrigerators are not working,
3. Interrupted gas supplies in at least 39 out of 183 area health centers that uses gas refrigerators

4. Reduced outreach activities due to limited operational costs from provincial health authorities.
5. The long absence of cold chain manager at the national level have affected the management of logistics and supplies.

Major activities in 2010 includes the following:

1. National EPI coordinator and provincial EPI supervisors (11) attended the Mid Level Management Training conducted jointly by UNICEF/WHO in Fiji.
2. Training of Area Health Center supervisors (35 participants) as a follow up on MLM.
3. Provincial EPI review in Western province (low coverage area).
4. Follow up the recommendations on Effective Vaccine Store Management/Vaccine Management Training.
5. Re-instate cold chain manager to the system (done in early 2011).
6. With UNICEF support, 3 electric refrigerators, 26 solar chillers refrigerators, 41 vaccine carriers, 24 cold boxes, 3 boats with 30 outboard motor for remote areas.
7. Negotiation with UNICEF Pacific to get support for data officer recruitment for national level.
8. Conduct drop out follow up during Child Health day at least in 4 (four) low coverage provinces.
9. Conduct cold chain maintenance training in 2011.
10. Successful implementation of H1N1 vaccination for the high risk groups with technical and financial support from WHO.

5.2.2.

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

Geographical challenges in Solomon Islands is huge. 900 islands in 10 provinces, the road is only accessible in 3 provinces. The roads in these provinces are also limited, only covering 20% of the province access. The rest of the islands are along the coasts and inlands which needs some hours to walk (in 2 provinces). Communication is also limited, mobile is only reached 35% of the country. Radio communication is not always reliable. Government budget for EPI is also very limited to pay the gas and operational costs. There are challenges in vaccine distribution management that will need to improve. And there are ad hoc reports of declining outreach from primary health care service providers due to low moral and management support.

5.2.3.

Do males and females have equal access to the immunisation services? **Yes**

If No, please describe how you plan to improve the equal access of males and females to the immunisation services.

If no data available, do you plan in the future to collect sex-disaggregated data on routine immunisation reporting? **Yes**

If Yes, please give a brief description on how you have achieved the equal access.

Immunization services are given equally to boys and girls (data from DHS 2007). We will see this again when Solomon Islands conduct the DHS in another 2-3 years.

5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

No challenge on this, the family in Solomon Islands treat their boys and girls equally. Vaccination is offered to all children.

5.3. Data assessments

5.3.1.

Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)*.

There is no differences in data coverage reported in Joint Reporting Form (admin data and official data).

* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? **No**

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

5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

- Build the capacity of Provincial EPI supervisors in 10 provinces.
- Conduct National and Provincial EPI review
- Introduce and use the EPI monitoring charts for all levels (BCG-Measles, Penta1-penta3, OPV1-OPV3) with the support of UNICEF.
- Regular supervision from national to provincial level and from provincial to clinic level

5.3.4.

Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

- MOH Solomon will recruit data officer who will be incharge of data entry and recording (268 health facilities)
- Standardize EPI review
- Implement Reaching Every Zone strategy (REZ) in four populous provinces (Guadacanal, Malaita, Western rovince and Honiara City Council).
- Expand the use of EPI charts from 6 provinces in 2010 to 10 provinces in 2011.

5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

Exchange rate used	1 \$US = 8	Enter the rate only; no local currency name
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Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Note: To add new lines click on the *New item* icon in the *Action* column.

Expenditures by Category	Expenditures Year 2010	Sources of Funding							Actions
		Country	GAVI	UNICEF	WHO	Donor name	Donor name	Donor name	
Traditional Vaccines*	139,079	139,079							
New Vaccines	157,972	28,986	128,986						
Injection supplies with AD syringes	5,311	639	4,672						
Injection supply with syringes other than ADs	855	103	752						
Cold Chain equipment	108,619			108,619					
Personnel	773,635	773,635							
Other operational costs	191,000	191,000							
Supplemental Immunisation Activities									
Training	62,399			62,399					
Total Expenditures for Immunisation	1,438,870								
Total Government Health		1,133,442	134,410	171,018					

* 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.

Table 2b: Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Note: To add new lines click on the **New item** icon in the **Action** column

<i>Expenditures by Category</i>	Budgeted Year 2012	Budgeted Year 2013	Actions
Traditional Vaccines*	260,503	227,361	
New Vaccines	95,441	91,601	
Injection supplies with AD syringes	11,279	11,934	
Injection supply with syringes other than ADs	2,200	2,500	
Cold Chain equipment	70,000	60,000	
Personnel	918,579	964,508	
Other operational costs	142,980	211,252	
Supplemental Immunisation Activities	200,000	0	
Training	30,000	35,000	
Total Expenditures for Immunisation	1,730,982	1,604,156	

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

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Compared to 2009, there was a slight increase in expenditure for 2010. Total expenditure in 2009 was 1.3 million compared to 1.4 million for 2010. Budget for 2010 was 1.3 million and actual expenditure was 1.4 million. There was delayed payment in 2010 due to management misunderstanding between the National EPI and National Medical Store. However, this issue was resolved December 2010. Full payment for 2010 was completed. The Government prioritises immunisation and budgets for vaccines and therefore, the next three years most likely will not have funding difficulties.

5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 2

Please attach the minutes (Document number 1, 2, 4) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.4 Overall Expenditures and Financing for Immunisation](#)

- To continue improvement of cold chain
- Secure budget for gas supplies
- Improve timeliness of routine vaccines to UNICEF Copenhagen and co-financing of pentavalent
- To continue data management.
- To reinstate cold chain manager.

Are there any Civil Society Organisations (CSO) member of the ICC?: No

If Yes, which ones?

Note: To add new lines click on the **New item** icon in the **Action** column.

List CSO member organisations:	Actions
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5.6. Priority actions in 2011 to 2012

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

1. Achieve high coverage in 2011 and 2012 especially improve the accessibility (including hard to reach areas and quality of immunization services through: a. Support Area Health Center supervisors (35) and 10 Provincial EPI coordinators in managing the EPI programming by conducting regular Provincial and AHC EPI reviews and microplanning training. b. Applying the Reaching Every Zone strategy (4 components) in 4 populous provinces in 2011. c. Improve data management and feedback mechanism start from the national level.
2. Continue cold chain rehabilitation: a. replace outdated kerosene and gas refrig with the solar chills refrigr. b. Order spare parts and fix the non-functioning refrigerator. c. Train nurses in basic maintenance of refrigerators. d. Conduct hands on training on Solar chills
3. Improve vaccine management: a. Apply batch cards and updated inventory list in all health facilities. b. Improve vaccine monthly requests and supplies to reduce stock out at the facility level.
4. Implement Integrated Measles SIA
5. Conduct Child Health Day atleast once a year. This will be combined with National Immunisation Week.

5.7. 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 2010

Note: To add new lines click on the *New item* icon in the **Action** column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	AD syr 0.05 ml	MOH	
Measles	AD syr 0.5 ml	MOH	
TT	AD syr 0.5 ml	MOH	
DTP-containing vaccine	AD syr 0.5 ml	MOH	

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? (Please report in box below)

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

No obstacles during implementation of injection safety plan

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

All injection sharps are collected using safety boxes , not only in the health centers but also in the hospitals. Safety boxes were then collected and disposed using the incinerators and open pit burning. There are only 5 incinerators in the country. In the remote areas safety boxes were burned, this practice is not recommended since it damage the ozone layers, pollutes the air and not completely destroyed.

6. Immunisation Services Support (ISS)

There is no ISS support this year.

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

7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the **New item** icon in the **Action** column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB-Hib	57,800	57,800	0	

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

If numbers [A] and [B] above are different

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

No problems encountered in 2010, no stockouts. No discarded vaccines due to VVM change. Cold chain problems are reported earlier in this report.

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)

MOH Solomon has ordered more vaccines to cater/maintain the buffer stock (25%) and anticipated with delay of vaccines arrival.

7.1.2.

For the vaccines in the **Table 4** above, has your country faced stock-out situation in 2010? **No**

If Yes, how long did the stock-out last?

Please describe the reason and impact of stock-out

7.2. Introduction of a New Vaccine in 2010

7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	
--------------------	--

Phased introduction		Date of introduction
Nationwide introduction		Date of introduction
The time and scale of introduction was as planned in the proposal?		If No, why?

7.2.2.

When is the Post introduction Evaluation (PIE) planned? The Ministry of Health is planning to do PIE. MOH would like to request for funding and TA. When the PIE will occur needs to be planned.

If your country conducted a PIE in the past two years, please attach relevant reports (Document No)

7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	
Receipt date	

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

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

Is there a balance of the introduction grant that will be carried forward?

If Yes, how much? US\$

Please describe the activities that will be undertaken with the balance of funds

7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year (Document No). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	28,986	8,700
2nd Awarded Vaccine		
3rd Awarded Vaccine		
Q. 2: Which are the sources of funding for co-financing?		
Government		
Donor AusAID		
Other		
Q. 3: What factors have accelerated, slowed, or hindered mobilisation of resources for vaccine co-financing?		
1. The availability of funds through the Sector Wide Approach made it possible to rapidly mobilise funds for vaccine co financing.		
2. There has been some misunderstanding and communication between the National Medical Store whose budget caters for procurement of vaccines and the National Child health Unit who manages the EPI program that lead to slowness in paying for the cofinancing in time.		
3.		
4.		
Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?		
Schedule of Co-Financing Payments	Proposed Payment Date for 2012 (month number e.g. 8 for August)	
1 st Awarded Vaccine DTP-HepB-Hib, 1 dose/vial, Liquid	8	
2 nd Awarded Vaccine		
3 rd Awarded Vaccine		

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/resources/9 Co Financing Default Policy.pdf](http://www.gavialliance.org/resources/9_Co_Financing_Default_Policy.pdf).

Is GAVI’s new vaccine support reported on the national health sector budget? Yes

7.4. Vaccine Management (EVSM/VMA/EVM)

Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.

When was the last Effective Vaccine Store Management (EVSM) conducted? 24.07.2009

When was the last Vaccine Management Assessment (VMA) conducted? 24.05.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. (Document N° 3)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

Please note that EVSM and 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/immunisation_delivery/systems_policy/logistics/en/index6.html.

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

1. Conducted seven trainings for Area Health supervisors (AHC) integrated with Measles Microplanning in in 2009, a total of 106 teams(3 in a team) was involved.
2. Conducted Middle Level management(MLM) for 10 provincial EPI coordinator in Nadi Fiji -2010 on EPI Program management.
- 3 Follow-up training for 35 Area Health Supevisors on Vaccines Managementand immunization Monitoring/Evaluation & Dieases Surveillance& reporting

When is the next Effective Vaccine Management (EVM) Assessment planned?

7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Please attach the minutes of the ICC and NITAG (if available) meeting (Document No) that has endorsed the requested change.

7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 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 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.9 Calculation of requirements](#).

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR (Document No).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR (Document No).

7.7. Request for continued support for vaccines for 2012 vaccination programme

In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section [7.9 Calculation of requirements](#): Yes

If you don't confirm, please explain

7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

Estimated prices of supply and related freight cost: 2011 from UNICEF Supply Division; 2012 onwards: GAVI Secretariat

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

Note: WAP - weighted average price (to be used for any presentation: For DTP-HepB-Hib, it applies to 1 dose liquid, 2 dose lyophilised and 10 dose liquid. For Yellow Fever, it applies to 5 dose lyophilised and 10 dose lyophilised)

Table 6.2: Freight Cost

Vaccines	Group	No Threshold	200'000 \$		250'000 \$		2'000'000 \$	
			<=	>	<=	>	<=	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 1 dose/vial, Liquid

	Instructions		2011	2012	2013	2014	2015		TOTAL
Number of Surviving infants	Table 1	#	18,257	18,769	19,294	19,835	20,389		96,544
Number of children to be vaccinated with the third dose	Table 1	#	15,153	15,953	16,872	17,454	18,350		83,782
Immunisation coverage with the third dose	Table 1	#	83%	85%	87%	88%	90%		
Number of children to be vaccinated with the first dose	Table 1	#	16,066	16,892	17,364	17,851	19,369		87,542
Number of doses per child		#	3	3	3	3	3		
Estimated vaccine wastage factor	Table 1	#	1.05	1.05	1.05	1.05	1.05		

	Instructions		2011	2012	2013	2014	2015		TOTAL
Vaccine stock on 1 January 2011		#		1,297					
Number of doses per vial		#	1	1	1	1	1		
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No		
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes		
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850		
Country co-financing per dose		\$	0.40	0.40	0.40	0.40	0.40		
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053		
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032		
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640		
Freight cost as % of vaccines value	Table 6.2	%	15.00%	15.00%	15.00%	15.00%	15.00%		
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%		

Co-financing tables for DTP-HepB-Hib, 1 dose/vial, Liquid

Co-financing group	Low
--------------------	-----

	2011	2012	2013	2014	2015
Minimum co-financing	0.40	0.20	0.20	0.20	0.20
Your co-financing	0.40	0.40	0.40	0.40	0.40

Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$		For Approval		For Endorsement			TOTAL
		2011	2012	2013	2014	2015	
Required supply item							
Number of vaccine doses	#		45,400	47,100	47,200	50,900	190,600
Number of AD syringes	#		48,000	49,800	50,000	53,900	201,700
Number of re-constitution syringes	#		0	0	0	0	0
Number of safety boxes	#		550	575	575	600	2,300

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement				
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Total value to be co-financed by GAVI	\$		132,000	129,000	113,500	112,000	486,500	

Table 7.1.3: Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement				
			2011	2012	2013	2014	2015	TOTAL
Required supply item								
Number of vaccine doses	#		7,300	8,100	9,500	11,400	36,300	
Number of AD syringes	#		7,700	8,600	10,000	12,000	38,300	
Number of re-constitution syringes	#		0	0	0	0	0	
Number of safety boxes	#		100	100	125	150	475	
Total value to be co-financed by the country	\$		21,500	22,500	23,000	25,000	92,000	

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 1 dose/vial, Liquid

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
A	Country Co-finance		13.74%			14.61%			16.64%			18.20%			
B	Number of children to be vaccinated with the first dose	Table 1	16,066	16,892	2,322	14,570	17,364	2,537	14,827	17,851	2,970	14,881	19,369	3,526	15,843
C	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3

	Formula	2011	2012			2013			2014			2015			
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
D	Number of doses needed	B x C	48,198	50,676	6,965	43,711	52,092	7,611	44,481	53,553	8,909	44,644	58,107	10,578	47,529
E	Estimated vaccine wastage factor	Wastage factor table	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05
F	Number of doses needed including wastage	D x E	50,608	53,210	7,314	45,896	54,697	7,991	46,706	56,231	9,355	46,876	61,013	11,107	49,906
G	Vaccines buffer stock	(F – F of previous year) * 0.25		651	90	561	372	55	317	384	64	320	1,196	218	978
H	Stock on 1 January 2011			1,297	179	1,118									
I	Total vaccine doses needed	F + G - H		52,564	7,225	45,339	55,069	8,046	47,023	56,615	9,419	47,196	62,209	11,324	50,885
J	Number of doses per vial	Vaccine parameter		1	1	1	1	1	1	1	1	1	1	1	1
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		55,534	7,633	47,901	58,236	8,508	49,728	59,871	9,960	49,911	65,827	11,983	53,844
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0	0	0	0	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		617	85	532	647	95	552	665	111	554	731	134	597
N	Cost of vaccines needed	l x g		129,834	17,845	111,989	127,761	18,666	109,095	114,929	19,120	95,809	115,087	20,950	94,137
O	Cost of AD	K x ca		2,944	405	2,53	3,087	451	2,63	3,174	529	2,64	3,489	636	2,853

	Formula	2011	2012			2013			2014			2015		
			Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	syringes needed				9			6			5			
P	Cost of reconstitution syringes needed L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed M x cs		395	55	340	415	61	354	426	71	355	468	86	382
R	Freight cost for vaccines needed N x fv		19,476	2,677	16,799	19,165	2,800	16,365	17,240	2,868	14,372	17,264	3,143	14,121
S	Freight cost for devices needed (O+P+Q) x fd		334	46	288	351	52	299	360	60	300	396	73	323
T	Total fund needed (N+O+P+Q+R+S)		152,983	21,026	131,957	150,779	22,028	128,751	136,129	22,646	113,483	136,704	24,884	111,820
U	Total country co-financing I 3 cc		21,026			22,028			22,646			24,884		
V	Country co-financing % of GAVI supported proportion U / T		13.74%			14.61%			16.64%			18.20%		

8. Injection Safety Support (INS)

There is no INS support this year.

9. Health System Strengthening Programme (HSS)

There is no HSS support this year.

10. Civil Society Programme (CSO)

There is no CSO support this year.

11. Comments

Comments from ICC/HSCC Chairs

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

12. Annexes

Annex 1

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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 2

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
 - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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.

Annex 3

TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 2010 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 2009 calendar year (opening balance as of 1 January 2010)
 - b. Income received from GAVI during 2010
 - c. Other income received during 2010 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2010
 - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

* An average rate of CFA 479,11 = UD 1 applied.

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 2009	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

13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		5	Yes
Signature of Minister of Finance (or delegated authority)		6	Yes
Signatures of members of ICC		7	Yes
Signatures of members of HSCC			
Minutes of ICC meetings in 2010		1, 2	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		4	Yes
Minutes of HSCC meetings in 2010			
Minutes of HSCC meeting in 2011 endorsing APR 2010			
Financial Statement for ISS grant in 2010			
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010			
EVSM/VMA/EVM report		3	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant			
Latest Health Sector Review Report			

13.2. Attachments

List of all the mandatory and optional documents attached to this form

Note: Use the **Upload file** arrow icon to upload the document. Use the **Delete item** icon to delete a line. To add new lines click on the **New item** icon in the **Action** column.

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
1	File Type: Minutes of ICC meetings in 2010 * File Desc: Minutes-22 February ICC Meeting 2011	File name: Child Health Committee Meeting 15th jul 2010.doc Date/Time: 30.05.2011 04:15:07 Size: 49 KB		
2	File Type: Minutes of ICC meetings in 2010 * File Desc: Minutes of ICC meeting 2011 discussing 2010 matters	File name: Child Health Committee Meeting.docx Date/Time: 31.05.2011 02:58:17 Size:		

ID	File type	File name	New file	Actions
	Description	Date and Time Size		
		20 KB		
3	File Type: EVSM/VMA/EVM report <hr/> File Desc: vaccines management assessment report 2009, done after 2009 APR submission	File name: 1-Report on VM Assessment in Solomon Island.doc <hr/> Date/Time: 31.05.2011 03:12:41 Size: 7 MB		
4	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 * <hr/> File Desc: Minutes -meeting	File name: ICC 2011 1st endorsing the APR 2010.docx <hr/> Date/Time: 31.05.2011 04:02:28 Size: 60 KB		
5	File Type: Signature of Minister of Health (or delegated authority) * <hr/> File Desc: Health Minister's Signature	File name: Minister Health and Finance Signatures 001.jpg <hr/> Date/Time: 01.06.2011 01:46:39 Size: 473 KB		
6	File Type: Signature of Minister of Finance (or delegated authority) * <hr/> File Desc: Finance Ministers Signature	File name: Minister Health and Finance Signatures 001.jpg <hr/> Date/Time: 01.06.2011 01:57:52 Size: 473 KB		
7	File Type: Signatures of members of ICC * <hr/> File Desc:	File name: ICC members Signatures 001.jpg <hr/> Date/Time: 01.06.2011 01:54:26 Size: 426 KB		
8	File Type: other <hr/> File Desc: justification of lower targets	File name: FW APR from Solomon Islands.msg <hr/> Date/Time: 16.06.2011 03:12:54 Size: 48 KB		
9	File Type: other <hr/> File Desc: complementary info about low targets	File name: FW APR from Solomon Islands (2).msg <hr/> Date/Time: 20.06.2011 03:44:43 Size: 42 KB		