



GAVI Alliance

Annual Progress Report **2013**

Submitted by

The Government of
Solomon Islands

Reporting on year: **2013**

Requesting for support year: **2015**

Date of submission: **16/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR **2013** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

| Type of Support | Current Vaccine | Preferred presentation | Active until |
|------------------------------|--|--|--------------|
| Routine New Vaccines Support | DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 2015 |
| Routine New Vaccines Support | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 2020 |

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

| Type of Support | Reporting fund utilisation in 2013 | Request for Approval of | Eligible For 2013 ISS reward |
|-----------------|------------------------------------|--------------------------------|-------------------------------------|
| HSFP | Yes | Next tranche of HSFP Grant Yes | N/A |

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

There is no APR Monitoring IRC Report available for Solomon Islands from previous year.

2. Signatures

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

By signing this page, the Government of **Solomon Islands** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Solomon Islands**

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

| Minister of Health (or delegated authority) | | Minister of Finance (or delegated authority) | |
|---|---------------------|--|-----------------------|
| Name | Hon. Charles Sigoto | Name | Hon. Rick Houenipwela |
| Date | | Date | |
| Signature | | Signature | |

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

| Full name | Position | Telephone | Email |
|----------------------|---------------------------------------|-------------|--------------------------|
| Dr. Divinal Ogaoga | Director, Reproductive & Child Health | +6777513627 | dogaoga@moh.gov.sb |
| Mr. Raymond Mauriasi | National EPI Coordinator | +6777500832 | rmauriasi@moh.gov.sb |
| Mrs. Jenny Gaiofa | Child Health Support Officer | +6777414244 | jgaiofa@moh.gov.sb |
| Mr. Richard Taro | National Cold Chain Coordinator | +6777488463 | taro.richard@gmail.com |
| Mr. Robert Ninson | UNICEF/UNV EPI Officer | +677778489 | rninson.unicef@gmail.com |

2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

| Name/Title | Agency/Organization | Signature | Date |
|------------|---------------------|-----------|------|
|------------|---------------------|-----------|------|

| | | | |
|--|--|--|--|
| Dr. Dalipanda, UnderSecretary Health Improvement | Ministry of Health and Medical Services | | |
| Dr. Divinal Ogaoga, Director, Reproductive & Child Health Division | Ministry of Health and Medical Services | | |
| Mr. Timmy Manea, Director, National Pharmacy Services | Ministry of Health and Medical Services | | |
| Dr. Audrey, Acting WHO Country Representative | World Health Organisation, Solomon Islands | | |
| Mr. Kang Yun Jong, UNICEF Chief of Field Office | United Nations Children's Fund, Solomon Islands | | |
| Mr. Youshinobu Takishita, JICA Representative | Japanese International Cooperation Agency, Solomon Islands | | |
| Dr. Titus Nasi, Head of Paediatric Department | National Referral Hospital | | |
| Dr. Leeanne Panisi, Obs&Gynae Specialist | National Referral Hospital | | |

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

| Name/Title | Agency/Organization | Signature | Date |
|------------|---------------------|-----------|------|
|------------|---------------------|-----------|------|

| | | | |
|--|--|--|--|
| Dr. Dalipanda, UnderSecretary Health Improvement | Ministry of Health and Medical Services | | |
| Dr. Divinal Ogaoga, Director, Reproductive & Child Health Division | Ministry of Health and Medical Services | | |
| Mr. Timmy Manea, Director, National Pharmacy Services | Ministry of Health and Medical Services | | |
| Dr. Audrey, Acting WHO Country Representative | World Health Organisation, Solomon Islands | | |
| Mr. Kang Yun Jong, UNICEF Chief of Field Office | United Nations Children's Fund, Solomon Islands | | |
| Mr. Youshinobu Takishita, JICA Representative | Japanese International Cooperation Agency, Solomon Islands | | |
| Dr. Titus Nasi, Head of Paediatric Department | National Referral Hospital | | |
| Dr. Leeanne Panisi, Obs&Gynae Specialist | National Referral Hospital | | |

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)

Solomon Islands is not reporting on CSO (Type A & B) fund utilisation in 2014

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4. Baseline & annual targets

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

| Number | Achievements as per JRF | | Targets (preferred presentation) | | | | | | | |
|--|---|----------|---|--------------------|----------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|
| | 2013 | | 2014 | | 2015 | | 2016 | | 2017 | |
| | Original approved target according to Decision Letter | Reported | Original approved target according to Decision Letter | Current estimation | Previous estimates in 2013 | Current estimation | Previous estimates in 2013 | Current estimation | Previous estimates in 2013 | Current estimation |
| Total births | 19,891 | 17,602 | 20,448 | 20,448 | 21,020 | 21,020 | | 21,608 | | 22,213 |
| Total infants' deaths | 597 | 528 | 613 | 613 | 631 | 631 | | 648 | | 684 |
| Total surviving infants | 19294 | 17,074 | 19,835 | 19,835 | 20,389 | 20,389 | | 20,960 | | 21,529 |
| Total pregnant women | 19,891 | 17,602 | 20,448 | 20,448 | 21,020 | 21,020 | | 21,608 | | 22,213 |
| Number of infants vaccinated (to be vaccinated) with BCG | 17,902 | 14,476 | 18,403 | 18,403 | 18,918 | 18,918 | 16,992 | 16,992 | 17,387 | 17,387 |
| BCG coverage | 90 % | 82 % | 90 % | 90 % | 90 % | 90 % | 90 % | 79 % | 90 % | 78 % |
| Number of infants vaccinated (to be vaccinated) with OPV3 | 16,593 | 14,765 | 17,454 | 17,454 | 18,350 | 18,350 | 16,482 | 16,482 | 16,865 | 16,865 |
| OPV3 coverage | 86 % | 86 % | 88 % | 88 % | 90 % | 90 % | 90 % | 79 % | 90 % | 78 % |
| Number of infants vaccinated (to be vaccinated) with DTP1 | 16,979 | 15,056 | 17,851 | 17,851 | 18,758 | 18,758 | 17,398 | 17,398 | 17,802 | 17,802 |
| Number of infants vaccinated (to be vaccinated) with DTP3 | 15,821 | 14,356 | 16,661 | 16,661 | 17,535 | 17,535 | 16,482 | 16,482 | 16,865 | 16,865 |
| DTP3 coverage | 82 % | 84 % | 84 % | 84 % | 86 % | 86 % | 90 % | 79 % | 90 % | 78 % |
| Wastage[1] rate in base-year and planned thereafter (%) for DTP | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| Wastage[1] factor in base-year and planned thereafter for DTP | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib | 15,343 | 15,056 | 16,616 | 16,616 | 18,758 | 18,758 | | | | |
| Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib | 15,343 | 14,356 | 16,616 | 16,616 | 17,535 | 17,535 | | | | |
| DTP-HepB-Hib coverage | 80 % | 84 % | 84 % | 84 % | 86 % | 86 % | | 0 % | | 0 % |
| 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 | | 1 | | 1 |
| Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % | 0 % | 5 % | 0 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13) | | 0 | | 0 | 17,002 | 17,002 | 17,398 | 17,398 | 17,802 | 17,802 |
| Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13) | | 0 | | 0 | 17,002 | 17,002 | 17,398 | 17,398 | 17,802 | 17,802 |

| | | | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Pneumococcal (PCV13) coverage | | 0 % | | 0 % | 95 % | 83 % | 95 % | 83 % | 95 % | 83 % |
| Wastage[1] rate in base-year and planned thereafter (%) | | 0 | | 0 | 5 | 5 | 5 | 5 | 5 | 5 |
| Wastage[1] factor in base-year and planned thereafter (%) | | 1 | | 1 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | 0 % | 5 % | 0 % | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1st dose of Measles | 14,664 | 12,957 | 16,264 | 16,264 | 17,943 | 17,943 | 17,398 | 17,398 | 17,802 | 17,802 |
| Measles coverage | 76 % | 76 % | 82 % | 82 % | 88 % | 88 % | 95 % | 83 % | 95 % | 83 % |
| Pregnant women vaccinated with TT+ | 16,311 | 4,822 | 17,176 | 17,176 | 18,077 | 18,077 | 16,426 | 16,426 | 17,000 | 17,000 |
| TT+ coverage | 82 % | 27 % | 84 % | 84 % | 86 % | 86 % | 87 % | 76 % | 88 % | 77 % |
| Vit A supplement to mothers within 6 weeks from delivery | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | 0 |
| Vit A supplement to infants after 6 months | 0 | 0 | 0 | 0 | 0 | 0 | N/A | 0 | N/A | 0 |
| Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100 | | 7 % | 5 % | 7 % | 7 % | 7 % | 5 % | 5 % | 5 % | 5 % |

| Number | Targets (preferred presentation) | | | | | |
|---|----------------------------------|--------------------|----------------------------|--------------------|----------------------------|--------------------|
| | 2018 | | 2019 | | 2020 | |
| | Previous estimates in 2013 | Current estimation | Previous estimates in 2013 | Current estimation | Previous estimates in 2013 | Current estimation |
| Total births | | 22,834 | | 23,473 | | 24,130 |
| Total infants' deaths | | 902 | | 932 | | 951 |
| Total surviving infants | | 21,932 | | 22,541 | | 23,179 |
| Total pregnant women | | 22,834 | | 23,473 | | 24,130 |
| Number of infants vaccinated (to be vaccinated) with BCG | 17,791 | 17,791 | 18,205 | 18,205 | 18,629 | 18,629 |
| BCG coverage | 90 % | 78 % | 90 % | 78 % | 90 % | 77 % |
| Number of infants vaccinated (to be vaccinated) with OPV3 | 17,257 | 17,257 | 17,659 | 17,659 | 18,070 | 18,070 |
| OPV3 coverage | 90 % | 79 % | 90 % | 78 % | 90 % | 78 % |
| Number of infants vaccinated (to be vaccinated) with DTP1 | 18,216 | 18,216 | 18,640 | 18,640 | 19,074 | 19,074 |
| Number of infants vaccinated (to be vaccinated) with DTP3 | 17,257 | 17,257 | 17,659 | 17,659 | 18,070 | 18,070 |
| DTP3 coverage | 90 % | 79 % | 90 % | 78 % | 90 % | 78 % |
| Wastage[1] rate in base-year and planned thereafter (%) for DTP | 5 | 5 | 5 | 5 | 5 | 5 |
| Wastage[1] factor in base-year and planned thereafter for DTP | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib | | | | | | |

| | | | | | | |
|---|--------|--------|--------|--------|--------|--------|
| Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib | | | | | | |
| DTP-HepB-Hib coverage | | 0 % | | 0 % | | 0 % |
| Wastage ^[1] rate in base-year and planned thereafter (%) | | | | | | |
| Wastage ^[1] factor in base-year and planned thereafter (%) | | 1 | | 1 | | 1 |
| Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 0 % | 5 % | 0 % | 5 % | 0 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV13) | 18,216 | 18,216 | 18,640 | 18,640 | 19,074 | 19,074 |
| Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV13) | 18,216 | 18,216 | 18,640 | 18,640 | 19,074 | 19,074 |
| Pneumococcal (PCV13) coverage | 95 % | 83 % | 95 % | 83 % | 95 % | 82 % |
| 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 |
| Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |
| Number of infants vaccinated (to be vaccinated) with 1st dose of Measles | 18,216 | 18,216 | 18,640 | 18,640 | 19,074 | 19,074 |
| Measles coverage | 95 % | 83 % | 95 % | 83 % | 95 % | 82 % |
| Pregnant women vaccinated with TT+ | 17,593 | 17,593 | 18,205 | 18,205 | 18,629 | 18,629 |
| TT+ coverage | 89 % | 77 % | 90 % | 78 % | 90 % | 77 % |
| Vit A supplement to mothers within 6 weeks from delivery | | 0 | | 0 | | 0 |
| Vit A supplement to infants after 6 months | N/A | 0 | N/A | 0 | N/A | 0 |
| Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100 | 5 % | 5 % | 5 % | 5 % | 5 % | 5 % |

** 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 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013**. The numbers for 2014 - 2015 in Table 4 Baseline and Annual Targets should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

The current cMYP target is calculated based on the census data of 2009 projected with a growth rate of 2.3%

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

The data submitted herein is the same as the one we are reporting on the Joint WHO UNICEF reporting form

- 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.**

The current targets by vaccine drop slightly by some antigens due mainly on the issues of under reporting and completeness of data

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

There is no significant changes of wastage recorded for Pentavalent

5.2. Immunisation achievements in 2013

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 2013 and how these were addressed:

This has been the achievements registered during the course of 2013.

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

- Provided uninterrupted vaccine supplies for all the antigens used in the Solomon Islands immunization schedule thus provided the opportunity for every child to be vaccinated and increase DTP3 Coverage.
- No stock out of vaccines in the country was experienced in the country.
- Two new GAVI proposals have been submitted with support from UNICEF and WHO (Pneumococcal and HPV vaccine proposal).
- The implementation of the cold chain rehabilitation plan by procuring, distributing and installing of solar chillers refrigerators have contributed to increasing the cold chain capacity from 50% to 60% in health facilities
- Capacity building of health staff (23) at the health facilities in Makira Ulawa province had been trained in Cold chain maintenance and vaccine management
- The continued collaboration and partnership among UNICEF, WHO and MHMS on the joint programming and planning on EPI has helped the MHMS harmonize and align its programmatic activities for better service delivery.

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

There has been a slight decrease in most of the antigens as compared to last year reporting and also per the planned figures. Two critical reasons why some antigen targets could not be reached

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

- Inadequate outreach EPI activities to be reached the never reached or reduced drop outs
- Inadequate capacity at provincial level to monitor drop out and data management

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

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

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

In Solomon Islands, gender-related barriers to accessing and delivering immunization services is not an issue. The reasons for un-vaccination are many and mainly due to family members bringing their children for immunization or being aware of the benefits of immunization. The EPI programme is planning to develop a communication plan for EPI to enhance uptake of immunization services by the community.

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

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

In Solomon Islands, gender-related barriers to accessing and delivering immunization services is not an issue. The reasons for un-vaccination are many and mainly due to family members bringing their children for immunization or being aware of the benefits of immunization. The EPI programme is planning to develop a communication plan for EPI to enhance uptake of immunization services by the community

5.4. Data assessments

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

No assessment on immunization coverage was conducted in the past years, thus the administrative data is the only data used in the system

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

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **Yes**

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

There was no seperated administrative data systems conducted but a national EPI review was conducted in November 2012 which assessed all the key aspects of the EPI programme including Data management systems

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

- Continual training of health staff at provincial level on service delivery, EPI data management processes and reporting
- Capacity building on cold chain maintenance and vaccine management
- Zonal routine micro-planning using the Reach Every District/Zone strategy

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

- Continuum of training of health staff on data management
- Increase supportive supervision at facility and zonal levels

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used 1 US\$ = 7.23 Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

| Expenditure by category | Expenditure Year 2013 | Source of funding | | | | | | |
|---|-----------------------|-------------------|---------|--------|-----|-----|-----|-----|
| | | Country | GAVI | UNICEF | WHO | N/A | N/A | N/A |
| Traditional Vaccines* | 109,368 | 109,368 | 0 | 0 | 0 | 0 | 0 | 0 |
| New and underused Vaccines** | 135,888 | 27,888 | 108,000 | 0 | 0 | 0 | 0 | 0 |
| Injection supplies (both AD syringes and syringes other than ADs) | 6,165 | 2,384 | 3,781 | 0 | 0 | 0 | 0 | 0 |
| Cold Chain equipment | 75,817 | 0 | 0 | 75,817 | 0 | 0 | 0 | 0 |
| Personnel | 918,579 | 918,579 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other routine recurrent costs | 20,548 | 20,548 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other Capital Costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Campaigns costs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| N/A | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Expenditures for Immunisation | 1,266,365 | | | | | | | |
| Total Government Health | | 1,078,767 | 111,781 | 75,817 | 0 | 0 | 0 | 0 |

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

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

Government is procuring its traditional vaccines

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012

calendar year? **Yes, fully implemented**

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

| Action plan from Aide Mémoire | Implemented? |
|--|--------------|
| 1. Having Commercial Bank Account Details; 2. Replenishment of GAVI procedures for GAVI cash grants operational account by MHMS together with MoFT | Yes |

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

Contact and collaborate with the Ministry of Finance for establishment of commercial bank account and mechanism for funds transfer from central bank. Ministry of Finance and Treasury had already actioned the establishment and the Ministry of Health and Medical Services has kept close communication with MOFT on the progress. Aide Memoire was finalised and signed off for before the HSS implementation.

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

Not Applicable

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **3**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2014 endorsing this report.

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

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

If Yes, which ones?

| List CSO member organisations: |
|--------------------------------|
| |

5.8. Priority actions in 2014 to 2015

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

Main Objectives:

1. To achieve and maintain 80% and above fully immunized child country wide
2. To implement the recommendations of the EVM by improving functional cold chain coverage to 90%
3. To reduced the disease burden of vaccine preventable diseases

Priority Actions include:

1. Implement the Reach Every Zone strategy in order to reduced the never reached or drop-outs
2. Implement the introduction of new vaccines support (MR and PCV13) into the EPI routine
3. Develop and implement the Global Vaccine Action Plan for Solomon Islands
4. Continuous implementation of GAVI supported HSS plan
5. Conduct EVM assessment and Post Introduction Evaluation of new vaccines

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

| Vaccine | Types of syringe used in 2013 routine EPI | Funding sources of 2013 |
|------------------------|---|----------------------------|
| BCG | AD syringes and needles | Solomon Islands Government |
| Measles | AD syringes and needles | Solomon Islands Government |
| TT | AD syringes and needles | Solomon Islands Government |
| DTP-containing vaccine | AD syringes and needles | Solomon Islands Government |
| Hep B. | AD syringes and needles | Solomon Islands Government |

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

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

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

All Health care workers are well informed of all sharps in safety boxes are disposed off either by burn and bury; incinerations where available; and open deep wells

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

No problems were encountered, however, more information, education and communication needs strengthening and if funds are provided to have incinerator build in all the 10 provinces

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

Solomon Islands is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

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

Solomon Islands is not reporting on Immunisation Services Support (ISS) fund utilisation in 2013

6.3. Request for ISS reward

Request for ISS reward achievement in Solomon Islands is not applicable for 2013

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

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

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

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

| | [A] | [B] | | |
|----------------------|---|--|---|--|
| Vaccine type | Total doses for 2013 in Decision Letter | Total doses received by 31 December 2013 | Total doses of postponed deliveries in 2013 | Did the country experience any stockouts at any level in 2013? |
| DTP-HepB-Hib | 48,600 | 72,200 | 0 | No |
| Pneumococcal (PCV13) | | 0 | 0 | No |

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

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

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

No Issues encountered

- 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.

Solomon Islands use the single dose vial of pentavalent and its presentation is effective and lowers the wastage rate. The shipment plans for the vaccines has been satisfactory with UNICEF supply division

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.

No Stock outs encountered and thus it is not applicable

7.2. Introduction of a New Vaccine in 2013

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

| DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | | |
|---|----|-----|
| Phased introduction | No | |
| Nationwide introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | N/A |

| Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
|---|----|-----|
| Phased introduction | No | |
| Nationwide introduction | No | |
| The time and scale of introduction was as planned in the proposal? If No, Why ? | No | N/A |

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

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

Not Applicable

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

Is there a national AEFI expert review committee? **No**

Does the country have an institutional development plan for vaccine safety? **Yes**

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

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

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

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **No**

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

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

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

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

There is a passive sentinel surveillance existing within the National Referral Hospital and the results of any disease is shared with partners which include the ICC members for prompt guidance and action or support

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

| | Amount US\$ | Amount local currency |
|--|-------------|-----------------------|
| Funds received during 2013 (A) | 0 | 0 |
| Remaining funds (carry over) from 2012 (B) | 0 | 0 |
| Total funds available in 2013 (C=A+B) | 0 | 0 |
| Total Expenditures in 2013 (D) | 0 | 0 |
| Balance carried over to 2014 (E=C-D) | 0 | 0 |

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

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

7.3.2. Programmatic Reporting

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

Not Applicable

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

Not Applicable

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

Not Applicable

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

| | Q.1: What were the actual co-financed amounts and doses in 2013? | |
|--|---|-----------------------|
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 27,888 | 8,600 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
| | | |
| | Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources? | |
| Government | Solomon Islands Government | |
| Donor | | |
| Other | | |
| | | |
| | Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |

| | | |
|---|--------------------------------|----------------------------|
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | 2,384 | 9,100 |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
| Q.4: When do you intend to transfer funds for co-financing in 2015 and what is the expected source of this funding | | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2015 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID | July | Solomon Islands Government |
| Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID | | |
| Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | | |
| Technical Assistance needed for developing resource mobilization plan for EPI | | |

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

The Country was in default of payment in 2013 due mainly the lack of invoices from UNICEF supply division to effect payment by the Solomon Islands Government. This requirement of using Invoice to effect payment modalities came into effect with the change of MHMS financial control mechanisms. As at 3rd March 2014, payment is being effected as fulfillment of SIG obligations.

MHMS will advise UNICEF supply Division to provide Invoices to all Cost estimates related to vaccines and its related products. Once Invoices are submitted MHMS will work closely with National Medical Stores to raise payment vouchers for payment.

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

Please attach:

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

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

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

If yes, provide details

Ongoing implementation of the Effective Vaccine Management (EVM) recommendation in progress. The progress on the implementation of the Effective Vaccine management (EVM) has been categorized under five sections. **(1) Management & Policy** – Out of 15 recommendations 8 have been done, 3 are on-going and 4 are pending (Appointment of a logistic manager, temperature Study, finalization of the following documents VCC Policy, EPI Policy, EPI handbook and one of the recommendation to be completed as a component of the vaccine introduction. **(2) Documentation and Practices** – Out of 8, 2 have been done, 3 are ongoing and 3 are pending. **(3) Capacity Building** – out of 4, 1 done and 3 are ongoing. **(4) Equipment** – out of 10, 5 are done and 5 ongoing and **(5) Supervision** – Out of 4, all 4 are ongoing.

Apart from the above, with support from UNICEF 35 CCE were procured, distributed and installed alongside the handing over of the new cold room with Stabilizer to the National medical Stores.

EPI reviews and training at provincial level was conducted for two provinces

National capacity was strengthening through J-PIPS and UNICEF support to trained three Pharmacy officers as cold Chain technicians.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

Solomon Islands does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

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

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2014

Renewal of multi-year vaccines support for Solomon Islands is not available in 2014

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

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

Confirm here below that your request for 2015 vaccines support is as per [7.11 Calculation of requirements](#)

Yes

If you don't confirm, please explain

Not Applicable

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

Estimated prices of supply are not disclosed

Table 7.10.2: Freight Cost

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

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

7.11. Calculation of requirements

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

| ID | Source | | 2013 | 2014 | 2015 | TOTAL | |
|----|---|---------|------|---------|---------|---------|--------|
| | Number of surviving infants | Table 4 | # | 19,294 | 19,835 | 20,389 | 59,518 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 15,343 | 16,616 | 18,758 | 50,717 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 15,343 | 16,616 | 17,535 | 49,494 |
| | Immunisation coverage with | Table 4 | % | 79.52 % | 83.77 % | 86.00 % | |

| | | | | | | |
|----|--|--------------------|----|--------|---------|---------|
| | the third dose | | | | | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 |
| | Vaccine stock on 31st December 2013 * (see explanation footnote) | | # | 27,943 | | |
| | Vaccine stock on 1 January 2014 ** (see explanation footnote) | | # | 27,943 | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 |
| | AD syringes required | Parameter | # | | Yes | Yes |
| | Reconstitution syringes required | Parameter | # | | No | No |
| | Safety boxes required | Parameter | # | | Yes | Yes |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.46 | 0.53 |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 25.50 % | 25.50 % |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % |

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

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

No Difference

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.

4

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

| | | | |
|---|--------------|------|------|
| Co-financing group | Intermediate | | |
| | 2013 | 2014 | 2015 |
| Minimum co-financing | 0.23 | 0.26 | 0.30 |
| Recommended co-financing as per APR 2012 | | | 0.53 |
| Your co-financing | 0.46 | 0.46 | 0.53 |

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

| | | | |
|-------------------------|---|--------|--------|
| | | 2014 | 2015 |
| Number of vaccine doses | # | 43,700 | 49,800 |

| | | | |
|---------------------------------------|----|---------|---------|
| Number of AD syringes | # | 45,800 | 52,400 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 525 | 600 |
| Total value to be co-financed by GAVI | \$ | 108,000 | 124,500 |

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

| | | 2014 | 2015 |
|--|----|--------|--------|
| Number of vaccine doses | # | 10,100 | 13,500 |
| Number of AD syringes | # | 10,600 | 14,200 |
| Number of re-constitution syringes | # | 0 | 0 |
| Number of safety boxes | # | 125 | 175 |
| Total value to be co-financed by the Country | \$ | 25,000 | 33,500 |

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

| | Formula | 2013 | 2014 | | | |
|----|---|---|--------|------------|--------|---------|
| | | | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 18.68 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 15,343 | 16,616 | 3,104 | 13,512 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 15,343 | 16,616 | 3,104 | 13,512 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | | |
| D | Number of doses needed | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 46,029 | 49,848 | 9,310 | 40,538 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | | 52,341 | 9,775 | 42,566 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.333) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.333)$ | | 1,337 | 250 | 1,087 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.333$ | | | | |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | 27,943 | | |
| H3 | Shipment plan | UNICEF shipment report | | 37,600 | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | | 53,700 | 10,029 | 43,671 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | 56,304 | 10,515 | 45,789 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | | 620 | 116 | 504 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 103,373 | 19,306 | 84,067 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 2,534 | 474 | 2,060 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 4 | 1 | 3 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | | 26,361 | 4,923 | 21,438 |
| 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 | $(N+O+P+Q+R+S)$ | | 132,272 | 24,702 | 107,570 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 24,702 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 18.68 % | | |

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, 1 dose(s) per vial, LIQUID (part 2)**

| | Formula | 2015 | | |
|----|---|---|------------|--------|
| | | Total | Government | GAVI |
| A | Country co-finance | V | 21.26 % | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 18,758 | 3,988 |
| B1 | Number of children to be vaccinated with the third dose | Table 4 | 17,535 | 3,728 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | |
| D | Number of doses needed | $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$ | 54,550 | 11,596 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | |
| F | Number of doses needed including wastage | $D \times E$ | 57,278 | 12,175 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.333) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.333)$ | 1,646 | 350 |
| H | Stock to be deducted | $H1 - F \text{ of previous year} \times 0.333$ | - 4,244 | - 902 |
| H1 | Calculated opening stock | $H2 (2014) + H3 (2014) - F (2014)$ | 13,203 | 2,807 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | |
| H3 | Shipment plan | UNICEF shipment report | | |
| I | Total vaccine doses needed | $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 63,200 | 13,434 |
| J | Number of doses per vial | Vaccine Parameter | 1 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 66,483 | 14,132 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 732 | 156 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 123,177 | 26,183 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 2,992 | 636 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 4 | 1 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as \% of vaccines value (fv)}$ | 31,411 | 6,677 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 157,584 | 33,496 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 33,496 | |
| V | Country co-financing % of GAVI supported proportion | U / T | 21.26 % | |

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.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

N/A

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

| ID | Source | | 2013 | 2014 | 2015 | 2016 | 2017 | TOTAL | |
|----|---|--------------------|------|--------|--------|---------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 19,294 | 19,835 | 20,389 | 20,960 | 21,529 | 169,659 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 0 | 0 | 17,002 | 17,398 | 17,802 | 108,132 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | | | 17,002 | 17,398 | 17,802 | 108,132 |
| | Immunisation coverage with the third dose | Table 4 | % | 0.00 % | 0.00 % | 83.39 % | 83.01 % | 82.69 % | |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | 3 | |
| | Estimated vaccine wastage factor | Table 4 | # | 1.00 | 1.00 | 1.05 | 1.05 | 1.05 | |
| | Vaccine stock on 31st December 2013 * (see explanation footnote) | | # | 0 | | | | | |
| | Vaccine stock on 1 January 2014 ** (see explanation footnote) | | # | 0 | | | | | |
| | Number of doses per vial | Parameter | # | | 1 | 1 | 1 | 1 | |
| | AD syringes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| | Reconstitution syringes required | Parameter | # | | No | No | No | No | |
| | Safety boxes required | Parameter | # | | Yes | Yes | Yes | Yes | |
| cc | Country co-financing per dose | Co-financing table | \$ | | 0.00 | 0.40 | 0.45 | 0.46 | |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | | 0.0450 | 0.0450 | 0.0450 | 0.0450 | |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | 0 | |
| cs | Safety box price per unit | Table 7.10.1 | \$ | | 0.0050 | 0.0050 | 0.0050 | 0.0050 | |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | | 0.00 % | 6.00 % | 6.00 % | 6.00 % | |
| fd | Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | 0.00 % | |

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

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

N/A

Table 7.11.1: Specifications for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID

| ID | Source | | 2018 | 2019 | 2020 | |
|----|---|--------------------|------|---------|---------|---------|
| | Number of surviving infants | Table 4 | # | 21,932 | 22,541 | 23,179 |
| | Number of children to be vaccinated with the first dose | Table 4 | # | 18,216 | 18,640 | 19,074 |
| | Number of children to be vaccinated with the third dose | Table 4 | # | 18,216 | 18,640 | 19,074 |
| | Immunisation coverage with the third dose | Table 4 | % | 83.06 % | 82.69 % | 82.29 % |
| | Number of doses per child | Parameter | # | 3 | 3 | 3 |
| | Estimated vaccine wastage factor | Table 4 | # | 1.05 | 1.05 | 1.05 |
| | Number of doses per vial | Parameter | # | 1 | 1 | 1 |
| | AD syringes required | Parameter | # | Yes | Yes | Yes |
| | Reconstitution syringes required | Parameter | # | No | No | No |
| | Safety boxes required | Parameter | # | Yes | Yes | Yes |
| cc | Country co-financing per dose | Co-financing table | \$ | 0.48 | 0.50 | 0.50 |
| ca | AD syringe price per unit | Table 7.10.1 | \$ | 0.0450 | 0.0450 | 0.0450 |
| cr | Reconstitution syringe price per unit | Table 7.10.1 | \$ | 0 | 0 | 0 |

| | | | | | | |
|----|-------------------------------------|--------------|----|--------|--------|--------|
| cs | Safety box price per unit | Table 7.10.1 | \$ | 0.0050 | 0.0050 | 0.0050 |
| fv | Freight cost as % of vaccines value | Table 7.10.2 | % | 6.00 % | 6.00 % | 6.00 % |
| fd | Freight cost as % of devices value | Parameter | % | 0.00 % | 0.00 % | 0.00 % |

Co-financing tables for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

| | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|------|------|------|------|------|------|
| Minimum co-financing | 0.00 | 0.00 | 0.20 | 0.23 | 0.26 | 0.30 | 0.35 | 0.40 |
| Recommended co-financing as per Proposal 2013 | | | 0.20 | 0.23 | 0.26 | 0.30 | 0.35 | 0.40 |
| Your co-financing | | | 0.40 | 0.45 | 0.46 | 0.48 | 0.50 | 0.50 |

| | 2018 | 2019 | 2020 |
|--|------|------|------|
| Minimum co-financing | 0.30 | 0.35 | 0.40 |
| Recommended co-financing as per Proposal 2013 | 0.30 | 0.35 | 0.40 |
| Your co-financing | 0.48 | 0.50 | 0.50 |

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

| | | 2014 | 2015 | 2016 | 2017 |
|---------------------------------------|----|------|---------|---------|---------|
| Number of vaccine doses | # | 0 | 60,900 | 48,900 | 50,300 |
| Number of AD syringes | # | 0 | 63,100 | 50,600 | 51,600 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 700 | 575 | 575 |
| Total value to be co-financed by GAVI | \$ | 0 | 220,500 | 176,500 | 181,000 |

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

| | | 2018 | 2019 | 2020 |
|---------------------------------------|----|---------|---------|---------|
| Number of vaccine doses | # | 51,500 | 51,100 | 52,600 |
| Number of AD syringes | # | 52,400 | 53,200 | 54,500 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 600 | 600 | 600 |
| Total value to be co-financed by GAVI | \$ | 185,000 | 181,500 | 187,000 |

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

| | | 2014 | 2015 | 2016 | 2017 |
|--|----|------|--------|--------|--------|
| Number of vaccine doses | # | 0 | 7,600 | 7,000 | 7,400 |
| Number of AD syringes | # | 0 | 7,900 | 7,300 | 7,600 |
| Number of re-constitution syringes | # | 0 | 0 | 0 | 0 |
| Number of safety boxes | # | 0 | 100 | 100 | 100 |
| Total value to be co-financed by the Country | \$ | 0 | 27,500 | 25,500 | 26,500 |

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

| | | 2018 | 2019 | 2020 |
|--|----|--------|--------|--------|
| Number of vaccine doses | # | 8,000 | 8,400 | 8,700 |
| Number of AD syringes | # | 8,100 | 8,800 | 9,000 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 100 | 100 | 100 |
| Total value to be co-financed by the Country | \$ | 29,000 | 30,000 | 31,000 |

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 1)**

| | Formula | 2013 | 2014 | | |
|----|---|---|--------|------------|------|
| | | | Total | Government | GAVI |
| A | Country co-finance | V | 0.00 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 0 | 0 | 0 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | 3 | |
| D | Number of doses needed | B x C | 0 | 0 | 0 |
| E | Estimated vaccine wastage factor | Table 4 | 1.00 | 1.00 | |
| F | Number of doses needed including wastage | D x E | | 0 | 0 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25$ | | 0 | 0 |
| H | Stock to be deducted | H2 of previous year - 0.25 x F of previous year | | | |
| H2 | Reported stock on January 1st | Table 7.11.1 | 0 | | |
| I | Total vaccine doses needed | Round up((F + G - H) / vaccine package size) x vaccine package size | | 0 | 0 |
| J | Number of doses per vial | Vaccine Parameter | | 1 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | | 0 | 0 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | | 0 | 0 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | | 0 | 0 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | | 0 | 0 |
| P | Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) | | 0 | 0 |
| Q | Cost of safety boxes needed | M x safety box price per unit (cs) | | 0 | 0 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | | 0 | 0 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | | 0 | 0 |
| U | Total country co-financing | I x country co-financing per dose (cc) | | 0 | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 0.00 % | |

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 2)

| | Formula | 2015 | | | 2016 | | | |
|----|---|---|------------|--------|---------|------------|--------|---------|
| | | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 11.05 % | | 12.47 % | | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 17,002 | 1,880 | 15,122 | 17,398 | 2,170 | 15,228 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | |
| D | Number of doses needed | B x C | 51,006 | 5,638 | 45,368 | 52,194 | 6,508 | 45,686 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | D x E | 53,557 | 5,920 | 47,637 | 54,804 | 6,833 | 47,971 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + ((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25$ | 13,390 | 1,481 | 11,909 | 312 | 39 | 273 |
| H | Stock to be deducted | H2 of previous year - 0.25 x F of previous year | 0 | 0 | 0 | 0 | 0 | 0 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | | | | |
| I | Total vaccine doses needed | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 68,400 | 7,561 | 60,839 | 55,800 | 6,957 | 48,843 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 70,836 | 7,830 | 63,006 | 57,757 | 7,201 | 50,556 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 780 | 87 | 693 | 636 | 80 | 556 |
| N | Cost of vaccines needed | I x vaccine price per dose (g) | 230,508 | 25,479 | 205,029 | 187,544 | 23,383 | 164,161 |
| O | Cost of AD syringes needed | K x AD syringe price per unit (ca) | 3,188 | 353 | 2,835 | 2,600 | 325 | 2,275 |
| P | Cost of reconstitution syringes needed | L x reconstitution price per unit (cr) | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | M x safety box price per unit (cs) | 4 | 1 | 3 | 4 | 1 | 3 |
| R | Freight cost for vaccines needed | N x freight cost as of % of vaccines value (fv) | 13,831 | 1,529 | 12,302 | 11,253 | 1,403 | 9,850 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 247,531 | 27,360 | 220,171 | 201,401 | 25,110 | 176,291 |
| U | Total country co-financing | I x country co-financing per dose (cc) | 27,360 | | | 25,110 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 11.05 % | | | 12.47 % | | |

Table 7.11.4: Calculation of requirements for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID (part 3)

| | Formula | 2017 | | | 2018 | | | 2019 | | | 2020 | | | |
|----|---|---|------------|--------|---------|------------|--------|---------|------------|--------|---------|------------|--------|---------|
| | | Total | Government | GAVI | Total | Government | GAVI | Total | Government | GAVI | Total | Government | GAVI | |
| A | Country co-finance | V | 12.78 % | | | 13.38 % | | | 14.08 % | | | 14.08 % | | |
| B | Number of children to be vaccinated with the first dose | Table 4 | 17,802 | 2,276 | 15,526 | 18,216 | 2,438 | 15,778 | 18,640 | 2,626 | 16,014 | 19,074 | 2,687 | 16,387 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | | | 3 | | | 3 | | |
| D | Number of doses needed | $B \times C$ | 53,406 | 6,826 | 46,580 | 54,648 | 7,313 | 47,335 | 55,920 | 7,876 | 48,044 | 57,222 | 8,060 | 49,162 |
| E | Estimated vaccine wastage factor | Table 4 | 1.05 | | | 1.05 | | | 1.05 | | | 1.05 | | |
| F | Number of doses needed including wastage | $D \times E$ | 56,077 | 7,167 | 48,910 | 57,381 | 7,678 | 49,703 | 58,716 | 8,270 | 50,446 | 60,084 | 8,463 | 51,621 |
| G | Vaccines buffer stock | $((D - D \text{ of previous year}) \times 0.25) + (((D \times E - D) - (D \text{ of previous year} \times E \text{ of previous year} - D \text{ of previous year})) \times 0.25)$ | 319 | 41 | 278 | 327 | 44 | 283 | 334 | 48 | 286 | 342 | 49 | 293 |
| H | Stock to be deducted | $H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| H2 | Reported stock on January 1st | Table 7.11.1 | | | | | | | | | | | | |
| I | Total vaccine doses needed | Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$ | 57,600 | 7,362 | 50,238 | 59,400 | 7,948 | 51,452 | 59,400 | 8,366 | 51,034 | 61,200 | 8,620 | 52,580 |
| J | Number of doses per vial | Vaccine Parameter | 1 | | | 1 | | | 1 | | | 1 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.10$ | 59,098 | 7,553 | 51,545 | 60,473 | 8,092 | 52,381 | 61,880 | 8,715 | 53,165 | 63,321 | 8,919 | 54,402 |
| L | Reconstitution syringes (+ 10% wastage) needed | $(I / J) \times 1.10$ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.10$ | 651 | 84 | 567 | 666 | 90 | 576 | 681 | 96 | 585 | 697 | 99 | 598 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 193,076 | 24,675 | 168,401 | 198,456 | 26,554 | 171,902 | 196,317 | 27,649 | 168,668 | 202,266 | 28,489 | 173,777 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 2,660 | 340 | 2,320 | 2,722 | 365 | 2,357 | 2,785 | 393 | 2,392 | 2,850 | 402 | 2,448 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 4 | 1 | 3 | 4 | 1 | 3 | 4 | 1 | 3 | 4 | 1 | 3 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 11,585 | 1,481 | 10,104 | 11,908 | 1,594 | 10,314 | 11,780 | 1,660 | 10,120 | 12,136 | 1,710 | 10,426 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 207,325 | 26,497 | 180,828 | 213,090 | 28,512 | 184,578 | 210,886 | 29,701 | 181,185 | 217,256 | 30,601 | 186,655 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 26,496 | | | 28,512 | | | 29,700 | | | 30,600 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | 12.78 % | | | 13.38 % | | | 14.08 % | | | 14.08 % | | |

8. Injection Safety Support (INS)

This window of support is no longer available

9. 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.

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

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

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

Solomon Islands is not reporting on GAVI TYPE A CSO support for 2013

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

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

Solomon Islands is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

| Summary of income and expenditure – GAVI ISS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| Detailed analysis of expenditure by economic classification ** – GAVI ISS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

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

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

| Summary of income and expenditure – GAVI HSS | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| Detailed analysis of expenditure by economic classification ** - GAVI HSS | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

- I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2013 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.
 - a. Funds carried forward from the 2012 calendar year (opening balance as of 1 January 2013)
 - b. Income received from GAVI during 2013
 - c. Other income received during 2013 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2013
 - f. A detailed analysis of expenditures during 2013, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2013 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

| Summary of income and expenditure – GAVI CSO | | |
|---|----------------------|----------------|
| | Local currency (CFA) | Value in USD * |
| Balance brought forward from 2012 (balance as of 31Decembre 2012) | 25,392,830 | 53,000 |
| Summary of income received during 2013 | | |
| Income received from GAVI | 57,493,200 | 120,000 |
| Income from interest | 7,665,760 | 16,000 |
| Other income (fees) | 179,666 | 375 |
| Total Income | 38,987,576 | 81,375 |
| Total expenditure during 2013 | 30,592,132 | 63,852 |
| Balance as of 31 December 2013 (balance carried forward to 2014) | 60,139,325 | 125,523 |

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

| Detailed analysis of expenditure by economic classification ** - GAVI CSO | | | | | | |
|---|-------------------|---------------|-------------------|---------------|-------------------|-----------------|
| | Budget in CFA | Budget in USD | Actual in CFA | Actual in USD | Variance in CFA | Variance in USD |
| Salary expenditure | | | | | | |
| Wages & salaries | 2,000,000 | 4,174 | 0 | 0 | 2,000,000 | 4,174 |
| Per diem payments | 9,000,000 | 18,785 | 6,150,000 | 12,836 | 2,850,000 | 5,949 |
| Non-salary expenditure | | | | | | |
| Training | 13,000,000 | 27,134 | 12,650,000 | 26,403 | 350,000 | 731 |
| Fuel | 3,000,000 | 6,262 | 4,000,000 | 8,349 | -1,000,000 | -2,087 |
| Maintenance & overheads | 2,500,000 | 5,218 | 1,000,000 | 2,087 | 1,500,000 | 3,131 |
| Other expenditures | | | | | | |
| Vehicles | 12,500,000 | 26,090 | 6,792,132 | 14,177 | 5,707,868 | 11,913 |
| TOTALS FOR 2013 | 42,000,000 | 87,663 | 30,592,132 | 63,852 | 11,407,868 | 23,811 |

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|--|---------|-----------|--|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | MHM_Fin_Signatures.pdf File desc: ,,, Date/time : 16/05/2014 06:13:35 Size: 550 KB |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | MHM_Fin_Signatures.pdf File desc: Date/time : 16/05/2014 06:15:49 Size: 550 KB |
| 3 | Signatures of members of ICC | 2.2 | ✓ | ICC & HSCC Signatures2.zip File desc: Date/time : 16/05/2014 06:17:51 Size: 421 KB |
| 4 | Minutes of ICC meeting in 2014 endorsing the APR 2013 | 5.7 | ✓ | ICC Minutes 21 Aug for NVS Application.pdf File desc: Date/time : 15/05/2014 01:17:58 Size: 69 KB |
| 5 | Signatures of members of HSCC | 2.3 | ✓ | ICC & HSCC Signatures2.zip File desc: Date/time : 16/05/2014 06:19:51 Size: 421 KB |
| 6 | Minutes of HSCC meeting in 2014 endorsing the APR 2013 | 9.9.3 | ✓ | ICC Minutes 21 Aug for NVS Application.pdf File desc: Date/time : 15/05/2014 01:22:01 Size: 69 KB |
| 7 | Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 6.2.1 | ✗ | No file loaded |
| 8 | External audit report for ISS grant (Fiscal Year 2013) | 6.2.3 | ✗ | No file loaded |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | Responses.pdf File desc: Date/time : 15/05/2014 01:25:44 |

| | | | | |
|----|---|-------|---|--|
| | | | | Size: 45 KB |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 | ✓ | Responses.pdf File desc: Date/time : 15/05/2014 01:28:28 Size: 45 KB |
| 11 | External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US\$ 250,000 | 7.3.1 | ✓ | Responses.pdf File desc: Date/time : 15/05/2014 01:31:07 Size: 45 KB |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | SI - EVM Report - Draft - 22 Aug 12.pdf File desc: Date/time : 15/05/2014 01:35:00 Size: 1 MB |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | EVM-Improvement plan w progress report Aug 2013.xls File desc: Date/time : 15/05/2014 01:37:29 Size: 186 KB |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | ✓ | EVM-Improvement plan w progress report Aug 2013.xls File desc: Date/time : 15/05/2014 01:39:26 Size: 186 KB |
| 16 | Valid cMYP if requesting extension of support | 7.8 | ✗ | No file loaded |
| 17 | Valid cMYP costing tool if requesting extension of support | 7.8 | ✗ | No file loaded |
| 18 | Minutes of ICC meeting endorsing extension of vaccine support if applicable | 7.8 | ✗ | No file loaded |
| 19 | Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | Responses.pdf File desc: Date/time : 15/05/2014 01:42:56 Size: 45 KB |

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|----|---|--------|---|---|
| | | | | |
| 20 | Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✓ | Responses.pdf File desc: Date/time : 15/05/2014 01:44:58 Size: 45 KB |
| 21 | External audit report for HSS grant (Fiscal Year 2013) | 9.1.3 | ✓ | Responses.pdf File desc: Date/time : 15/05/2014 01:46:53 Size: 45 KB |
| 22 | HSS Health Sector review report | 9.9.3 | ✓ | GAVI HSS Report and Monitoring and Evaluation Framework Solomon Islands May2014.zip File desc: Date/time : 15/05/2014 04:30:11 Size: 550 KB |
| 23 | Report for Mapping Exercise CSO Type A | 10.1.1 | ✗ | No file loaded |
| 24 | Financial statement for CSO Type B grant (Fiscal year 2013) | 10.2.4 | ✗ | No file loaded |
| 25 | External audit report for CSO Type B (Fiscal Year 2013) | 10.2.4 | ✗ | 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 2013 on (i) 1st January 2013 and (ii) 31st December 2013 | 0 | ✓ | Responses.pdf File desc: Date/time : 15/05/2014 01:50:59 Size: 45 KB |
| 27 | Minutes ICC meeting endorsing change of vaccine presentation | 7.7 | ✗ | No file loaded |

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| | Other | | X | No file loaded |
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