



GAVI Alliance

Annual Progress Report **2012**

Submitted by

The Government of
Timor-Leste (East Timor)

Reporting on year: **2012**

Requesting for support year: **2014**

Date of submission: **5/15/2013 7:11:48 AM**

Deadline for submission: 9/24/2013

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2012**

Requesting for support year: **2014**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
INS			

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

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

2. Signatures

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

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

For the Government of **Timor-Leste (East Timor)**

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Mr. Jose dos Reis Magno	Name	Mr. Agostinho Castro
Date		Date	
Signature		Signature	

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

Full name	Position	Telephone	Email
Mr. Mateus Cunha	Head of Planning, Monitoring and Evaluation Department, MoH	+67077269219	cunha_2001et@yahoo.com
Mr. Caetano Gusmao	EPI Manager, MoH	+67077234849	wairisi@yahoo.com.au

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
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Livio da C. Matos/Mr.	HADIAC (USAID)		
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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), **13 May 2013**, 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
Jose dos Reis Magno/Mr.	MoH		
Mateus Cunha/Mr.	MoH		
Caetano Gusmao/Mr.	MoH		
Triana Oliveira/Dr.	MoH		
Rajesh Pandav/Dr.	WHO		
Hemlal Sharma/Dr.	UNICEF		
Pem Namgyal/Dr.	WHO - SEARO		

Tanya Wells/Ms.	USAID		
Armandina Gusmao Amaral/Ms.	AUSAid		
Herminio Lelan/Mr.	WHO		
Aderito Gregorio do Carmo/Mr.	UNICEF		
Aderito Gregorio do Carmo/Mr.	UNICEF		
Ruhul Amin/Dr.	IPL (USAID)		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Timor-Leste (East Timor) is not reporting on CSO (Type A & B) fund utilisation in 2013

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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)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	49,696	42,114	50,894	43,010	52,121	43,924	53,377	44,854
Total infants' deaths	2,236	2,660	2,290	2,618	2,345	2,577	2,402	2,536
Total surviving infants	47460	39,454	48,604	40,392	49,776	41,347	50,975	42,318
Total pregnant women	54,170	45,904	55,475	46,881	56,812	47,877	58,181	48,891
Number of infants vaccinated (to be vaccinated) with BCG	41,248	29,989	45,805	34,333	48,472	37,212	51,242	39,356
BCG coverage	83 %	71 %	90 %	80 %	93 %	85 %	96 %	88 %
Number of infants vaccinated (to be vaccinated) with OPV3	40,751	32,174	44,278	32,314	46,909	35,145	49,107	38,086
OPV3 coverage	86 %	82 %	91 %	80 %	94 %	85 %	96 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	40,341	31,994	43,744	0	46,291	0	48,426	0
Number of infants vaccinated (to be vaccinated) with DTP3	38,917	32,144	42,285	0	44,798	0	46,897	0
DTP3 coverage	82 %	81 %	87 %	0 %	90 %	0 %	92 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	43	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.75	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	40,341	5,110	43,744	34,333	46,291	37,212	48,426	39,356
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	40,341	5,691	43,744	32,314	44,798	35,145	46,897	38,086
DTP-HepB-Hib coverage	82 %	14 %	87 %	80 %	90 %	85 %	92 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	25	0	25	25	25	25	25
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.33	1.33	1.33	1.33	1.33	1.33	1.33
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	39,757	28,401	41,224	32,314	44,824	35,145	48,753	36,817
Measles coverage	84 %	72 %	85 %	80 %	90 %	85 %	96 %	87 %
Pregnant women vaccinated with TT+	37,026	17,828	37,919	23,440	38,833	28,726	39,768	34,224

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
TT+ coverage	68 %	39 %	68 %	50 %	68 %	60 %	68 %	70 %
Vit A supplement to mothers within 6 weeks from delivery	0	20,548	0	22,603	0	24,658	0	26,712
Vit A supplement to infants after 6 months	0	97,077	0	103,485	0	112,892	0	117,596
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	4 %	0 %	3 %	0 %	3 %	0 %	3 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012**. The numbers for 2013 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

The updated data in the denominator of total birth shows the difference between the earlier estimated figure with the actual estimation of MoH in 2012. The actual denominator estimation is based on the official documents from National Statistic Directorate based on the population census 2010.

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

The updated data in the denominator of surviving infants shows the difference between the earlier estimated figure with the actual estimation of MoH in 2012. The actual denominator estimation is based on the official documents from National Statistic Directorate based on the population census 2010.

- 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.**

Overall the immunization coverages of all antigens were increased compared to 2011. The trend of incremental coverages of BCG, DPT-HepB3, OPV3, Measles and TT2+ were 9%, 17%, 16%, 11% and 6%. There were several factors contributed to increase the coverage of immunization programme. The main factors are:

1. Development of EPI micro-planning. In the micro-planning development, there was a session meeting with the community leader and health worker to identify the hard to reach areas and population.
2. Implement the micro-planning to reach the unreach population through conducting beyond SISCa activities.
3. There was a change the official denominator.

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

The wastage rate of vaccines were high especially for DPT-HepB Vaccine. The rate of the DPT-HepB vaccine was 63%. Having more outreach sessions in the villages was one main issue which affected the high wastage of vaccines. Regarding to high wastage of DPT-HepB vaccine was due to Ministry of Health Policy for destroy all tetra valent vaccine at the time of introduction of pentavalent in October 2012.

5.2. Immunisation achievements in 2012

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

Activities in Immunization: <?xml:namespace prefix = o />

MNTE Validation Survey: WHO - UNICEF supported MoH to conduct the MNTE Validation Survey in February - March 2012. The survey was done in three districts named Ermera, Ainaro and Manufahi to assess neonatal mortality rate. One thousand three hundred and eighty five (1,385) live births were surveyed, yielding a crude birth rate (CBR) of 45 per 1000. Among the 1,385 eligible live births, there were 26 neonatal deaths detected (estimated NMR of 19 per 1000 live births), none of them was caused by tetanus. Using the total live births for Ainaro, Manufahi and Ermera districts, the maximum acceptance level for the survey was ≤ 1 NT death for a "pass" decision. Since no NT death was found during the survey, NT can be considered eliminated in the districts of Ermera, Ainaro and Manufahi. and in Timor-Leste as a whole.

EPI Working Group: The EPI working Group meetings have been regularly held every month. Various issues related to strengthening systems for immunization and coordination among partners was discussed. A special meeting was also organized to discuss ways and means to improve the AFP surveillance system.

MLM training: The Mid-Level Managers training for immunization managers at District and Subdistrict level were trained and equipped with management skill for routine immunization.

Micro planning: The micro planning tool was developed with technical support from UNICEF. The micro planning exercise has since been conducted in 9 districts with technical support from IPL (USAID funded project), UNICEF and WHO. A micro planning revision at sub district level was conducted every six months to update the events.

Introduction of Pentavalent Vaccine: Ministry of Health Timor-Leste introduced pentavalent vaccine with co-financing support from GAVI in 2012. As part of the effort to introduce pentavalent vaccine, MoH conducted activities to equip the health workers and community on the pentavalent vaccine. The activities included development of operational guideline, briefing notes, training handout to health workers and communication material with technical from UNICEF, training of trainers at national level, orientation at district and sub district level and social mobilization meeting with community leader. The introduction of pentavalent vaccine was conducted with the financial support from GAVI.

Social Mobilization for Immunization: The microplanning exercise included participation of local leaders and community health volunteers. In addition, IPL (USAID funded project) in collaboration with other partners implemented the "My Village-My Home" initiative in select sucos. This initiative involves the tracking of beneficiaries or immunization using community pressure and local leaders. UNICEF and WHO are also working closely with the HMIS department to develop a child tracking system using RSF (Family Health Register) database. This inactive which will utilize automatically generated due lists will be piloted in one subdistrict of Liquica district of Timor-Leste.

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

Challenges for immunization programme implementation:

New Election of Government: Republic Democratic of Timor Leste has conducted elections to choose the president and members of parliament in 2012. The new government was in place in August 2012.

Unreached population due to geographical barriers and scattered community.

Stock out of BCG vaccine: there were some districts had stock out of BCG vaccine for three months.

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls

HMIS,MoH	January 2012 - December 2012	16340 (81.6%)	15804 (83.7%)
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5.3.2. How have any discrepancies in reaching boys versus girls been addressed programmatically?

The data does not indicated barriers related to gender issues.

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? **Not selected**

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/>)

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)

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

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **No**
If Yes, please describe the assessment(s) and when they took place.

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

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.

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 1	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	IPL (USAID)	N/A	N/A
Traditional Vaccines*	75,473	75,473	0	0	0	0	0	0
New and underused Vaccines**	360,209	57,459	302,750	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	24,523	16,945	7,578	0	0	0	0	0
Cold Chain equipment	0	0	0	0	0	0	0	0
Personnel	574,424	20,000	0	80,000	19,586	454,838	0	0
Other routine recurrent costs	226,164	30,000	100,000	0	0	96,164	0	0

Other Capital Costs	30,000	30,000	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	1,290,793							
Total Government Health		229,877	410,328	80,000	19,586	551,002	0	0

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

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

All traditional vaccine are funded by state budget.

5.6. Financial Management

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

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

Action plan from Aide Mémoire	Implemented?
As of submission date FMA being finalised and awaiting draft of Aide Memoire	Not selected

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

1. The first annual plan has been prepared and can be sent to GAVI. The following annual plans will be prepared accordingly
2. The program workshop will be planned for July or within 2 weeks of signing the agreement
3. and 12. The procedure manuals will be revised and external funds SOPs harmonized with MoH procedures as scheduled, and revised under the support of NHSSP-SP to PFM.
4. The ToRs will be drafted and recruitment of the budget controller as discussed in May/June. The position is funded for 2 years in the budget.
5. The separate bank account can be opened for GAVI funding and a letter will be sent to MoF Treasury accordingly
6. The option to open bank accounts for the District payment will be explored by MoH in agreement with MoF
7. MoH would like to propose that all cash advances are paid by check regardless of the amount and that petty cash be authorized for up to 200USD
8. The procurement procedures will be described in the manuals of procedures. The motorcycles will be procured by MoH centrally with one procedure and phased delivery as proposed. MoH will bear the costs of any excise or tax.
9. MoH agrees and will submit report on financial control reports on a quarterly basis.
10. MoH agrees, Information boards in CHC and Districts can be used. A letter of instruction can be sent by MoH DG accordingly.
11. and 13. MoH agrees. GIFA internal audit competence will be reinforced with TA under NHSSP-SP and an annual plan will be produced by 2014 that can include GAVI operations.
14. MoH would like to recruit the LFA auditors used by the Global Fund programs, with FM reviews every 6 months, and use the external auditors of the government contracted to audit the financial statements, currently Deloitte.
15. MoH agrees and will discuss with MoF and consider the set up of an audit committee and will analyze the mandate and functions required. In the meantime, the issues will be reported to the MoH Minister by DNGFA and GIFA.
17. MoH agrees and will send the annual audited financial statements and management letter by 30 June every year accordingly.

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **6**

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

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

The recommendation from the EPI Working group meeting as followed:

- a. To request GAVI for using the balance amount of GAVI grant for pentavalent introduction to implement Effective Vaccine Management Improvement Plan and community mobilization.<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
- b. To request WHO to conduct evaluation on post introduction of pentavalent in April 2014.
- c. To improve data management and wastage monitoring system at all levels.

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Imunizasaun Proteje Labarik (IPL)
Clinica Cafe Timor (CCT)
Medicos do Mundo (MDM)
Child Fund

5.8. Priority actions in 2013 to 2014

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

Ministry of Health priority actions are:

Integrated microplaning development: Ministry of health plans to develop an integrated micro planning for basic health interventions including immunization.

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Reaching the unreached: there is a plan to increase outreach sessions to reach the vulnerable children and mothers.

Implementation of recommendation Effective Vaccine Management: During the EVM assessment, there were found gaps and strengths in the area of EVM. To improve the vaccine management system in the country, EVM came up with recommendation related to 9 areas which were assessed in the EVM assessment.

Polio Eradication Programme: Ministry of Health aims to eradicate polio in this country to align with global plan for polio eradication by 2014. A task force for polio eradication has been established to enhance the activities for polio eradication.

Improvement of supportive supervision mechanism

Improve district management system

Improve community participation

5.9. Progress of transition plan for injection safety

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

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

| Vaccine | Types of syringe used in 2012 routine EPI | Funding sources of 2012 |
|---------|---|-------------------------|
| BCG | ADS 0.05 ml | Government |

| | | |
|------------------------|------------|-------------------|
| Measles | ADS 0.5 ml | Government |
| TT | ADS 0.5 ml | Government |
| DTP-containing vaccine | ADS 0.5 ml | Government & GAVI |

Does the country have an injection safety policy/plan? **No**

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)

Injection safety plan to be developed by December 2013

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

Sharps collected from Service points are incinerated at Community Health Center and Hospital

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

Timor-Leste (East Timor) is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

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

Timor-Leste (East Timor) is not reporting on Immunisation Services Support (ISS) fund utilisation in 2012

6.3. Request for ISS reward

Request for ISS reward achievement in Timor-Leste (East Timor) is not applicable for 2012

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

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

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

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

| | [A] | [B] | | |
|--------------|---|--|---|--|
| Vaccine type | Total doses for 2012 in Decision Letter | Total doses received by 31 December 2012 | Total doses of postponed deliveries in 2012 | Did the country experience any stockouts at any level in 2012? |
| DTP-HepB-Hib | 201,300 | 201,500 | 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? ...)

Stock out of BCG Vaccine at national level for a months. <?xml:namespace prefix = o />

Delaying in transferring fund from Ministry of Health to UNICEF Copenhagen for vaccine and supplies procurement

- 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.

Action taken:

- improve administration mechanism at Ministry of Health such as renew MoU for procurement service between Ministry of Health Timor Leste and UNICEF.
- Increase the quantity of BCG vaccine

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.

The stock out of vaccine was happened for a month at national level. The stock out happened due to government policy on the right of every child for immunization. The policy mentioned that even one child, health worker should open the 20 dose vial to immunize the child. The more outreach session

| | | |
|--------------------------------------|--------|--------|
| Total Expenditures in 2012 (D) | 74,781 | 74,781 |
| Balance carried over to 2013 (E=C-D) | 25,219 | 25,219 |

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

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

7.3.2. Programmatic Reporting

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

Major Activities for introduction of new vaccine pentavalent: <?xml:namespace prefix = o />

1. Training on new vaccine pentavalent to health workers from national to peripheral level (National, District and sub-district level)
2. Launching new vaccine pentavalent in the country
3. Produce IEC material for immunization pentavalent
4. Advocacy, community mobilization and exposure visit

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

Problems encountered during the implementation of the planned activities:

- Delay of producing IEC material for new vaccine<?xml:namespace prefix = o />
- No acceptable of EPI working group members to conduct exposure visit
- Delay of community mobilization and advocacy activity in the district and sub-district

Action taken to solve the problem:

- Coordinate and work close to procurement Department to process print IEC material
- Request GAVI to change the line item for exposure visit to do other activities

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

Use balance money to implement EVM improvement plan (attached) and community mobilization

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7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

| Co-Financed Payments | Q.1: What were the actual co-financed amounts and doses in 2012? | |
|---|--|-----------------------|
| | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 57,459 | 28,500 |
| | | |

| | | |
|---|---|------------------------------|
| | Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources? | |
| Government | 57459 | |
| Donor | 0 | |
| Other | 0 | |
| | | |
| | Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies? | |
| Co-Financed Payments | Total Amount in US\$ | Total Amount in Doses |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | 0 | 0 |
| | | |
| | Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding | |
| Schedule of Co-Financing Payments | Proposed Payment Date for 2014 | Source of funding |
| Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID | May | Government |
| | | |
| | Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing | |
| | | |

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: <http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

Is support from GAVI, in form of new and under-used vaccines and injection supplies, reported in the national health sector budget? **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? **October 2011**

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? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **October 2014**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

Timor-Leste (East Timor) does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Timor-Leste (East Timor) does not require to change any of the vaccine presentation(s) for future years.

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

Renewal of multi-year vaccines support for Timor-Leste (East Timor) is not available in 2013

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

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

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

If you don't confirm, please explain

7.11. Calculation of requirements

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

| ID | Source | | 2012 | 2013 | 2014 | 2015 | TOTAL |
|---|--------------------|----|---------|---------|---------|---------|---------|
| | Table 4 | # | 39,454 | 40,392 | 41,347 | 42,318 | 163,511 |
| Number of surviving infants | Table 4 | # | 39,454 | 40,392 | 41,347 | 42,318 | 163,511 |
| Number of children to be vaccinated with the first dose | Table 4 | # | 5,110 | 34,333 | 37,212 | 39,356 | 116,011 |
| Number of children to be vaccinated with the third dose | Table 4 | # | 5,691 | 32,314 | 35,145 | 38,086 | 111,236 |
| Immunisation coverage with the third dose | Table 4 | % | 14.42 % | 80.00 % | 85.00 % | 90.00 % | |
| Number of doses per child | Parameter | # | 3 | 3 | 3 | 3 | |
| Estimated vaccine wastage factor | Table 4 | # | 1.33 | 1.33 | 1.33 | 1.33 | |
| Vaccine stock on 31st December 2012 * (see explanation footnote) | | # | 141,460 | | | | |
| Vaccine stock on 1 January 2013 ** (see explanation footnote) | | # | 141,460 | | | | |
| Number of doses per vial | Parameter | # | | 10 | 10 | 10 | |
| AD syringes required | Parameter | # | | Yes | Yes | Yes | |
| Reconstitution syringes required | Parameter | # | | No | No | No | |
| Safety boxes required | Parameter | # | | Yes | Yes | Yes | |
| g Vaccine price per dose | Table 7.10.1 | \$ | | 1.73 | 1.73 | 1.73 | |
| cc Country co-financing per dose | Co-financing table | \$ | | 0.43 | 0.69 | 0.95 | |
| ca AD syringe price per unit | Table 7.10.1 | \$ | | 0.0465 | 0.0465 | 0.0465 | |
| cr Reconstitution syringe price per unit | Table 7.10.1 | \$ | | 0 | 0 | 0 | |
| cs Safety box price per unit | Table 7.10.1 | \$ | | 0.5800 | 0.5800 | 0.5800 | |
| fv Freight cost as % of vaccines value | Table 7.10.2 | % | | 25.50 % | 25.50 % | 25.50 % | |
| fd Freight cost as % of devices value | Parameter | % | | 0.00 % | 0.00 % | 0.00 % | |

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

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

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

| Co-financing group | Graduating | | | |
|---|------------|------|------|------|
| | 2012 | 2013 | 2014 | 2015 |
| Minimum co-financing | 0.37 | 0.43 | 0.69 | 0.95 |
| Recommended co-financing as per APR 2011 | | | | |
| Your co-financing | 0.37 | 0.43 | 0.69 | 0.95 |

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

| | | 2013 | 2014 | 2015 |
|---------------------------------------|----|---------|---------|---------|
| Number of vaccine doses | # | 134,400 | 104,600 | 91,300 |
| Number of AD syringes | # | 118,300 | 87,600 | 76,300 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 1,325 | 975 | 850 |
| Total value to be co-financed by GAVI | \$ | 298,500 | 232,000 | 202,500 |

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

| | | 2013 | 2014 | 2015 |
|---|----|--------|---------|---------|
| Number of vaccine doses | # | 32,300 | 47,300 | 68,500 |
| Number of AD syringes | # | 28,500 | 39,600 | 57,200 |
| Number of re-constitution syringes | # | 0 | 0 | 0 |
| Number of safety boxes | # | 325 | 450 | 650 |
| Total value to be co-financed by the Country ^[1] | \$ | 72,000 | 105,000 | 152,000 |

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

| | Formula | 2012 | 2013 | | | |
|----------|--|--|---------|------------|--------|---------|
| | | Total | Total | Government | GAVI | |
| A | Country co-finance | V | 0.00 % | 19.38 % | | |
| B | Number of children to be vaccinated with the first dose | <i>Table 5.2.1</i> | 5,110 | 34,333 | 6,654 | 27,679 |
| C | Number of doses per child | <i>Vaccine parameter (schedule)</i> | 3 | 3 | | |
| D | Number of doses needed | $B \times C$ | 15,330 | 102,999 | 19,960 | 83,039 |
| E | Estimated vaccine wastage factor | <i>Table 4</i> | 1.33 | 1.33 | | |
| F | Number of doses needed including wastage | $D \times E$ | 20,389 | 136,989 | 26,546 | 110,443 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | | 29,150 | 5,649 | 23,501 |
| H | Stock on 1 January 2013 | <i>Table 7.11.1</i> | 141,460 | | | |
| I | Total vaccine doses needed | $F + G - H$ | | 166,639 | 32,292 | 134,347 |
| J | Number of doses per vial | <i>Vaccine Parameter</i> | | 10 | | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | | 146,686 | 28,425 | 118,261 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | | 1,629 | 316 | 1,313 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | | 288,453 | 55,897 | 232,556 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | | 6,821 | 1,322 | 5,499 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | | 945 | 184 | 761 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | | 73,556 | 14,254 | 59,302 |
| 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 | $(N+O+P+Q+R+S)$ | | 369,775 | 71,655 | 298,120 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | | 71,655 | | |
| V | Country co-financing % of GAVI supported proportion | U / T | | 19.38 % | | |

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

| | Formula | 2014 | | | 2015 | | |
|---|---|--|------------|---------|---------|------------|---------|
| | | Total | Government | GAVI | Total | Government | GAVI |
| A | Country co-finance | V | 31.13 % | | | 42.86 % | |
| B | Number of children to be vaccinated with the first dose | Table 5.2.1 | 37,212 | 11,584 | 25,628 | 39,356 | 16,867 |
| C | Number of doses per child | Vaccine parameter (schedule) | 3 | | | 3 | |
| D | Number of doses needed | $B \times C$ | 111,636 | 34,750 | 76,886 | 118,068 | 50,601 |
| E | Estimated vaccine wastage factor | Table 4 | 1.33 | | | 1.33 | |
| F | Number of doses needed including wastage | $D \times E$ | 148,476 | 46,217 | 102,259 | 157,031 | 67,300 |
| G | Vaccines buffer stock | $(F - F \text{ of previous year}) \times 0.25$ | 2,872 | 894 | 1,978 | 2,139 | 917 |
| H | Stock on 1 January 2013 | Table 7.11.1 | | | | | |
| I | Total vaccine doses needed | $F + G - H$ | 151,848 | 47,267 | 104,581 | 159,670 | 68,431 |
| J | Number of doses per vial | Vaccine Parameter | 10 | | | 10 | |
| K | Number of AD syringes (+ 10% wastage) needed | $(D + G - H) \times 1.11$ | 127,104 | 39,564 | 87,540 | 133,430 | 57,185 |
| L | Reconstitution syringes (+ 10% wastage) needed | $I / J \times 1.11$ | 0 | 0 | 0 | 0 | 0 |
| M | Total of safety boxes (+ 10% of extra need) needed | $(K + L) / 100 \times 1.11$ | 1,411 | 440 | 971 | 1,482 | 636 |
| N | Cost of vaccines needed | $I \times \text{vaccine price per dose (g)}$ | 262,849 | 81,818 | 181,031 | 276,389 | 118,454 |
| O | Cost of AD syringes needed | $K \times \text{AD syringe price per unit (ca)}$ | 262,849 | 1,840 | 4,071 | 276,389 | 2,660 |
| P | Cost of reconstitution syringes needed | $L \times \text{reconstitution price per unit (cr)}$ | 0 | 0 | 0 | 0 | 0 |
| Q | Cost of safety boxes needed | $M \times \text{safety box price per unit (cs)}$ | 819 | 255 | 564 | 860 | 369 |
| R | Freight cost for vaccines needed | $N \times \text{freight cost as of \% of vaccines value (fv)}$ | 67,027 | 20,864 | 46,163 | 70,480 | 30,206 |
| S | Freight cost for devices needed | $(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$ | 0 | 0 | 0 | 0 | 0 |
| T | Total fund needed | $(N+O+P+Q+R+S)$ | 336,606 | 104,776 | 231,830 | 353,934 | 151,687 |
| U | Total country co-financing | $I \times \text{country co-financing per dose (cc)}$ | 104,776 | | | 151,687 | |
| V | Country co-financing % of GAVI supported proportion | U / T | 31.13 % | | | 42.86 % | |

Table 7.11.4: Calculation of requirements for (part 3)

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

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9.1.1. Report on the use of HSS funds in 2012

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

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

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

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

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

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

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

Table 9.1.3a (US)\$

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

| | 2013 | 2014 | 2015 | 2016 |
|---|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | | | | |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | |
| Remaining funds (carry over) from previous year (B) | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | |
| Total expenditure during the calendar year (D) | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | | | | |

Table 9.1.3b (Local currency)

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

| | 2013 | 2014 | 2015 | 2016 |
|---|------|------|------|------|
| Original annual budgets
(as per the originally approved HSS proposal) | | | | |
| Revised annual budgets
(if revised by previous Annual Progress Reviews) | | | | |
| Total funds received from GAVI during the calendar year (A) | | | | |
| Remaining funds (carry over) from previous year (B) | | | | |
| Total Funds available during the calendar year (C=A+B) | | | | |
| Total expenditure during the calendar year (D) | | | | |
| Balance carried forward to next calendar year (E=C-D) | | | | |
| Amount of funding requested for future calendar year(s)
[please ensure you complete this row if you are requesting a new tranche] | | | | |

Report of Exchange Rate Fluctuation

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

[Table 9.1.3.c](#)

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

Detailed expenditure of HSS funds during the 2012 calendar year

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

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

Financial management of HSS funds

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

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

Has an external audit been conducted? **Not selected**

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

9.2. Progress on HSS activities in the 2012 fiscal year

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

Please provide the following information for each planned activity:

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

Table 9.2: HSS activities in the 2012 reporting year

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

9.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

| Major Activities (insert as many rows as necessary) | Explain progress achieved and relevant constraints |
|---|--|
|---|--|

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

9.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

9.3. General overview of targets achieved

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

Table 9.3: Progress on targets achieved

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

9.4. Programme implementation in 2012

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

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

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

9.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

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

9.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

9.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

9.5. Planned HSS activities for 2013

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

Table 9.5: Planned activities for 2013

| Major Activities (insert as many rows as necessary) | Planned Activity for 2013 | Original budget for 2013 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | 2013 actual expenditure (as at April 2013) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2013 (if relevant) |
|---|---|---|--|--------------------------------|--|---------------------------------------|
| DISTRICT MANAGEMENT SYSTEMS | Development and Implementation of District Planning and Supportive Supervision Systems | 100000 | | | | |
| DISTRICT MANAGEMENT SYSTEMS | Development of financial management guidelines for financing of costed CHC micro-plans | 40000 | | | | |
| DISTRICT MANAGEMENT SYSTEMS | Design and development of system of DQA/DQS | | | | | |
| CHC MICROPLANS | Test and Development of CHC Micro-planning system in 2 districts in 2013, including implementation of baseline needs assessment | 63000 | | | | |

| | | | | | | |
|------------------|--|--------|---|--|--|---|
| CHC MICROPLANS | Procurement of Transport Equipment (motorcycles for CHC) | 26000 | | | | |
| CHC MICROPLANS | Procurement of Refridgerators & Other Cold Chain Equipment | 99500 | | | | |
| CHC MICROPLANS | Conduct EVM Assessments and Training Module Development | 26000 | | | | |
| COMMUNITY DEMAND | Implementation of community participation Policy through CHC Micro-plans | 51000 | | | | |
| | | 405500 | 0 | | | 0 |

9.6. Planned HSS activities for 2014

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

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

Table 9.6: Planned HSS Activities for 2014

| Major Activities (insert as many rows as necessary) | Planned Activity for 2014 | Original budget for 2014 (as approved in the HSS proposal or as adjusted during past annual progress reviews) | Revised activity (if relevant) | Explanation for proposed changes to activities or budget (if relevant) | Revised budget for 2014 (if relevant) |
|---|---|---|--------------------------------|--|---------------------------------------|
| DISTRICT MANAGEMENT SYSTEMS | Development and Implementation of District Planning and Supportive Supervision Systems | 129000 | | | |
| DISTRICT MANAGEMENT SYSTEMS | Development of financial management guidelines for financing of costed CHC micro-plans | | | | |
| DISTRICT MANAGEMENT SYSTEMS | Design and development of system of DQA/DQS | 13200 | | | |
| CHC MICROPLANS | Test and Development of CHC Micro-planning system in 2 districts in 2013, including implementation of baseline needs assessment | 128300 | | | |

| | | | | | |
|-------------------------|--|--------|--|--|--|
| CHC MICROPLANS | Procurement of Transport Equipment (motorcycles for CHC) | 24000 | | | |
| CHC MICROPLANS | Procurement of Refridgerators & Other Cold Chain Equipment | 46000 | | | |
| COMMUNITY DEMAND | Implementation of community participation Policy through CHC Micro-plans | 54600 | | | |
| | | 395100 | | | |

9.7. Revised indicators in case of reprogramming

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

9.8. Other sources of funding for HSS

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

Table 9.8: Sources of HSS funds in your country

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

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

9.9. Reporting on the HSS grant

9.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 9.9: Data sources

| Data sources used in this report | How information was validated | Problems experienced, if any |
|----------------------------------|-------------------------------|------------------------------|
| | | |

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

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

Please attach:

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

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

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

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

Timor-Leste (East Timor) is not reporting on GAVI TYPE A CSO support for 2012

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

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

Timor-Leste (East Timor) is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

Ministry of Health got GAVI assistance in 2012 to introduce pentavalent vaccine in Timor Leste. Ministry of Health request IRC of GAVI to provide feedback for improvement of country team in the coming year.

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

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

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

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

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

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

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

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

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

An example statement of income & expenditure

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

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

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

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

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

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

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

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


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

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

13. Attachments

| Document Number | Document | Section | Mandatory | File |
|-----------------|---|---------|-----------|--|
| 1 | Signature of Minister of Health (or delegated authority) | 2.1 | ✓ | Attachment 1,2_Signature of MOH - MOF.pdf
File desc: Signature of DG of MoH
Date/time: 5/15/2013 4:32:18 AM
Size: 565700 |
| 2 | Signature of Minister of Finance (or delegated authority) | 2.1 | ✓ | Attachment 1,2_Signature of MOH - MOF.pdf
File desc: Signature from DG of Treasury, MoF
Date/time: 5/15/2013 4:33:26 AM
Size: 565700 |
| 3 | Signatures of members of ICC | 2.2 | ✓ | Attachment 3_Signature of EPI working Group Member.pdf
File desc: Signature of EPI working group members which considered as ICC
Date/time: 5/15/2013 4:34:05 AM
Size: 563537 |
| 4 | Minutes of ICC meeting in 2013 endorsing the APR 2012 | 5.7 | ✓ | Attachment 4_ICC Meeting_EPI working Group 30 May 2013.pdf
File desc: Minutes of EPI working group meeting on APR 2012
Date/time: 5/15/2013 4:34:25 AM
Size: 94685 |
| 5 | Signatures of members of HSCC | 2.3 | ✗ | Attachment 5_Signature of National Health Sector Coordination Committee.pdf
File desc: Signature of members of NHSCC
Date/time: 5/15/2013 4:34:56 AM
Size: 791981 |
| 6 | Minutes of HSCC meeting in 2013 endorsing the APR 2012 | 9.9.3 | ✓ | Attachment 6 _minutes of National Health Sector Coordination Committee Meeting.pdf
File desc: Minutes of NHSCC on APR 2012
Date/time: 5/15/2013 4:35:54 AM
Size: 82776 |
| 9 | Post Introduction Evaluation Report | 7.2.2 | ✓ | Not applicable documents for Timor Leste.pdf
File desc: Post evaluation is planned for April 2014
Date/time: 5/15/2013 6:52:02 AM
Size: 68548 |
| 10 | Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 7.3.1 | ✓ | Attachment 10_financial statement.pdf
File desc: Financial statement on NVS introduction Grant
Date/time: 5/15/2013 4:37:16 AM
Size: 491660 |
| | | | | Not applicable documents for Timor Leste.pdf |

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|----|---|-------|---|---|
| 11 | External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US\$ 250,000 | 7.3.1 | ✓ | File desc:
Date/time: 5/15/2013 6:52:30 AM
Size: 68548 |
| 12 | Latest EVSM/VMA/EVM report | 7.5 | ✓ | EVM_TL_report_F1_Oct19_2011.pdf
File desc: EVM report 2011
Date/time: 5/12/2013 7:40:08 PM
Size: 1117288 |
| 13 | Latest EVSM/VMA/EVM improvement plan | 7.5 | ✓ | 20102011_EVM_Timor-Leste_Presentation.pdf
File desc: EVM improvement plan 2011
Date/time: 5/12/2013 7:41:10 PM
Size: 2648465 |
| 14 | EVSM/VMA/EVM improvement plan implementation status | 7.5 | ✓ | Attachment 14_EVM Improvement Plan Implementation Status.pdf
File desc: EVM improvement plan status
Date/time: 5/15/2013 4:46:07 AM
Size: 6082 |
| 15 | External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US\$ 250,000 | 7.6.3 | ✗ | Not applicable documents for Timor Leste.pdf
File desc: N/A
Date/time: 5/15/2013 6:29:52 AM
Size: 68548 |
| 19 | Financial statement for HSS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✗ | Not applicable documents for Timor Leste.pdf
File desc: N/A
Date/time: 5/15/2013 6:52:56 AM
Size: 68548 |
| 20 | Financial statement for HSS grant for January-April 2013 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health | 9.1.3 | ✗ | Not applicable documents for Timor Leste.pdf
File desc: N/A
Date/time: 5/15/2013 6:53:15 AM
Size: 68548 |
| 21 | External audit report for HSS grant (Fiscal Year 2012) | 9.1.3 | ✗ | Not applicable documents for Timor Leste.pdf
File desc: N/A
Date/time: 5/15/2013 6:53:38 AM
Size: 68548 |
| 22 | HSS Health Sector review report | 9.9.3 | ✗ | Not applicable documents for Timor Leste.pdf
File desc: N/A
Date/time: 5/15/2013 6:53:56 AM
Size: 68548 |

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| 26 | Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012 | 0 |  | Attachment 26_Bank statement.pdf

File desc: Bank Statement

Date/time: 5/15/2013 4:38:53 AM
Size: 1062977 |
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