



GAVI Alliance

# Annual Progress Report **2011**

Submitted by

The Government of  
***Kiribati***

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/24/2012**

**Deadline for submission: 5/22/2012**

Please submit the APR **2011** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: [apr@gavialliance.org](mailto: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: 2011

Requesting for support year: 2013

## 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	2012
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2015

## 1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2013	2015

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2011	Request for Approval of
ISS	No	ISS reward for 2011 achievement: N/A
HSS	No	next tranche of HSS Grant N/A
CSO Type A	No	Not applicable N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2011: N/A

## 1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2010 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 Kiribati 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 Kiribati

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	Dr. Kautu TENAUA	Name	Mr. Tom MURDOCH
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
Tikua Tofinga TEKITANGA	EPI Coordinator/MHMS	686 28760	tikutanga@gmail.com
Dr. Teatao TIIRA	Director of Public Health/MHMS	686 28100 ext 290	teataotira@gmail.com
Tinai IUTA	Health & Nutrition Officer /UNICEF	686 29267 ext 113	tiuta.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
Ms. Tikua Tofinga TEKITANGA/EPI Coordinator	Ministry of Health and Medical Services Kiribati		
Dr. Andre REIFFER/CLO	WHO Kiribati		

Nuzhat SHAHZADI/Chief of UNICEF field Office and UNJP	UNICEF Kiribati		
Dr. Teatao TIIRA/Director of Public Health	Ministry of Health and Medical Services Kiribati		
Mr. Teanibuaka TABUNGA/MHMS Statistician	Ministry of Health and Medical Services Kiribati		
Ms Tirebwa MURINTEKERAOI/Planning Officer	Ministry of Finance and Economic Development		
Ms. Ioana TAAKAU/Director of Pharmacy	Ministry of Health and Medical Services Kiribati		

ICC may wish to send informal comments to: [apr@gavialliance.org](mailto:apr@gavialliance.org)

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

### 2.3. HSCC signatures page

Kiribati is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012

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

Kiribati is not reporting on CSO (Type A & B) fund utilisation in 2012



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## 4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	3,399	1,171	3,460	3,460		2,107		2,107		2,107
Total infants' deaths	129	9	131	131		131		131		131
Total surviving infants	3270	1,162	3,329	3,329		1,976		1,976		1,976
Total pregnant women	3,399	1,720	3,460	3,460		3,460		3,460		3,460
Number of infants vaccinated (to be vaccinated) with BCG	3,127	2,749	3,183	3,183	3,226	3,226	3,319	3,319	3,415	3,415
BCG coverage	92 %	235 %	92 %	92 %	93 %	153 %	94 %	158 %	95 %	162 %
Number of infants vaccinated (to be vaccinated) with OPV3	3,008	3,058	3,095	3,095	3,103	3,103	3,193	3,193	3,285	3,285
OPV3 coverage	92 %	263 %	93 %	93 %	93 %	157 %	94 %	162 %	95 %	166 %
Number of infants vaccinated (to be vaccinated) with DTP1	0	3,253	0	0	3,103	3,103	3,193	3,193	3,285	3,285
Number of infants vaccinated (to be vaccinated) with DTP3		3,179		0	3,103	3,103	3,193	3,193	3,285	3,285
DTP3 coverage	72 %	274 %	92 %	0 %	93 %	157 %	94 %	162 %	95 %	166 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	10	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.11	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	2,763	3,253	3,081	3,081		0		0		0
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	2,358	3,179	3,062	3,062		0		0		0
DTP-HepB-Hib coverage	72 %	274 %	92 %	92 %		0 %		0 %		0 %
Wastage[1] rate in base-year and planned thereafter (%)	5	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		1.05
Maximum wastage rate value for DTP-HepB-Hib, 1 dose/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV13)		0	1,639	1,639	2,836	2,836	2,955	2,955	3,112	3,112
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)		0	1,639	1,639	2,836	2,836	2,955	2,955	3,112	3,112
Pneumococcal (PCV13) coverage		0 %	50 %	49 %	85 %	144 %	87 %	150 %	90 %	157 %
Wastage[1] rate in base-year and planned thereafter (%)		5	5	5	0	0	0	0	0	0

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Wastage <sup>[1]</sup> factor in base-year and planned thereafter (%)		1.05	1.05	1.05	1	1	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 doses/vial, Liquid	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	2,910	2,883	2,995	2,995	3,070	3,070	3,159	3,159	3,285	3,285
Measles coverage	89 %	248 %	90 %	90 %	92 %	155 %	93 %	160 %	95 %	166 %
Pregnant women vaccinated with TT+	2,379	1,438	2,767	2,767	2,948	2,948	3,001	3,001	3,055	3,055
TT+ coverage	70 %	84 %	80 %	80 %	84 %	85 %	84 %	87 %	84 %	88 %
Vit A supplement to mothers within 6 weeks from delivery	0	733	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	3,000	12,208	3,020	3,020	N/A	3,020	N/A	3,020	N/A	3,020
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100		2 %		0 %	0 %	0 %	0 %	0 %	0 %	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.

## 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 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2012 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**

There is no change in total birth between JRF 2011 and GAVI APR 2011. The National census was used in both reports

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

There is no change- same reason as above

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

Most of the target by vaccine are higher even though we are using the National census which is quite higher than our Nurses census

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

The wastage rate set is the same with the 2010 APR(10%) due to anticipate the cold chain condition, replacement of unfunctional cold chain takes at least two years to complete(2011-2012) and still the fabrication and installation is still going on and there are four more refrigerators to be installed to make a complete set of functioning refrigerators in all the Gilbert islands excluding the Linnix group.

### 5.2. Immunisation achievements in 2011

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 2011 and how these were addressed:

Catch up campaign on MR2 to 6 year old was done nationally in Nov 2011.

Supervisory visits and Follow Up visit was done to 3 low performing islands.

Child survival Team visited Abemama for Child Health Week May 2011.

Fabrication and Installation of 6 solar chills on 6 outer islands March- Aug 2011.

Extension of Cold Chain room in Central Pharmacy Oct 2011.

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

Most targets were reached except Hepatitis B within 24 hours and MR2.

Reasons for Hep B and MR 2 low coverage is : health workers not aware of the importance of within 24 hr vaccination.

This has been resolved by visits to Low Performing Areas (LPA) to carry out on the job training to staff. And MR2 catch up campaign

### 5.3. Monitoring the Implementation of GAVI Gender Policy

In the past three years, were the sex-disaggregated data on immunisation services access available in your country? Choose one of the three: **no, not available**

If yes, please report all the data available from 2009 to 2011

Data Source	Timeframe of the data	Coverage estimate

How have you been using the above data to address gender-related barrier to immunisation access?

The above data is not available, however, Vaccination is given equally to all infant. All children has the right to receive vaccination

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

What action have you taken to achieve this goal?

All children born in Kiribati will be treated equally, sex will be recorded during immunization in different columns to produce sex-disaggregated data

### 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)

There are two data sources used in Kiribati, WHO/UNICEF joint reporting form, and data from the Ministry of Health and Medical Services Statistical Office.

\* Please note that the WHO UNICEF estimates for 2011 will only be available in July 2012 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2010 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 2009 to the present.

Establishment of the post of data officer  
Used of monitoring EPI chart  
Replacement of non functional refrigerators  
Supervisory visits, especially to LPA  
Update training on new changes  
Community awareness strengthened  
Introduction of new vaccine- pneumococcal  
Improve data collection from Clinics to National level  
ICC meeting-Feedback mechanism for EPI coverage

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.

Recruitment of Bio-Med technicians who will deal with EPI cold chain equipments to avoid break downs-regular visit to clinics for maintenance  
 EPI cool room where all EPI equipments and matters could be kept and solved  
 Introducing of more new vaccines- e.g. rota virus  
 Ongoing update training on new changes  
 Supportive supervision to be continued  
 More cold chain equipments to cover all the Kiribati islands  
 More clinics for people to access to EPI services  
 Transportation to be improved  
 Communication network between Tarawa and outer islands to be improved  
 Enough staff to conduct EPI Programme  
 Continuous community awareness  
 Computers to Health Centres for data base storage  
 Quarterly feedback to staff and report to ICC members

## 5.5. Overall Expenditures and Financing for Immunisation

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

<b>Exchange rate used</b>	1 US\$ = 1.02	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 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	NA	NA	NA
Traditional Vaccines*	39,204	18,757	20,447	0	0	0	0	0
New and underused Vaccines**	0	0	0	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	2,490	1,768	722	0	0	0	0	0
Cold Chain equipment	28,006	26,128	0	1,878	0	0	0	0
Personnel	100,000	100,000	0	0	0	0	0	0
Other routine recurrent costs	40,000	40,000	0	0	0	0	0	0
Other Capital Costs	10,000	10,000	0	0	0	0	0	0
Campaigns costs	85,000	85,000	0	0	0	0	0	0
NA		0	0	0	0	0	0	0
<b>Total Expenditures for Immunisation</b>	<b>304,700</b>							
<b>Total Government Health</b>		<b>281,653</b>	<b>21,169</b>	<b>1,878</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

Please state if an Annual Action Plan for the year 2011, based on the cMYP, was developed and costed.

5.5.1. If there are differences between available funding and expenditures for the reporting year, please clarify what are the reasons for it.

Yes-The AAP for 2011 was based on the developed and costed cMYP .

We do not have any differences between the funding received and expenditures-the costed plan is always enough

5.5.2. If less funding was received and spent than originally budgeted, please clarify the reasons and specify which areas were underfunded.

The above has not experienced yet.

5.5.3. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2012 and 2013

The Government procured and purchased vaccines-100% under VII system

**Table 5.5b:** Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	45,000	45,000
New and underused Vaccines**	63,000	163,000
Injection supplies (both AD syringes and syringes other than ADs)	2,000	2,000
Injection supply with syringes other than ADs	1,000	1,000
Cold Chain equipment	23,000	23,000
Personnel	1,000	1,000
Other routine recurrent costs	2,000	2,000
Supplemental Immunisation Activities	18,000	18,000
Total Expenditures for Immunisation	155,000	255,000

\* 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.

If there are major differences between the cMYP projections and the budgeted figures above, please clarify the main reasons for it.

5.5.4. Are you expecting to receive all funds that were budgeted for 2012 ? If not, please explain the reasons for the shortfall and which expenditure categories will be affected.

Yes, the planned budget should be enough, if not in case of other urgent costings that should be covered first, then other sources of funding could be investigated.

5.5.5. Are you expecting any financing gaps for 2013 ? If yes, please explain the reasons for the gaps and strategies being pursued to address those gaps.

No, if the budget is sufficient-if not, activities have to prioritize and also a supplementary funding could be requested through cabinet if the need is an urgent source

## 5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 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?

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

NA

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

NA

## 5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **3**

Please attach the minutes (**Document N°**) from all the ICC meetings held in 2011, including those of the meeting endorsing this report.

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

Data Management to be improved  
Supportive Supervision too be strengthened  
Cold Chain to be maintained and replaced timely and regularly

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

If Yes, which ones?

List CSO member organisations:
NA

### 5.8. Priority actions in 2012 to 2013

What are the country's main objectives and priority actions for its EPI programme for 2012 to 2013?

Cold chain and rehabilitation plan and maintenance  
Integrated Child Health Services  
Vaccine management assessment  
introduction of a new vaccine (pneumococcal)  
EPI Vaccine Storage Building

Are they linked with cMYP? **Yes**

### 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 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	AD syringe 0.01ml	Government
Measles	AD syringe 0.5ml	Government
TT	AD syringe 0.5ml	Government
DTP-containing vaccine	AD syringe 0.5ml	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)

No, all sharps disposed according to injection safety policy

Please explain in 2011 how sharps waste is being disposed of, problems encountered, etc.

All ADs and sharps were disposed using incinerator on South Tarawa while in outer islands were burned and buried.

Ministry of Health and Medical Services needs support and assistance for purchasing an incinerator for Xmas island.

## 6. Immunisation Services Support (ISS)

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

### 6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)		
Remaining funds (carry over) from 2010 (B)		
Total funds available in 2011 (C=A+B)		
Total Expenditures in 2011 (D)		
Balance carried over to 2012 (E=C-D)		

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

6.1.2. 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 ICC in this process

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2011

### 6.2. Detailed expenditure of ISS funds during the 2011 calendar year

### 6.3. Request for ISS reward

Request for ISS reward achievement in Kiribati is not applicable for 2011



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

### 7.1. Receipt of new & under-used vaccines for 2011 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2011 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below **Table 7.1**

**Table 7.1:** Vaccines received for 2011 vaccinations against approvals for 2011

	[ A ]	[ B ]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		0	0
Pneumococcal (PCV13)		0	0

\*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 difference

- 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)

Country-installation of solar chills on outer islands without fridges  
 Stock book inventory was strengthened  
 Regular Supportive supervision  
 Annual vaccine order  
 Extension of vaccine cold room  
 UNICEF- Vaccine order sent timely except when there is problems incurred  
 Pre-alert notification for vaccine arrival  
 VAR was strengthened  
 Fridge tag in vaccine order

7.1.2. For the vaccines in the **Table 7.1**, has your country faced stock-out situation in 2011? **Yes**

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

2months

Please describe the reason and impact of stock-out, including if the stock-out was at the central level only or at lower levels.

At lower level

Children were not vaccinated in 2 months. vaccination was delayed according to their age.

### 7.2. Introduction of a New Vaccine in 2011

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2011, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

Vaccine introduced	NA	
Phased introduction	No	
Nationwide introduction	No	

The time and scale of introduction was as planned in the proposal? If No, Why ?	No	No new vaccine introduced in 2011
---	----	-----------------------------------

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **November 2012**

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° 20 )

NA

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **Yes**

Is there a national AEFI expert review committee? **Yes**

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

Is the country sharing its vaccine safety data with other countries? **Yes**

### 7.3. New Vaccine Introduction Grant lump sums 2011

#### 7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	0	0
Total funds available in 2011 (C=A+B)	0	0
Total Expenditures in 2011 (D)	0	0
Balance carried over to 2012 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2011 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year ( Document No 14) . 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

NA

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

NA

Please describe the activities that will be undertaken with any remaining balance of funds for 2012 onwards

NA

### 7.4. Report on country co-financing in 2011

**Table 7.4** : Five questions on country co-financing

Co-Financed Payments	Q.1: What were the actual co-financed amounts and doses in 2011?	
	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	780	780
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	0

	<b>Q.2: Which were the sources of funding for co-financing in reporting year 2011?</b>	
Government	11000	
Donor	0	
Other	0	
	<b>Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?</b>	
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	0	
	<b>Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding</b>	
<b>Schedule of Co-Financing Payments</b>	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	May	GAVI
1st Awarded Vaccine Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	May	GAVI
	<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>	
	NA	

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/>

Put budget aside for co-financing, may used other source of funding that are not commonly needed

Is GAVI's new vaccine support reported on 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](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 2010**

Please attach:

- EVM assessment (**Document No 15**)
- Improvement plan after EVM (**Document No 16**)
- Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

Kindly provide a summary of actions taken in the following table:

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any

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

If yes, provide details

10 islands had they solar chills installed

Extension of cold room at national store

Training/Update of staff

When is the next Effective Vaccine Management (EVM) assessment planned? **November 2012**

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Kiribati does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Kiribati 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 2012

If **2012** is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from **2013** and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

Please enter current cMYP End Year: **2017**

The country hereby request for an extension of GAVI support for

\* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccines: for the years **2013** to **2018**. At the same time it commits itself to co-finance the procurement of

\* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine in accordance with the minimum GAVI co-financing levels as summarised in section [7.11 Calculation of requirements](#).

The multi-year extension of

\* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine support is in line with the new cMYP for the years **2013** to **2018** which is attached to this APR (Document N°11). The new costing tool is also attached. (Document N°18)

The country ICC has endorsed this request for extended support of

\* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**

vaccine at the ICC meeting whose minutes are attached to this APR. (Document N°21)

## 7.9. Request for continued support for vaccines for 2013 vaccination programme

In order to request NVS support for **2013** vaccination do the following

Confirm here below that your request for **2013** vaccines support is as per [7.11 Calculation of requirements](#)

**Yes**

If you don't confirm, please explain

Confirmed

## 7.10. Weighted average prices of supply and related freight cost

**Table 7.10.1: Commodities Cost**

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

Vaccine	Presentation	2011	2012	2013	2014	2015
DTP-HepB, 10 dose(s) per vial, LIQUID	10					
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10		2.182	2.017	1.986	1.933
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2		2.182	2.017	1.986	1.933
HPV bivalent, 2 dose(s) per vial, LIQUID	2		5.000	5.000	5.000	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1		5.000	5.000	5.000	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10		0.242	0.242	0.242	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10		0.520	0.520	0.520	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10		0.494	0.494	0.494	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2		3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1		3.500	3.500	3.500	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10		0.900	0.900	0.900	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5		0.900	0.900	0.900	0.900
Rotavirus, 2-dose schedule	1		2.550	2.550	2.550	2.550
Rotavirus, 3-dose schedule	1		5.000	3.500	3.500	3.500
AD-SYRINGE	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-PENTAVAL	0		0.047	0.047	0.047	0.047
RECONSTIT-SYRINGE-YF	0		0.004	0.004	0.004	0.004
SAFETY-BOX	0		0.006	0.006	0.006	0.006

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

**Table 7.10.1: Commodities Cost**

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

Vaccine	Presentation	2016
DTP-HepB, 10 dose(s) per vial, LIQUID	10	
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	1	1.927
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	10	1.927
DTP-HepB-Hib, 2 dose(s) per vial, LYOPHILISED	2	1.927
HPV bivalent, 2 dose(s) per vial, LIQUID	2	5.000
HPV quadrivalent, 1 dose(s) per vial, LIQUID	1	5.000
Measles, 10 dose(s) per vial, LYOPHILISED	10	0.242
Meningococcal, 10 dose(s) per vial, LIQUID	10	0.520
MR, 10 dose(s) per vial, LYOPHILISED	10	0.494
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2	3.500
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	1	3.500
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	10	0.900
Yellow Fever, 5 dose(s) per vial, LYOPHILISED	5	0.900
Rotavirus, 2-dose schedule	1	2.550
Rotavirus, 3-dose schedule	1	3.500
AD-SYRINGE	0	0.047
RECONSTIT-SYRINGE-PENTAVAL	0	0.047
RECONSTIT-SYRINGE-YF	0	0.004
SAFETY-BOX	0	0.006

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

**Table 7.10.2: Freight Cost**

Vaccine Antigens	VaccineTypes	No Threshold	500,000\$	
			<=	>
DTP-HepB	HEPBHIB	2.00 %		
DTP-HepB-Hib	HEPBHIB		23.80 %	6.00 %
Measles	MEASLES	14.00 %		
Meningococcal	MENINACONJUGATE	10.20 %		
Pneumococcal (PCV10)	PNEUMO	3.00 %		
Pneumococcal (PCV13)	PNEUMO	6.00 %		
Rotavirus	ROTA	5.00 %		
Yellow Fever	YF	7.80 %		

## 7.11. Calculation of requirements

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

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	1,162	3,329	1,976	1,976	1,976	10,419
	Number of children to be vaccinated with the first dose	Table 4	#	3,253	3,081	0	0	0	6,334
	Number of children to be vaccinated with the third dose	Table 4	#	3,179	3,062	0	0	0	6,241
	Immunisation coverage with the third dose	Table 4	%	273.58 %	91.98 %	0.00 %	0.00 %	0.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	3,600					
	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	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		1.39	1.48	1.48	1.85	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		23.80 %	23.80 %	23.80 %	23.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.46	0.74	1.04	1.33	1.63
Recommended co-financing as per APR 2010					
Your co-financing	0.46	1.39	1.48	1.48	1.85

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

		2012	2013	2014	2015
Number of vaccine doses	#	3,100	0	0	0
Number of AD syringes	#	5,200	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	75	0	0	0
Total value to be co-financed by GAVI	\$	9,000	0	0	0

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

		2012	2013	2014	2015
Number of vaccine doses	#	3,100	0	0	0
Number of AD syringes	#	5,200	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	75	0	0	0
Total value to be co-financed by the Country	\$	8,500	0	0	0

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

	Formula	2011	2012		
		Total	Total	Government	GAVI
<b>A</b> Country co-finance	$V$	0.00 %	49.86 %		
<b>B</b> Number of children to be vaccinated with the first dose	Table 5.2.1	3,253	3,081	1,537	1,544
<b>C</b> Number of doses per child	Vaccine parameter (schedule)	3	3		
<b>D</b> Number of doses needed	$B \times C$	9,759	9,243	4,609	4,634
<b>E</b> Estimated vaccine wastage factor	Table 4	1.05	1.05		
<b>F</b> Number of doses needed including wastage	$D \times E$	10,247	9,706	4,840	4,866
<b>G</b> Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		0	0	0
<b>H</b> Stock on 1 January 2012	Table 7.11.1	3,600			
<b>I</b> Total vaccine doses needed	$F + G - H$		6,106	3,045	3,061
<b>J</b> Number of doses per vial	Vaccine Parameter		1		
<b>K</b> Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		10,260	5,116	5,144
<b>L</b> Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
<b>M</b> Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		114	57	57
<b>N</b> Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		13,324	6,644	6,680
<b>O</b> Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		478	239	239
<b>P</b> Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
<b>Q</b> Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		1	1	0
<b>R</b> Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		3,172	1,582	1,590
<b>S</b> Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		48	24	24
<b>T</b> Total fund needed	$(N+O+P+Q+R+S)$		17,023	8,488	8,535
<b>U</b> Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		8,488		
<b>V</b> Country co-financing % of GAVI supported proportion	$U / T$		49.86 %		



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

	Formula	2013			2014		
		Total	Government	GAVI	Total	Government	GAVI
<b>A</b>	<b>Country co-finance</b>	$V$	0.00 %			0.00 %	
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b>	<i>Table 5.2.1</i>	0	0	0	0	0
<b>C</b>	<b>Number of doses per child</b>	<i>Vaccine parameter (schedule)</i>	3			3	
<b>D</b>	<b>Number of doses needed</b>	$B \times C$	0	0	0	0	0
<b>E</b>	<b>Estimated vaccine wastage factor</b>	<i>Table 4</i>	1.05			1.05	
<b>F</b>	<b>Number of doses needed including wastage</b>	$D \times E$	0	0	0	0	0
<b>G</b>	<b>Vaccines buffer stock</b>	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	0	0
<b>H</b>	<b>Stock on 1 January 2012</b>	<i>Table 7.11.1</i>					
<b>I</b>	<b>Total vaccine doses needed</b>	$F + G - H$	0	0	0	0	0
<b>J</b>	<b>Number of doses per vial</b>	<i>Vaccine Parameter</i>	1			1	
<b>K</b>	<b>Number of AD syringes (+ 10% wastage) needed</b>	$(D + G - H) \times 1.11$	0	0	0	0	0
<b>L</b>	<b>Reconstitution syringes (+ 10% wastage) needed</b>	$I / J \times 1.11$	0	0	0	0	0
<b>M</b>	<b>Total of safety boxes (+ 10% of extra need) needed</b>	$(K + L) / 100 \times 1.11$	0	0	0	0	0
<b>N</b>	<b>Cost of vaccines needed</b>	$I \times \text{vaccine price per dose (g)}$	0	0	0	0	0
<b>O</b>	<b>Cost of AD syringes needed</b>	$K \times \text{AD syringe price per unit (ca)}$	0	0	0	0	0
<b>P</b>	<b>Cost of reconstitution syringes needed</b>	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0
<b>Q</b>	<b>Cost of safety boxes needed</b>	$M \times \text{safety box price per unit (cs)}$	0	0	0	0	0
<b>R</b>	<b>Freight cost for vaccines needed</b>	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0	0	0
<b>S</b>	<b>Freight cost for devices needed</b>	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0	0	0
<b>T</b>	<b>Total fund needed</b>	$(N+O+P+Q+R+S)$	0	0	0	0	0
<b>U</b>	<b>Total country co-financing</b>	$I \times \text{country co-financing per dose (cc)}$	0			0	
<b>V</b>	<b>Country co-financing % of GAVI supported proportion</b>	$U / T$	0.00 %			0.00 %	

**Table 7.11.4:** Calculation of requirements for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID (part 3)

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	V	0.00 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	0	0	0
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	0	0	0
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	0	0	0
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	0	0	0
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	0	0	0
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	0	0	0
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	$(N+O+P+Q+R+S)$	0	0	0
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	0		
V	Country co-financing % of GAVI supported proportion	$U / T$	0.00 %		

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

ID	Source		2011	2012	2013	2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	1,162	3,329	1,976	1,976	1,976	10,419
	Number of children to be vaccinated with the first dose	Table 4	#	0	1,639	2,836	2,955	3,112	10,542
	Number of children to be vaccinated with the third dose	Table 4	#	0	1,639	2,836	2,955	3,112	10,542
	Immunisation coverage with the third dose	Table 4	%	0.00 %	49.23 %	143.52 %	149.54 %	157.49 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.00	1.00	1.00	
	Vaccine stock on 1 January 2012		#	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	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.70	3.69	3.69	3.69	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

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

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

	2011	2012	2013	2014	2015
Minimum co-financing		0.70	1.40	2.10	2.80
Recommended co-financing as per <b>Proposal 2011</b>			1.40	2.10	2.80
Your co-financing		0.70	3.69	3.69	3.69

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

		2012	2013	2014	2015
Number of vaccine doses	#	5,300	200	200	200
Number of AD syringes	#	5,700	300	300	300
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	75	25	25	25
Total value to be co-financed by GAVI	\$	20,000	1,000	1,000	1,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	1,200	9,200	8,800	9,300
Number of AD syringes	#	1,300	10,200	9,800	10,300
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	25	125	125	125
Total value to be co-financed by the Country	\$	5,000	34,500	33,500	35,000

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

	Formula	2011	2012		
		Total	Total	Government	GAVI
<b>A</b> Country co-finance	$V$	0.00 %	18.59 %		
<b>B</b> Number of children to be vaccinated with the first dose	Table 5.2.1	0	1,639	305	1,334
<b>C</b> Number of doses per child	Vaccine parameter (schedule)	3	3		
<b>D</b> Number of doses needed	$B \times C$	0	4,917	915	4,002
<b>E</b> Estimated vaccine wastage factor	Table 4	1.05	1.05		
<b>F</b> Number of doses needed including wastage	$D \times E$	0	5,163	960	4,203
<b>G</b> Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		1,291	241	1,050
<b>H</b> Stock on 1 January 2012	Table 7.11.1	0			
<b>I</b> Total vaccine doses needed	$F + G - H$		6,454	1,200	5,254
<b>J</b> Number of doses per vial	Vaccine Parameter		1		
<b>K</b> Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		6,891	1,282	5,609
<b>L</b> Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		0	0	0
<b>M</b> Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		77	15	62
<b>N</b> Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		22,589	4,200	18,389
<b>O</b> Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		321	60	261
<b>P</b> Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		0	0	0
<b>Q</b> Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		1	1	0
<b>R</b> Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$		1,356	253	1,103
<b>S</b> Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		33	7	26
<b>T</b> Total fund needed	$(N+O+P+Q+R+S)$		24,300	4,519	19,781
<b>U</b> Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		4,518		
<b>V</b> Country co-financing % of GAVI supported proportion	$U / T$		18.59 %		

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

	Formula	2013			2014			
		Total	Government	GAVI	Total	Government	GAVI	
A	Country co-finance	V	97.95 %			97.95 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	2,836	2,778	58	2,955	2,895	60
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	8,508	8,334	174	8,865	8,684	181
E	Estimated vaccine wastage factor	Table 4	1.00			1.00		
F	Number of doses needed including wastage	$D \times E$	8,508	8,334	174	8,865	8,684	181
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	837	820	17	90	89	1
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	9,345	9,154	191	8,955	8,772	183
J	Number of doses per vial	Vaccine Parameter	1			1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	10,373	10,161	212	9,941	9,738	203
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	116	114	2	111	109	2
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	32,708	32,040	668	31,343	30,701	642
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	32,708	474	9	31,343	454	9
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	1	1	0	1	1	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	1,963	1,923	40	1,881	1,843	38
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	49	48	1	47	47	0
T	Total fund needed	$(N+O+P+Q+R+S)$	35,204	34,484	720	33,735	33,045	690
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	34,484			33,044		
V	Country co-financing % of GAVI supported proportion	$U / T$	97.95 %			97.95 %		

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

	Formula	2015			
		Total	Government	GAVI	
A	Country co-finance	$V$	97.96 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	3,112	3,049	63
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	9,336	9,146	190
E	Estimated vaccine wastage factor	Table 4	1.00		
F	Number of doses needed including wastage	$D \times E$	9,336	9,146	190
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	118	116	2
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	9,454	9,262	192
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	10,494	10,280	214
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	117	115	2
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	33,089	32,414	675
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	488	479	9
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	1	1	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	1,986	1,946	40
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	49	48	1
T	Total fund needed	$(N+O+P+Q+R+S)$	35,613	34,886	727
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	34,886		
V	Country co-financing % of GAVI supported proportion	$U / T$	97.96 %		

## 8. Injection Safety Support (INS)

Kiribati is not reporting on Injection Safety Support (INS) in 2012

## 9. Health Systems Strengthening Support (HSS)

Kiribati is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2012





## **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**


Kiribati 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

Kiribati 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



## 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 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
<b>Summary of income received during 2011</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2011</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2011 (balance carried forward to 2012)</b>	<b>60,139,325</b>	<b>125,523</b>

\* 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2011</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
<b>Summary of income received during 2011</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2011</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2011 (balance carried forward to 2012)</b>	<b>60,139,325</b>	<b>125,523</b>

\* 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2011</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, 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 2011 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 2010 calendar year (opening balance as of 1 January 2011)
  - b. Income received from GAVI during 2011
  - c. Other income received during 2011 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2011
  - f. A detailed analysis of expenditures during 2011, 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 2011 (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 2011 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 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
<b>Summary of income received during 2011</b>		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
<b>Total Income</b>	<b>38,987,576</b>	<b>81,375</b>
<b>Total expenditure during 2011</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2011 (balance carried forward to 2012)</b>	<b>60,139,325</b>	<b>125,523</b>




\* 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
<b>Salary expenditure</b>						
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
<b>Non-salary expenditure</b>						
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
<b>Other expenditures</b>						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
<b>TOTALS FOR 2011</b>	<b>42,000,000</b>	<b>87,663</b>	<b>30,592,132</b>	<b>63,852</b>	<b>11,407,868</b>	<b>23,811</b>

\*\* 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		Ministers signature for MHMS & MFED.pdf File desc: File description... Date/time: 5/22/2012 5:19:30 PM Size: 87659
2	Signature of Minister of Finance (or delegated authority)	2.1		Ministers signature for MHMS & MFED.pdf File desc: File description... Date/time: 5/22/2012 5:20:23 PM Size: 87659
3	Signatures of members of ICC	2.2		ICC Members signatures.pdf File desc: File description... Date/time: 5/22/2012 5:21:12 PM Size: 186226
5	Minutes of ICC meetings in 2011	2.2		icc meeting minutes 2011.pdf File desc: File description... Date/time: 5/22/2012 5:24:48 PM Size: 2066979
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		GAVI APR Endorsement.pdf File desc: File description... Date/time: 5/22/2012 5:26:34 PM Size: 422034
10	new cMYP APR 2011	7.7		11c MYP working document.doc File desc: File description... Date/time: 5/22/2012 5:29:20 PM Size: 856576
11	new cMYP costing tool APR 2011	7.8		11c MYP working document.doc File desc: File description... Date/time: 5/22/2012 5:33:19 PM Size: 856576
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1		Kiribati was not introducing new vaccine in 2011.doc File desc: File description... Date/time: 5/22/2012 6:15:12 PM Size: 24064
15	EVSM/VMA/EVM report APR 2011	7.5		The report for Vaccine Management Assessment can not attached.doc File desc: File description... Date/time: 5/22/2012 6:12:01 PM Size: 24064
16	EVSM/VMA/EVM improvement plan APR 2011	7.5		1EPI=VMA.doc File desc: File description...

				Date/time: 5/22/2012 5:44:52 PM Size: 50688
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5		1EPI=VMA.doc File desc: File description... Date/time: 5/22/2012 5:45:38 PM Size: 50688
20	Post Introduction Evaluation Report	7.2.2		As Kiribati was not introducing new vaccine in 2011.doc File desc: File description... Date/time: 5/22/2012 6:17:29 PM Size: 24064
21	Minutes ICC meeting endorsing extension of vaccine support	7.8		ICC Meetings Minute.docx File desc: File description... Date/time: 5/22/2012 5:46:50 PM Size: 17124