



GAVI Alliance

# Annual Progress Report **2014**

Submitted by

The Government of  
***Kiribati***

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **Submitted by e-mail**

**Deadline for submission: 15/05/2015**

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

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

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

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

**GAVI ALLIANCE  
GRANT TERMS AND CONDITIONS**

**FUNDING USED SOLELY FOR APPROVED PROGRAMMES**

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

**AMENDMENT TO THE APPLICATION**

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

**RETURN OF FUNDS**

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

**SUSPENSION/ TERMINATION**

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

**ANTICORRUPTION**

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

**AUDITS AND RECORDS**

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

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

**CONFIRMATION OF LEGAL VALIDITY**

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

**CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY**

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

**USE OF COMMERCIAL BANK ACCOUNTS**

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

**ARBITRATION**

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

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

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

***By filling this APR the country will inform GAVI about:***

*Accomplishments using GAVI resources in the past year*

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

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

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

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

# 1. Application Specification

Reporting on year: 2014

Requesting for support year: 2016

## 1.1. NVS & INS support

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

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

## 1.2. Programme extension

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	2016	No extension
Routine New Vaccines Support	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2016	No extension

## 1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

## 1.4. Previous Monitoring IRC Report

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

## 2. Signatures

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

By signing this page, the Government of 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 High Level Review Panel (HLRP) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Dr 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
PNO Beia Tabwaia Ms Agnes Nikuata Ms Tikua Tekitanga	EPI & Child Health Manager Child Health Program – WHO Child Health - UNICEF	(686)- 28100/686-69500 (686) 28213 (686) 29267	<a href="mailto:beiatbwaia@gmail.com">beiatbwaia@gmail.com</a> <a href="mailto:nikuataa@wpro.int">nikuataa@wpro.int</a> <a href="mailto:tikutanga@gmail.com">tikutanga@gmail.com</a>

### 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 Ereti Timeon Ms Tinai Iuta Dr Andre Ms Rokoua Teunroko Ms Ioana Takau Mr Tebiria Ms Tiareti Mareko Mr Reia Tabwaia	MHMS UNICEF WHO Ministry of Finance Pharmacy MHMS Medical Record MHMS RMNCAH Chair EPI Coordinator		

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

All comments will be treated confidentially

Comments from Partners:

[Redacted]

Comments from the Regional Working Group:

[Redacted]

### 2.3. HSCC signatures page

Kiribati is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2014

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

Kiribati is not reporting on CSO (Type A & B) fund utilisation in 2015

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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.

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

Number	Achievements as per JRF		Targets (preferred presentation)	
	2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation
Total births	3268	3111	3200	4742
Total infants' deaths	131	149	131	131
Total surviving infants	3111	3260	4742	3200
Total pregnant women	3268	782	3226	3268
Number of infants vaccinated (to be vaccinated) with <b>BCG</b>	3111	2341	3415	2945
<b>BCG coverage[1]</b>	95.0 %	75.2 %	95.0 %	95.0 %
Number of infants vaccinated (to be vaccinated) with <b>OPV3</b>	3111	2568	3285	2824
<b>OPV3 coverage[2]</b>	95.0 %	82.5 %	95.0 %	95.0 %
Number of infants vaccinated (to be vaccinated) with <b>DTP1[3]</b>	3111	2726	3285	2853
Number of infants vaccinated (to be vaccinated) with <b>DTP3[3][4]</b>	3111	2437	3285	2824
<b>DTP3 coverage[2]</b>	95.0 %	78.0 %	95.0 %	95.0 %
<b>Wastage[5] rate in base-year and planned thereafter (%) for DTP</b>	33.0%	33.0%	33.0%	33.0%
<b>Wastage[5] factor in base-year and planned thereafter for DTP</b>	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with <b>1st dose of DTP-HepB-Hib</b>	3111	2726	3285	2853
Number of infants vaccinated (to be vaccinated) with <b>3rd dose of DTP-HepB-Hib</b>	3111	2437	3285	2853
<b>DTP-HepB-Hib coverage[2]</b>	95.0 %	78.3 %	95.0 %	95.0 %
<b>Wastage[5] rate in base-year and planned thereafter (%)</b>	5%	5%	5%	5%
<b>Wastage[5] factor in base-year and planned thereafter (%)</b>	1	1	1	1
<b>Maximum wastage rate value for DTP-HepB-Hib, 1 dose(s) per vial, LIQUID</b>	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with <b>1st dose of Pneumococcal (PCV13)</b>	3111	2274	3285	2853



Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV13)	3111	1861	3285	2853
Pneumococcal (PCV13) coverage[2]	95.0%	59.8 %	95.0 %	95.0 %
Wastage[5] rate in base-year and planned thereafter (%)	5.0%	5.0%	5.0%	5.0%
Wastage[5] factor in base-year and planned thereafter (%)	1	1	1	1
Maximum wastage rate value for Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	5 %	5 %	5 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	3111	2256	3159	2703
Measles coverage[2]	95.0 %	72.5 %	95.0%	95.0%
Pregnant women vaccinated with TT+	3268	782	3001	2470
TT+ coverage[7]	95.0 %	24.0 %	87.0 %	84.0 %
Vit A supplement to mothers within 6 weeks from delivery	Not available	Not available	95.0%	95.0%
Vit A supplement to infants after 6 months	N/A	N/A	N/A	N/A
Annual DTP Drop out rate [ ( DTP1 – DTP3 ) / DTP1 ] x 100	0 %	0 %	0 %	0 %

[1] Number of infants vaccinated out of total births

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

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

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

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

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

## 5. General Programme Management Component

### 5.1. Updated baseline and annual targets

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

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

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

- Justification for any changes in **births**

No change as still/remain using annual birth reported in the Monthly Consolidated Report from nurses in the outer islands and nurses' report from the main hospital and compiled in the National Health Information Center.

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

As above

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

There has been a decline towards all antigens coverage seen due to unreliable flight schedule, nurses transport breakdown, down fridges on outer islands and poor documentations. To improve on this, nurses are encouraged to work more seriously on EPI program with continuous support from the Ministry of Health

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

Kiribati Extended Program on Immunization confines in using the standard wastage rate & factor used in Pacific Islands

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

5.2.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **No**

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
Not available	Not available	0	0

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

Equally treated and addressed the same.

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

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

Presently, no gender-related barriers been experiencing and all targeted children received their vaccination accordingly to the Kiribati immunization schedule.

### 5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill the table using US\$.

<b>Exchange rate used</b>	<b>1 US\$ =</b>	Enter the rate only; Please do not enter local currency name
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**Table 5.3a:** Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	JICA	Merck	
Traditional Vaccines*	25,374	12,174	0	13,200	0	0	0	
New and underused Vaccines**	56,500	17,500	\$39,000	0	0	0	0	
Injection supplies (both AD syringes and syringes other than ADs)	5,234	5,234	0	0	0	0	0	
Cold Chain equipment	59,825	46,625	0	13,200	0	0	0	
Personnel	584,994	155,286	0	429,708	0	0	0	
Other routine recurrent costs	411,393	232,653	0	0	11,800	10,000	156,940	
<b>Total Expenditures for Immunisation</b>	<b>1,143,320</b>	<b>469,472</b>	<b>39,000</b>	<b>456,108</b>	<b>11,800</b>	<b>10,000</b>	<b>156,940</b>	
<b>Total Government Health</b>								

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

#### 5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014?

None, but another new established committee known by its name “RMNCAH” met and discussed EPI related matters and other programs. The committee is a combination of all programs within the MOH in which Reproductive, Maternal, Neonatal, Child & Adolescent Health were communicated and discussed within the committee and addressed. All EPI related matters were addressed and assisted within such committee

Please attach the minutes (**Document n<sup>o</sup>**) from the ICC meeting in 2015 endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections [5.1 Updated baseline and annual targets](#) to [5.3 Overall Expenditures and Financing for Immunisation](#)

- Annual nurse’s census at community level starts on Feb 23 to Mar 23 each year. This is to await primary & secondary schools start to avoid double counting that most should have arrived/returned after xmas holiday.
- Nurses themselves must carry out the census so correct information obtained is correct – data improvement
- Cold chain at peripheral clinic level continuously be maintained

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

If Yes, which ones?

<b>List CSO member organisations:</b>

#### 5.5. Priority actions in 2015 to 2016

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

- To explore potential introduction of new vaccines such as Rotavirus and IPV
- To increase routine immunization coverage beyond 95%
- To supply and install solar fridges on all islets in the outer island of Kiribati & consider more than 1 solar fridge to bigger and populated outer islands
- To strengthen and improve management capacity for EPI and further strengthen the health system.
- To develop and improve EPI database

- To regularly conduct update and upgrading training with regular M &E

## 5.6. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	AD Syringes 0.01ml	Kiribati Government
Measles	AD Syringes 0.5ml	Kiribati Government
TT	AD Syringes 0.5ml	Kiribati Government
DTP-containing vaccine	AD Syringes 0.5ml	Kiribati Government
IPV	Introduction in June 2015 – AD syr 0.5ml	Kiribati 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)

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

All health facilities were supplied with sharp collectors where sharps were kept to half full. Sharp waste containers in all clinics of South Tarawa & Betio were collected to the main hospital for incineration. For Kiribati outer islands, burning & burying is the only and main way to destroy sharp waste.

## **6. Immunisation Services Support (ISS)**

### **6.1. Report on the use of ISS funds in 2014**

Kiribati is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

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

Kiribati is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

### **6.3. Request for ISS reward**

Request for ISS reward achievement in Kiribati is not applicable for 2014

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

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

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

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

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

	[ A ]	[ B ]	[ C ]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Pneumococcal (PCV13)	9,000	9000	0	Not selected
DTP-HepB-Hib	2,900	9400	6500	Not selected

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? ...)

Pneumococcal vaccine stock out beginning of the year 2014 for 2 month causing delayed vaccination respectively

- 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.**

National Pharmacy in the country continuously distributing a single dose of Pentavalent to all outer islands of Kiribati having small number of birth and scattered population while the 10 doses were confined and distributed on South Tarawa the capital of Kiribati having high number of birth

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.

Pneumococcal opening stock as per Jan 1<sup>st</sup> 2014 at National Pharmacy was 0 and the new quantity of 5,400 vaccines just received on March 6<sup>th</sup> 2014. During the 2 month period of stock out, children were not vaccinated at lower level while at the same time, there has been a delayed of 2 month for vaccination according to child's age.

## 7.2. Introduction of a New Vaccine in 2014

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

DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	DTP-HepB-Hib introduction was in 2009

When is the Post Introduction Evaluation (PIE) planned? Not applicable

Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Pneumococcal introduction started in 2013

When is the Post Introduction Evaluation (PIE) planned? Not applicable

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

No reported PIE conducted in the past 2 years back

### 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? **No**

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Yes**

### 7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **No**

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

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Yes**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

ICC/RMNCAH starts developing improvement plan against the gaps detected in the studies or surveillance follows on with information dissemination to staff directly executing the tasks. Nurses being the key person within the area of EPI & Child survival, while other key sections involved, all encouraged and motivated and fixing/addressing other gaps.

### 7.3. New Vaccine Introduction Grant lump sums 2014

#### 7.3.1. Financial Management Reporting

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

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014 calendar year (Document No ). 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

No new vaccine introduction in 2014

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

Not relevant

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

Not relevant

### 7.4. Report on country co-financing in 2014

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

	Q.1: What were the actual co-financed amounts and doses in 2014?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	\$4,000	1,200
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	\$35,000	5,4 00
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?	
Government	\$12,500 + \$5,000 = \$17,500	
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>		
<b>Co-Financed Payments</b>	<b>Total Amount in US\$</b>	<b>Total Amount in Doses</b>
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
<b>Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding</b>		
<b>Schedule of Co-Financing Payments</b>	<b>Proposed Payment Date for 2016</b>	<b>Source of funding</b>
Awarded Vaccine #1: DTP-HepB-Hib, 1 dose(s) per vial, LIQUID		
Awarded Vaccine #2: Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID		
<b>Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing</b>		

**\*Note:** co-financing is not mandatory for IPV

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

## 7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at

[http://www.who.int/immunization/programmes\\_systems/supply\\_chain/evm/en/index3.html](http://www.who.int/immunization/programmes_systems/supply_chain/evm/en/index3.html)

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? Sept 2014

Please attach:

- (a) EVM assessment (**Document No 1**)
- (b) Improvement plan after EVM (**Document No 2**)
- (c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 2**)

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

Are there any changes in the Improvement plan, with reasons? **Not selected**

If yes, provide details

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

## 7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

Kiribati does not report on NVS Preventive campaign

## 7.7. Change of vaccine presentation

Kiribati does not require changing any of the vaccine presentation(s) for future years.

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

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

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

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

- \* **DTP-HepB-Hib, 1 dose(s) per vial, LIQUID**
- \* **Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID**

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

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

Confirm here below that your request for 2016 vaccines support is as per [7.11 Calculation of requirements](#)  
**Kiribati requests NVS support for 2016**

If you don't confirm, please explain

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

**Table 7.10.1: Commodities Cost**

Estimated prices of supply are not disclosed

**Table 7.10.2: Freight Cost**

Vaccine Antigen	Vaccine Type	2008	2009	2010	2011	2012	2013	2014
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID							2.60 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID							5.90 %

Vaccine Antigen	Vaccine Type	2015
DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	DTP-HepB-Hib, 1 dose(s) per vial, LIQUID	2.70 %
Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	Pneumococcal (PCV13), 1 dose(s) per vial, LIQUID	6.00 %

## 7.11. Calculation of requirements

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

ID		Source		2014	2015	TOTAL
	Number of surviving infants	Table 4	#	3111	4742	7853
	Number of children to be vaccinated with the first dose	Table 4	#	3111	3285	6396
	Number of children to be vaccinated with the third dose	Table 4	#	3111	3285	6396
	Immunisation coverage with the third dose	Table 4	%	78.0%	95.0 %	
	Number of doses per child	Parameter	#	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	
	Vaccine stock on 31st December 2014 * (see explanation footnote)		#	2293		
	Vaccine stock on 1 January 2015 ** (see explanation footnote)		#	2311		
	Number of doses per vial	Parameter	#		1	
	AD syringes required	Parameter	#		Yes	

	<b>Reconstitution syringes required</b>	Parameter	#		No	
	<b>Safety boxes required</b>	Parameter	#		Yes	
cc	<b>Country co-financing per dose</b>	Co-financing table	\$		0.00	
ca	<b>AD syringe price per unit</b>	Table 7.10.1	\$		0.0448	
cr	<b>Reconstitution syringe price per unit</b>	Table 7.10.1	\$		0	
cs	<b>Safety box price per unit</b>	Table 7.10.1	\$		0.0054	

\* 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 2015; if there is a difference between the stock on 31st December 2014 and 1st January 2015, please explain why in the box below.

Indication of poor/incorrect stock take as per end of the year or poor recording of vaccines recorded(in and out) in the system resulting in mismatching vaccines total

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

**Not defined**

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

<b>Co-financing group</b>	Graduating
---------------------------	------------

	2014	2015
<b>Minimum co-financing</b>	1.64	2.04
<b>Recommended co-financing as per</b>	1.55	2.07
<b>Your co-financing</b>	As per 2014	As per 2014

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

		2014	2015
<b>Number of vaccine doses</b>	#		8767
<b>Number of AD syringes</b>	#		8800
<b>Number of re-constitution syringes</b>	#		As above
<b>Number of safety boxes</b>	#		88
<b>Total value to be co-financed by GAVI</b>	\$		As per 2014

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

		2014	2015
Number of vaccine doses	#		4383
Number of AD syringes	#		4400
Number of re-constitution syringes	#		4400
Number of safety boxes	#		44
Total value to be co-financed by the Country [1]	\$		As per 2014

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

	Formula	2014	2015		
			Total	Government	GAVI
	V				
<b>B</b>	<b>Number of children to be vaccinated with the first dose</b> <i>Table 4</i>	3111			
<b>B1</b>	<b>Number of children to be vaccinated with the third dose</b> <i>Table 4</i>	3111			
<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> $B + B1 + \text{Target for the 2nd dose } ((B - 0.41 \times (B - B1)))$	0	0		
<b>E</b>	<b>Estimated vaccine wastage factor</b> <i>Table 4</i>	1.00	1.00		
<b>F</b>	<b>Number of doses needed including wastage</b> $D \times E$		0		
	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = $(D - D \text{ of previous year original approved}) \times 0.375$ <b>Buffer on doses wasted</b> = <ul style="list-style-type: none"> <li><i>if (wastage factor of previous year current estimation &lt; wastage factor of previous year original approved):</i> <math>((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375</math></li> <li><i>else:</i> <math>(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375</math> <math>\geq 0</math></li> </ul>				
	$H1 - (F (2015) \text{ current estimation} \times 0.375)$				
	$H2 (2015) + H3 (2015) - F (2015)$				
<b>H2</b>	<b>Reported stock on January 1st</b> <i>Table 7.11.1</i>	2,900			
<b>H3</b>	<b>Shipment plan</b> <i>Approved volume</i>		0		
<b>I</b>	<b>Total vaccine doses needed</b> $\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		0		
	<i>Vaccine Parameter</i>				
	$(D + G - H) \times 1.10$				
	$(I / J) \times 1.10$				
	$(I / 100) \times 1.10$				
	$I \times \text{vaccine price per dose (g)}$				
	$K \times \text{AD syringe price per unit (ca)}$				
	$L \times \text{reconstitution price per unit (cr)}$				
	$M \times \text{safety box price per unit (cs)}$				
	$N \times \text{freight cost as of \% of vaccines value (fv)}$				
	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$				
	$(N+O+P+Q+R+S)$				
	$I \times \text{country co-financing per dose (cc)}$				
	$U / T$				

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.



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

ID	Source		2014	2015	TOTAL	
	Number of surviving infants	Table 4	#	3111	4742	7853
	Number of children to be vaccinated with the first dose	Table 4	#	3268	3200	6468
	Number of children to be vaccinated with the third dose	Table 4	#	3111	3285	6396
	Immunisation coverage with the third dose	Table 4	%	60.0%	95.00%	
	Number of doses per child	Parameter	#	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.00	
	Vaccine stock on 31st December 2014 * (see explanation footnote)		#	7719		
	Vaccine stock on 1 January 2015 ** (see explanation footnote)		#	3600		
	Number of doses per vial	Parameter	#		1	
	AD syringes required	Parameter	#		Yes	
	Reconstitution syringes required	Parameter	#		No	
	Safety boxes required	Parameter	#		Yes	
cc	Country co-financing per dose	Co-financing table	\$		0.00	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0448	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0054	

\* 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 2015; if there is a difference between the stock on 31st December 2014 and 1st January 2015, please explain why in the box below.

There has been poor documentation of vaccines issued out on daily basis from staff concerned from National Pharmacy, reflected in missing recordings from period Dec 3<sup>rd</sup> and onwards to Dec 31<sup>st</sup> 2014. This will be well communicated and discussed between 2 parties (EPI coordinator & Pharmacy staff) and to make improvement on documentation work.

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

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

	2014	2015
Minimum co-financing	1.37	2.02
Recommended co-financing as per		
Your co-financing	As above	As above

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

		2014	2015
Number of vaccine doses	#		8767
Number of AD syringes	#		8800
Number of re-constitution syringes	#		As above
Number of safety boxes	#		88



Total value to be co-financed by GAVI	\$	As above
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**Table 7.11.3:** Estimated GAVI support and country co-financing (**Country support**)

		2014	2015
Number of vaccine doses	#		4383
Number of AD syringes	#		4400
Number of re-constitution syringes	#		4400
Number of safety boxes	#		44
Total value to be co-financed by the Country [1]	\$		

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

	Formula	2014	2015		
			Total	Government	GAVI
	V				
<b>B</b>	Number of children to be vaccinated with the first dose <i>Table 4</i>	3268	3340		
<b>C</b>	Number of doses per child <i>Vaccine parameter (schedule)</i>	3	3		
<b>D</b>	Number of doses needed <i>B x C</i>	9804	10,020		
<b>E</b>	Estimated vaccine wastage factor <i>Table 4</i>	1.00	1.00		
<b>F</b>	Number of doses needed including wastage <i>D x E</i>		10,020		
	<b>Buffer on doses needed + buffer on doses wasted</b> <b>Buffer on doses needed</b> = (D - D of previous year original approved) x 0.25 <b>Buffer on doses wasted</b> = (F - D) x [XXX] - ((F - D) of previous year current estimate) x				
	<i>H2 of previous year - 0.25 x F of previous year</i>				
<b>H2</b>	Reported stock on January 1st <i>Table 7.11.1</i>	5400	0		
<b>I</b>	Total vaccine doses needed <i>Round up((F + G - H) / vaccine package size) x vaccine package size</i>		0		
	<i>Vaccine Parameter</i>				
	<i>(D + G - H) x 1.10</i>				
	<i>(I / J) x 1.10</i>				
	<i>(I / 100) x 1.10</i>				
	<i>I x vaccine price per dose (g)</i>				
	<i>K x AD syringe price per unit (ca)</i>				
	<i>L x reconstitution price per unit (cr)</i>				
	<i>M x safety box price per unit (cs)</i>				
	<i>N x freight cost as of % of vaccines value (fv)</i>				
	<i>(O+P+Q) x freight cost as % of devices value (fd)</i>				

		$(N+O+P+Q+R+S)$				
		<i>I x country co-financing per dose (cc)</i>				
		$U / T$				



## 8. Health Systems Strengthening Support (HSS)

Kiribati is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2015

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

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

Kiribati **has NOT received GAVI TYPE A CSO support**

Kiribati is not reporting on GAVI TYPE A CSO support for 2014

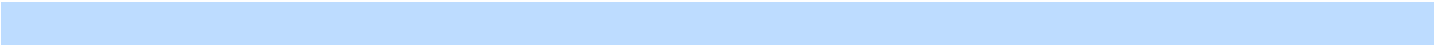
## 9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

Kiribati **has NOT received GAVI TYPE B CSO support**

Kiribati is not reporting on GAVI TYPE B CSO support for 2014

## 10. Comments from ICC/HSCC Chairs

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



# 11. Annexes

## 11.1. Annex 1 – Terms of reference ISS

### TERMS OF REFERENCE:

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

- I. All countries that have received ISS /new vaccine introduction grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.
- II. Financial statements should be compiled based upon countries' own national standards for accounting, thus GAVI will not provide a single template to countries with pre-determined cost categories.
- III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.
- a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)
  - b. Income received from GAVI during 2014
  - c. Other income received during 2014 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2014
  - f. A detailed analysis of expenditures during 2014, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2014 (referred to as the "variance").
- IV. Financial statements should be compiled in local currency, with an indication of the USD exchange rate applied. Countries should provide additional explanation of how and why a particular rate of exchange has been applied, and any supplementary notes that may help the GAVI Alliance in its review of the financial statements.
- V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.



## 11.2. Annex 2 – Example income & expenditure ISS

### MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS 1

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</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 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<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 2014</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.

### 11.3. Annex 3 – Terms of reference HSS

#### TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.4. Annex 4 – Example income & expenditure HSS

### MINIMUM REQUIREMENTS FOR HSS FINANCIAL STATEMENTS:

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</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 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>

\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<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 2014</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.

## 11.5. Annex 5 – Terms of reference CSO

### TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2014 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2013 calendar year (opening balance as of 1 January 2014)

b. Income received from GAVI during 2014

c. Other income received during 2014 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2014

f. A detailed analysis of expenditures during 2014, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2014 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## 11.6. Annex 6 – Example income & expenditure CSO

### MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

*An example statement of income & expenditure*

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
<b>Summary of income received during 2014</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 2014</b>	<b>30,592,132</b>	<b>63,852</b>
<b>Balance as of 31 December 2014</b> (balance carried forward to 2015)	<b>60,139,325</b>	<b>125,523</b>











\* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
<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 2014</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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	No file loaded
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	No file loaded
3	Signatures of members of ICC	2.2	✓	No file loaded
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	No file loaded
5	Signatures of members of HSCC	2.3	✗	No file loaded
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	No file loaded
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		No file loaded
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1		No file loaded
12	Latest EVSM/VMA/EVM report	7.5		No file loaded
13	Latest EVSM/VMA/EVM improvement plan	7.5		No file loaded
14	EVSM/VMA/EVM improvement plan implementation status	7.5		No file loaded
16	Valid cMYP if requesting extension of support	7.8		No file loaded
17	Valid cMYP costing tool if requesting extension of support	7.8		No file loaded
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		No file loaded
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		No file loaded
20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		No file loaded

21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3	X	No file loaded
22	HSS Health Sector review report	8.9.3	X	No file loaded
23	Report for Mapping Exercise CSO Type A	9.1.1	X	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4	X	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4	X	No file loaded
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0	✓	No file loaded
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7	X	No file loaded
28	Justification for changes in target population	5.1	X	No file loaded
	Other		X	No file loaded



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