

Joint appraisal report

Country	KIRIBATI
Reporting period	<i>January-December 2014</i>
cMYP period	<i>2014-2018</i>
Fiscal period	<i>January-January</i>
Graduation date	<i>Only relevant for graduating countries</i>

1. EXECUTIVE SUMMARY

(MAXIMUM 2 PAGES)

The Republic of Kiribati is an isolated Central-Western Pacific Island country with a population of 103,058 (2010 population census) scattered on 23 inhabited islands that are spread over a vast ocean area of 3.5 million square kilometers. The under one year population was 2,996 (2010) with a growth rate of 2.2% (2005-2010). It is a lower-middle income country with a GNI per capita of \$ 1890 in 2009 (World Bank, 2010). The unique geographical and cultural characteristics of Kiribati and its less developed social and economic conditions provide particular challenges to improving the health status of its population. Kiribati has been graded as middle income and a graduating country. This means that GAVI ceased to support the country in the purchase of vaccines except for the new vaccines Pentavalent and PCV. Kiribati did not receive any other financial support in any other GAVI support areas like HSS in 2014. The Gavi support for new vaccines made up about 3.4% of the total 2014 government expenditure on EPI. This support contributed to the overall EPI performance and in 2014 the following coverage rates for the two vaccines were achieved; Pentavalent 75% and PCV 57% and a dropout rate of 11% (Penta 1 to Penta 3)

Kiribati experienced challenges during EPI service delivery that included:

- Inadequate government funding for EPI activities like support supervision.
- Vaccine stock outs due to:
 - Interruptions in vaccine transportation whenever there is maintenance works on Air fields on outer Islands and planes can't fly.
 - PCV being administered to children out of the target range.
- Inadequate/Poor support supervision.
- Inadequate cold chain capacity-half of the health care facilities had fridges resulting in fewer EPI clinics and services.
- Inadequate outreach services.

The following recommendations were made:

- To expand on the cold chain capacity by procuring installing more solar fridges on Islands.
- To strengthen/increase outreach activities and home.
- Strengthen support supervision.
- Strengthen community awareness and demand.
- Advocate for improved government and donor funding of EPI activities.
- Implement EVM recommendations
- That Gavi extends its support for Pentavalent and PCV for next year.

Kiribati is grateful for the support it has received from WHO and UNICEF and urges all partners to continue with supporting the immunization program for the coming years to assure better health of the children who are the future leaders of the country.

1.1. Gavi grant portfolio overview

[With reference to the overall portfolio of Gavi grants in the country and the overall scope and funding of the national immunisation programme, briefly describe how Gavi's vaccine and health systems strengthening support fits within the overall context of the national immunisation programme and contributes to improved outcomes. Refer to the guidance for more details]

- In 2014 while the overall expenditure on EPI was US \$ 1,143,320 Gavi's contribution was US \$ 39,000 which is close to 3.5% of the total expenditure. A US\$ 100,000 VIG for IPV introduction was received in August 2014 but was not utilized until the following year in June 2015. It will be reported on in 2016.
- The new vaccines Pentavalent and PCV had been rolled out in the whole country and the funds and vaccines contributed by Gavi were reflected in the MoH budget
- Kiribati did not receive any HSS funding

1.2. Summary of grant performance, challenges and key recommendations

Grant performance (programmatic and financial management of NVS and HSS grants)

Achievements

- Immunized Pentavalent 75% and PCV 57%...
- Dropout rate 11%.....
- Country received and is installing a 10 cubic meter walk in cold room
- Introduced IPV and rotavirus vaccines
- Strengthened surveillance of severe diarrhea in the under 5
- Procured and soon to arrive 20 solar fridges to be installed in the outer Islands
- Integrated EPI activities with WASH, Nutrition and IMCI

Challenges

- Inadequate government funding for EPI activities like support supervision
- Shortage of human resources in EPI National Office...
- Inadequate planning for EPI services at all levels
- Interruptions in vaccine transportation whenever there is maintenance works on Air fields on outer Islands and planes can't fly
- Inadequate support supervision
- Inadequate cold chain resulting in fewer EPI static units
- Data quality issues
- Poor community demand for EPI services

Key recommended actions to achieve sustained coverage and equity (list the most important 3-5 actions)

- To expand on the cold chain capacity by procuring installing more solar fridges on Islands.
- Strengthen micro planning at all levels
- To strengthen/increase outreach activities and home visiting.
- Strengthen supportive supervision.
- Strengthen community awareness and increase demand.
- Advocate for improved government and donor funding of EPI activities, and consolidate the gains in recent introductions of Pentavalent, PCV, IPV and rotavirus vaccines.

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals

New and underused vaccine support

- Renew of Pentavalent vaccine support in the existing presentation

- Renew PCV vaccine support in the existing presentation
- Support newly introduced IPV vaccines
- Consider to support and sustain the recent introduction of rotavirus vaccines

Health systems strengthening support

- Support for implementation of 2014 EVMA improvement plan, with specific focus on increasing cold chain capacity and healthcare worker training on vaccines handling and management.
- Support for communications and demand generation activities.
- Support for microplanning and intensified routine immunization activities to increase and sustain coverage.

1.4. Brief description of joint appraisal process

The MoH called for a meeting to develop the Joint Appraisal Report. The meeting was attended by the EPI Manager, WHO and UNICEF. The meeting reviewed the process of filling the template and members contributed to various sections of the report. The report was then subjected to reviews and approvals as recommended herein.

2. COUNTRY CONTEXT

(MAXIMUM 1-2 PAGES)

2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

Kiribati has been graded as middle income country and a Gavi graduating country. This means that GAVI ceased to support the country in the purchase of vaccines except for the new vaccines Pentavalent and PCV. Kiribati did not receive any other financial support in any other GAVI support areas like HSS in 2014.

Leadership governance,

Kiribati has an ICC . Most members of the ICC are aware of what goes on in the EPI program as they are also members of other active committees like RMNCAH where the EPI program is discussed regularly.

Costing and financing

Gavi provided support for NVS that covered costs for vaccines and supplies for Pentavalent and Pneumococcal Conjugate Vaccines. This Gavi support accounted for about 3.4% of the total EPI funding for 2014.

Service delivery

The EPI 2014 performance was generally good as the Pentavalent coverage was 75%. The PCV coverage however was lower due the vaccinators' excitement and enthusiasm to prevent pneumonia even in older children beyond the EPI target populations. In the end fewer children in the target bracket were immunized in 2014.

Vaccines

The country did not experience any stock outs for Penta. However there were artificial stock outs for PCV when vaccinators immunized children outside the vaccination schedule and this affected the general performance and PCV coverage.

Frequent flight cancellations also affected the regular supply availability of vaccines to outer Islands.

Cold chain and logistics

The country has 105 well-staffed health care facilities but only half of that number has CCE. This means that the country has fewer fixed and outreach services that may not be reaching every child in the country to receive pentavalent, PCV and other EPI vaccines.

Transport of the vaccinators and vaccines in the field experienced frequent breakdowns which could have affected outreach services.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

(MAXIMUM 3-5 PAGES)

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

[Comment on all bolded areas listed in the table in this section of the guidance document]

Kiribati received vaccines and supplies for Pentavalent and PCV procured and delivered by Gavi. The achievements in regard to those vaccines are shown by their coverage rates; Pentavalent 75% and PCV 57%. The dropout rate Penta1 to Penta3 was about 11% which is slightly above the recommended rate.

The EPI program experienced the following challenges:

- Inadequate government funding for EPI activities like support supervision...
- Shortage of staff and inadequate capacity in the EPI office
- Vaccine stock outs due to
 - Interruptions in vaccine transportation whenever there is maintenance works on Air fields on outer Islands and planes can't fly
 - PCV being administered to children out of the target range.
- Inadequate/Poor support supervision
- Inadequate cold chain capacity-half of the health care facilities had fridges resulting in fewer EPI static units and static services
- Inadequate outreach services
- Inadequate community demand for EPI services

Recommendations

- To expand on the cold chain capacity by procuring installing more solar fridges on Islands and implement other EVM improvement recommendations
- To strengthen/increase outreach activities and home visiting to ensure that all children have access to the vaccines...
- Strengthen support supervision
- Strengthen community awareness to increase demand
- Advocate for improved government and donor funding of EPI activities...
- EPI trainings should be integrated with WASH, Nutrition and IMCI

3.1.2. NVS renewal request / Future plans and priorities

[Comment on all bolded areas listed in the table in this section of the guidance document]

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

[Comment on all bolded areas listed in the table in this section of the guidance document]

Kiribati did not receive any Gavi cash grants under HSS support

3.2.2. Strategic focus of HSS grant

[Comment on the extent to which the HSS grant contributes to improve and sustain coverage and equity in access to immunisation. See guidance document for more details]

Not applicable

3.2.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans

[Indicate request for a new tranche of HSS funds (and the associated amount) or no-cost extension, or any planned changes in terms of re-allocation or reprogramming. Also describe future HSS application]

3.3. Graduation plan implementation (if relevant)

[Comment on all bolded areas listed in the table in this section of the guidance document]

3.4. Financial management of all cash grants

[Comment on all bolded areas listed in the table in this section of the guidance document]

Not applicable there were no cash grants for the vaccines introduction in 2014

3.5. Recommended actions

Actions	Responsibility (government, WHO, UNICEF, civil society organisations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed and source(s) of funding
Procure another/additional 20 solar fridges	UNICEF/MoH	June 2016	
Strengthen community awareness and increase demand	UNICEF/MoH	June 2016	
Increase micro planning, identify defaulters and intensify outreach activities	MoH	March 2016	
Strengthen supportive supervision and healthcare worker training and capacity	MoH/WHO/UNICEF	January 2016	
Conduct EPI coverage survey	MoH/WHO/UNICEF	November 2015	
Renew grant for new vaccines support to Kiribati (Pentavalent, PCV and IPV). Also sustain introduction of rotavirus vaccine introduced through other resources.	Gavi		

4. TECHNICAL ASSISTANCE

(MAXIMUM 1 PAGE)

4.1 Current areas of activities and agency responsibilities

UNICEF and WHO have been working together to assist MoH in various aspects of immunization programme, from policy and strategy development to daily operation of the programme. In terms of programmatic areas, two organizations have jointly provided assistance to the following areas:

- strengthening routine immunization system and implementation of high risk communities strategies
- strengthening immunization supply chain system
- Introduction of new vaccines
- programme review and evaluation (e.g. EPI review)

WHO is involved in supporting vaccine preventable disease surveillance, and human resource capacity building in all areas of immunization programs at all levels. WHO has assisted the country in development of the IPV application form to GAVI, in the completion of the APR, and review of the diarrhea hospitalizations and intussusception data to establish a baseline for measuring the impact of rotavirus vaccine introduction. WHO plans to support in subsequent years to review records again to measure the impact. WHO also supported in procurement of cold chain equipment as part of the EVM assessment which was also coordinated by WHO.

While UNICEF has deployed a long-term EPI specialist in Kiribati to assist the MoH and especially the new EPI manager in improving provision of immunization services in the context of integrated health services and through an equity lens. UNICEF also mobilized the technical and financial resources to introduce rotavirus as part of the Global Action Plan for Control and Prevention of Pneumonia and Diarrhea. UNICEF also led the introduction of IPV vaccines in 2015, procurement and distribution of vaccines and cold chain equipment as part of the EVMA improvement plan.

4.2 Future needs

UNICEF and WHO will provide support to:

1. Increase immunization coverage in high risk communities
2. Strengthen the cold chain system through improved equipment and management
3. Increase community awareness of, and demand for, immunization
4. Strengthen the surveillance of vaccine-preventable diseases
5. Strengthen management capacity to support the immunization program

UNICEF:

Going forward UNICEF will require funds to specifically assist the MoH in implementing cold chain rehabilitation and maintenance contracts specified in the 2014 Effective Vaccine Management Assessment. This will help reduce number of broken down cold chain in the system and increase cold chain space availability. To accelerate implementation of activities and reaching every child, funds could be directed to support micro planning and monitoring of outreach service implementation especially in low coverage zones to be monitored closely by UNICEF. Additionally, UNICEF will support the government in developing a communications for development strategy to increase demand and utilization of integrated services (e.g. EPI, nutrition and WASH).

Specifically, UNICEF will provide technical support:

1. Provide administrative and technical support to GAVI processes within Kiribati: UNICEF technical officers will continue to contribute to preparations and write up of the JAR and relevant documents/ annexes.
2. Strengthen routine immunization system: UNICEF will continue to support the MoH in updating microplans and implementing outreach activities in remote areas. UNICEF will also help the ministry focus on the marginalized populations and reaching the unreached. Estimated budget: 40,000 USD
3. Strengthen immunization supply chain system: UNICEF will continue to identify the cold chain needs through a cold chain inventory system, and procure appropriate technology cold chain equipment and support in distribution and maintenance. In addition, UNICEF will continue to support the ministry in implementing the EVM improvement plan. Estimated budget: 30,000 USD
4. New vaccine introduction: UNICEF has already contributed greatly to the introduction of rotavirus and IPV vaccines, however, in 2015-2016, UNICEF will support the ministry in assuring that vaccines are distributed to all service delivery facilities and that the relevant health care workers are properly trained.
5. Developing/Updating the existing policies/strategies/guidelines: UNICEF will support the ministry in updating the cold chain guidelines and contribute to the EPI national policy revision.
6. Developing/Updating national strategic communications plan: UNICEF will provide technical support in drafting a national strategic communications plan focusing on EPI and behaviour change for the purpose of improving coverage. Estimated budget: 40,000 USD
7. UNICEF Country Office (CO) recruited an international EPI consultant in 2014 to support the ministry in implementing the above mentioned activities. The funding for this post ends September 30 2015.

Proposal: Funding request for a P3/P4 Temporary Appointment (TA) of an EPI specialist to be recruited in Kiribati to carry out the above activities. The consultant will be based in Tarawa to support the ministry of health especially with GAVI processes and outputs and the mentioned above activities, and with particular skills in communications for development and microplanning. The proposed TA is estimated to cost 189,000 USD annually. Total budget, including item 2, 3 and 6, is 299,000 USD.

WHO Support

Going forward WHO will require funds to provide administrative and technical support to GAVI processes, and contribute to developing and implementing national multi-year plans and annual implementation plans, including micro-planning for immunization, with a focus on under-vaccinated populations; Strengthen immunization supply chain system
Focus on Post introduction evaluation of new vaccines; Develop/update the existing policies/strategies/guidelines.

Specifically WHO will also provide technical support in the following areas:

- VPD surveillance including laboratory (shipment of specimens to the reference laboratory) support
- Capacity building (inside and outside country) and
- Programme management

Estimated budget for above activities: USD: 40,000

WHO Human Resources Support:

The human resource capacity in WHO country office in Kiribati and the Division of Pacific Technical Support (DPS) in Fiji is limited and there is a very critical need to have financial resources to support through a consultant for EPI when needed/ a national staff to support the immunization programme activities.

Proposed budget for the above: USD 70,000

The total budget for the activities and human resources will be USD 110,000

5. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

(MAX. 1 PAGE)

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism:

Issues raised during debrief of joint appraisal findings to national coordination mechanism:

Any additional comments:

- Ministry of Health:
- Partners:
- Gavi Senior Country Manager:

6. ANNEXES

[Please include the following Annexes when submitting the report, and any others as necessary]

- **Annex A. Key data** (this will be provided by the Gavi Secretariat)
- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation

- **Annex C. Description of joint appraisal process** (e.g. team composition, how information was gathered, how discussions were held)

- **Annex D. HSS grant overview**

General information on the HSS grant

1.1 HSS grant approval date							
1.2 Date of reprogramming approved by IRC, if any							
1.3 Total grant amount (US\$)							
1.4 Grant duration							
1.5 Implementation year		month/year – month/year					
(US\$ in million)	2008	2009	2010	2011	2012	2013	2014
1.6 Grant approved as per Decision Letter							
1.7 Disbursement of tranches							
1.8 Annual expenditure							
1.9 Delays in implementation (yes/no), with reasons							
1.10 Previous HSS grants (duration and amount approved)							
1.11 List HSS grant objectives							
1.12 Amount and scope of reprogramming (if relevant)							

- **Annex E. Best practices (OPTIONAL)**