Annual Progress Report 2008

Submitted by

The Government of

KENYA

Reporting on year: 2008

Requesting for support year: 2010/2011

Date of submission: 03rd June 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland

Enquiries to: **apr@gavialliance.org** or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

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

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of [*Name of Country*] **KENYA**

Minister for Public Health & Sanitation:

Name: Hon. BETH MUGO EGH, M.P.

Signature: ....

Date: 26/8/09

Deputy Prime Minister and Minister for Finance:

Name: Hon. UHURU KENYATTA EGH, M.P.

Signature: ....

Date: 3/12/09

This report has been compiled by:

Full name: Dr. Tatu Kamau

Position: Head – Division of Vaccines & Immunization, Ministry of Public Health & Sanitation

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Minister for Public Health & Sanitation:		**Deputy Prime Minister and Minister for Finance:**	
Name:	Hon. BETH MUGO EGH, M.P.	Name:	Hon. UHURU KENYATTA EGH, M.P.
Signature:	[signature]	Signature:	[signature]
Date:	24/8/09	Date:	3/12/09

This report has been compiled by:

Full name: Dr. Tatu Kamau

Position: Head – Division of Vaccines & Immunization, Ministry of Public Health & Sanitation

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E-mail: tatun@wananchi.com & dvi@health.go.ke

ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Dr. S.K Sharif – Director of Public Health & Sanitation. Chair of Child Health I.C.C.	Ministry of Public Health & Sanitation		11.06.09
Dr. Josephine Kibaru – Head, Department of Family Health	Ministry of Public Health & Sanitation		9/6/09
Dr. Annah Wamae – Head, Division of Child & Adolescent Health	Ministry of Public Health & Sanitation		11/06/09
Dr. Tatu Kamau – Head, Division of Vaccines & Immunization	Ministry of Public Health & Sanitation		10.06.09
Dr David Okello – Country Representative	WHO		02/07/09
Dr. Olivia Yambi - Country Representative	UNICEF		17/6/09
Chris Wanyoike – Country Representative	Micronutrient initiative		7/07/09
Dr. Paul Kizito	NCAPD		18/6/09.
Dr. James Kisia – Deputy Secretary General & Director of Programmes	Kenya Red Cross Society		25/6/09

Comments from partners:
You may wish to send informal comments to: apr@gavialliance.org
All comments will be treated confidentially

....

....

As this report been reviewed by the GAVI core RWG: y/n

....

....

....

HSCC Signatures Page

If the country is reporting on HSS, CSO support

We, the undersigned members of the National Health Sector Coordinating Committee, ... (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Mr Mark Bor- Permanent Secretary	Ministry of Public Health and Sanitation		30/7/09
Prof James Ole Kiyapi /Permanent Secreatry	Ministry of Medical Services		17/8/09
Dr David Okello/ Country Representative	World Health Organization		03/07/09
Dr Olivia Yambi/Country Representative	UNICEF		17/6/09
Mr Mike Mills/Health Advisor	World Bank		6/10/09
Mr Tony Daly/Health Advisor	DfID		30/09/09
Ms. Lynn Adrian	USAID		1/10/09
Ms Mette Kjaer	Health NGOs Network (HENNET)		1/10/09
Dr Klaus Honetz/ Health Advisor	GTZ		6/10/09

Comments from partners:
You may wish to send informal comment to: apr@gavialliance.org
All comments will be treated confidentially

From Lynn ADRIAN (USAID) - will send email comments expressing concern about review/signing process.

HENNET members have only to a limited extent been part of the activities.

I very much share USG comments about inadequate review and signing process. [signature] (World Bank) and German Development Cooperation

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

This report on the GAVI Alliance CSO Support has been completed by:

Name: ....

Post: ....N/A...

Organisation:..

Date: ....

Signature: ....

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name: ....

Post: ....N/A...

Organisation:..

Date: ....

Signature: ....

We, the undersigned members of the National Health Sector Coordinating Committee, ... (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

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Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets *(From the most recent submissions to GAVI)*

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births		1,452,345	1,943,259						
Infants' deaths		112,286	149,631						
Surviving infants		1,340,080	1,793,507						
Pregnant women		1,452,345	1,943,259						
Target population vaccinated with BCG		1,281,124	1,846,096						
BCG coverage*		83	95						
Target population vaccinated with OPV3		999,475	1,524,481						
OPV3 coverage**		74	85						
Target population vaccinated with DTP (DTP3)***		954,157	1,524,481						
DTP3 coverage**		72	85						
Target population vaccinated with DTP (DTP1)***		1,118,606	1,614,156						
Wastage[1] rate in base-year and planned thereafter		10%	10%						
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with 3rd dose of		N/A	N/A						
.........% Coverage**		N/A	N/A						
Target population vaccinated with 1st dose of Yellow Fever................		14,917	30,257						
Wastage[1] rate in base-year and planned thereafter		50%	50%						
Target population vaccinated with 1st dose of Measles		1,015,431	1,614,156						
Target population vaccinated with 2nd dose of Measles		N/A	N/A						
Measles coverage**		76	90						
Pregnant women vaccinated with TT+		1,103,695	1,651,770						
TT+ coverage****		71	85						
Vit A supplement	Mothers (<6 weeks from delivery)	ND	ND						
	Infants (>6 months)	988,548	1,614,156						
Annual DTP Drop out rate [(DTP1 - DTP3)/DTP1] x100		14	09						
Annual Measles Drop out rate (for countries applying for YF)		9	9						

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of 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] x 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. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets

Number		Achievements as per JRF	Targets						
		2008	2009	2010	2011	2012	2013	2014	2015
Births									
Infants' deaths									
Surviving infants									
Pregnant women									
Target population vaccinated with BCG									
BCG coverage*									
Target population vaccinated with OPV3									
OPV3 coverage**									
Target population vaccinated with DTP (DTP3)***									
DTP3 coverage**									
Target population vaccinated with DTP (DTP1)***									
Wastage[2] rate in base-year and planned thereafter									
Duplicate these rows as many times as the number of new vaccines requested									
Target population vaccinated with 3rd dose of									
.... Coverage**									
Target population vaccinated with 1st dose of									
Wastage[1] rate in base-year and planned thereafter									
Target population vaccinated with 1st dose of Measles									
Target population vaccinated with 2nd dose of Measles									
Measles coverage**									
Pregnant women vaccinated with TT+									
TT+ coverage****									
Vit A supplement	Mothers (<6 weeks from delivery)								
	Infants (>6 months)								
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100									
Annual Measles Drop out rate (for countries applying for YF)									

* Number of infants vaccinated out of total births
** Number of infants vaccinated out of 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

[2] The formula to calculate a vaccine wastage rate (in percentage): [(A – B) / A] x 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. For new vaccines check table α after Table 7.1.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No
If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.
If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

The ISS funds received were reward funds for extra children vaccinated with DPT-HepB-Hib in the year 2007 and are therefore 'unpredictable' funds.

The Ministry of Health/Finance can only factor in funds it is sure of, in terms of confirmed commitment and the exact amount.

However the HSS funds are on-budget because of confirmed commitment by GAVI the funds are quantified through an agreement.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).
Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

1. **ISS funds received in country**
2. **ISS funds declared to the Child Health I.C.C.**
3. **Proposal prepared for the use of the ISS funds by the Division of Vaccines & Immunization, WHO & UNICEF**
4. **Proposal tabled in a CH-ICC meeting for approval**
5. **(Proposal revised if required by the CH-ICC)**
6. **Approval for spending sought from the Accounting Officer of the Ministry of Public Health & Sanitation**
7. **Spending begins on approved activities**

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance ***Immunization Services Support*** *contribution.*

Funds received during 2008 - **US$ 0.00**
Remaining funds (carry over) from 2007 – **US$448,475.00** ***(Received in Sept. 2007)***
Balance to be carried over to 2009 **US$ 221,179**

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US $	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines *(port clearance charges)*	122,694	122,694			
Injection supplies *(port clearance)*	9,204	9,204			
Personnel	0	0			
Transportation	0	0			
Maintenance and overheads					
Training	42,232	42,232			
IEC / social mobilization	0	0			
Outreach – "Child Health Weeks" & for Internally Displaced Persons	17,115	17,115			
Supervision	23,381	23,381			
Monitoring and evaluation	0	0			
Epidemiological surveillance	0	0			
Vehicles	0	0			
Cold chain equipment ***(repairs)***	9,670	9,670			
Other – ***Immunization cards***	3,000	3,000			
Total:	**227,296**	**227,296**			
Remaining funds for next year:	**220,899**	**220,899**			

1.1.3 ICC meetings

How many times did the ICC meet in 2008? – ***FOUR TIMES***
Please attach the minutes (DOCUMENT N°.....) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.

Are any Civil Society Organizations members of the ICC: [Yes/No]
if yes, which ones?

List CSO member organisations
• **(CHAK)-Christian Health Association of KENYA** • **(SUPKEM)- Supreme Councils for Kenyan Muslims** • **Kenya Catholic Secretariat Commission for health and Family Life** • **AMREF** • **Health NGOs Network (HENNET)**

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

Activities towards strengthening immunization service delivery

1. *Training of poor performing districts on RED approach*
2. *Training of additional Provincial & District EPI Managers on management of EPI (W.H.O.- Middle Level Management Course)*
3. *Training/updating of District Refrigeration technicians on maintenance of fridges.*
4. *Supporting the national Child Health Action weeks (Malezi Bora)*

Problems in implementing cMYP

1. *Post election upheaval in January 2008 caused a national crisis with unexpected financial drain leading to revised prioritization of budget. This was followed by a famine towards the end of the year because the affected areas are the major agriculturally productive zone of the country.*
2. *Cash flow problems affected all health activities.*
3. *Huge number of internally displaced persons and destabilization of many districts compromised immunization data quality.*

Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

a) Signed minutes (DOCUMENT N°**01.**) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
b) Most recent external audit report (DOCUMENT N°**02**) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ~~ISS~~ **HSS** funds are transferred. **This is not done for off-budget *ISS* support in Kenya.**
c) Detailed Financial Statement of funds (DOCUMENT N°**03 & 04**) spent during the reporting year (2008).
d) The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:
e) Other attachments include ***ISS Bank Account balances in US$ account & KShs. Account – No. 05; Revised Population projections No.06; DPT-HepB-Hib Excel spreadsheet No. 07; Yellow Fever Excel spreadsheet No. 08***

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

List major recommendations – ***No DQA done in 2007 or 2008***

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES ☐ (*NO* – circled) ☐ ***No "stand alone" plan prepared.***

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

The plan of action to improve the reporting system <u>is part of</u> the cMYP and also <u>part of</u> the Ministry of Public Health & Sanitation's 4th Annual Operation Plan (within the 2nd National Health Sector Strategic Plan 2005-2010)

Progress on implementation was compromised in 2008 due to political conflict and the progressive creation of over 80 new districts during the year.

<u>Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC</u>. *[mm/yyyy]*

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

Operation research was conducted in four of the eight provinces in 2008 and final results are pending.

List challenges in collecting and reporting administrative data:

1. ***The exponential increase in the number of districts and resulting problems in confirmation of new denominators for respective immunization target populations.***
2. ***Progressive operationalization of the new districts creates distorted coverages because of overlap of denominators.***
3. ***Many new districts do not have adequate capacity for data collection and therefore data cleaning is taking longer at the Provincial level compromising timeliness and completeness of reports.***
4. ***Pilot by Health Management Information System on File Transfer Protocol (FTP) affected the timeliness and completeness for three months in 2008.***

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

Not applicable

[List any change in doses per vial and change in presentation in 2008]

None

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DPT-HepB-Hib	2 dose	458,000	2001	22nd Feb 2008
DPT-HepB-Hib	2 dose	763,000	2001	05th May 2008
DPT-HepB-Hib	2 dose	1,194,400	2001	11th Aug. 2008
DPT-HepB-Hib	2 dose	1,890,800	2001	18th Nov. 2008
Yellow Fever	10 dose	15,300	2002	18th April 2008
Yellow Fever	10 dose	5,000	2002	17th Oct. 2008

Please report on any problems encountered.

[List problems encountered]
Internal delays in clearing vaccines from airport.

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

[*List activities*]

1. ***Done -Meeting of independent stakeholders with the Accounting Officer of the Ministry of Public Health & Sanitation to facilitate rapid clearance of vaccines on arrival.***
2. ***Done -Meeting with UNICEF Kenya to negotiate with UNICEF Supply Division in Copenhagen for the release of pre-shipment documents at least 3 weeks to the arrival of consignments of vaccines, because internal processing of clearance authorizations takes at least 20 days.***

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: ***12th February 2002***

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

Year	Amount in US$	Date received	Balance remaining in US$	Activities	List of problems
2002	*100,000*	*12th Feb*	*Nil*	*I.S.S*	*Nil*

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? ***[2004]***

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

[List major recommendations]

Was an action plan prepared following the EVSM/VMA? Yes/No – ***incorporated into the cMYP***

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

[List main activities]

1. ***Expansion of the national and regional bulk holding capacity.***
2. ***Regular forecasting and shipment plans are conducted two months before the beginning of the calendar year. This is in collaboration with UNICEF using the UNICEF forecasting tool.***
3. ***Quarterly distribution plans are made in line with shipment plans***
4. ***Frequent monitoring of cold chain status***

When will the next EVSM/VMA* be conducted? - ***June 2009***

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: DPT-HepB-Hib – lyophilized two dose vial	
Anticipated stock on 1 January 2010	**200,000 doses**
Vaccine 2: Yellow Fever – lyophilized 10 dose vial	
Anticipated stock on 1 January 2010	**0 doses**
Vaccine 3:	
Anticipated stock on 1 January 2010	**..........................**

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? - ***Supplies for DPT-HepB-Hib only***

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received
0.5ml AD Syringes	4,332,000	24th February 2008
0.5ml AD Syringes (Y.F.)	14,800	26th March 2008
5ml reconstitution syringes (Y.F.)	16,300	26th March 2008
2ml reconstitution syringes	2,375,100	28thSeptember 2008
Safety boxes	41,575	13thMarch 2008
Safety boxes	200	26th March 2008
Safety boxes	32,900	22nd September 2008

Please report on any problems encountered.

[List problems]

Internal delays in clearing them from the port.

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

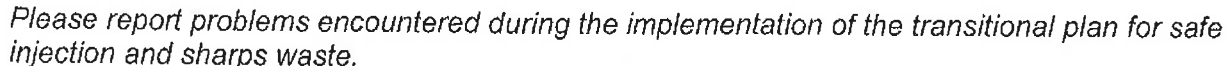
[List sources of funding for injection safety supplies in 2008]

Government of Kenya funding

Please report how sharps waste is being disposed of.

[Describe how sharps is being disposed of by health facilities]

- ***Burning & burying (95%)***
- ***Incineration (5%)***



Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

[List problems]

Inadequate resources for construction of incinerators and institutional arrangements within the health system (waste from immunization vs. waste from hospital services).

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

[List items funded by GAVI Alliance cash support and funds remaining by the end of 2008]

Not applicable

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.
Please the following table should be filled in using US $.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	**1,970,666**		
New Vaccines	**1,239,556**		
Injection supplies	**1,280,000**		
Cold Chain equipment	**1,069,066**		
Operational costs	**705,042**		
Other (please specify) - *Non-EPI vaccines*	**680,000**		
Other (please specify) - ***LPGas for refrigerators***	**200,000**		
Other (please specify) - ***Spares for refrigerators***	**55,445**		
Total EPI	**7,199,775**		
Total Government Health	**44,529,339**		

Exchange rate used	1US$ = **75KShs.**

Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Between 2004/05 and 2007/08 Fiscal years there was an encouraging annual growth of approx 6 percent in government budgetary allocations for both logistics and operational expenses of the immunization programme.

Special allocations were also made for cold-chain expansion and rehabilitation.

The projections up until the Medium Term Expenditure Framework (MTEF) of 2008-2011 looked bright.

However because of the internal political upheavals of January 2008 and subsequent challenges of famine and the global recession, economic growth has slowed and financial flows constrained.

Efforts have been made to minimise shocks to the immunization budget in view of the MDGs, but the programme may have to source for assistance outside the government budget for some of the logistics.

Future Country Co-Financing (in US$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.

- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3; ....)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US$)

1st vaccine: *DPT-HepB-Hib*		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		US$0.38	US$0.38				
Number of vaccine doses	#	700,761					
Number of AD syringes	#	0					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	0					
Total value to be co-financed by country	**$**	2,477,191					

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US$)

2nd vaccine: *Yellow Fever*		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose		US$0.25	US$0.25				
Number of vaccine doses	#	20,896					
Number of AD syringes	#	0					
Number of re-constitution syringes	#	0					
Number of safety boxes	#	0					
Total value to be co-financed by country	**$**	18,911					

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US$)

3rd vaccine:..............*Not yet applicable*		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	**$**						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine –*DPT-HepB-Hib*	*October 2008*	*21st Dec 2008*	*Oct. 2009*
2nd Awarded Vaccine – *Yellow Fever*	*October 2008*	*21st Dec 2008*	*Oct. 2009*
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US$	Total Amount in Doses
1st Awarded Vaccine –*DPT-HepB-Hib*	*1,610,950*	
2nd Awarded Vaccine – *Yellow Fever*	*12,932*	
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?
1. Economic recession has slowed the mobilization of resources for co-financing
2.
3.
4.

If the country is in default please describe and explain the steps the country is planning to come out of default.

N/A

3. Request for new and under-used vaccines for year 2010

*Section 3 is to the request new and under-used vaccines and related injection safety supplies for **2010**.*

3.1. Up-dated immunization targets

*Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.*

Are there changes between table A and B? Yes/no

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes ***in births:***

PROJECTED POPULATION RELEASED BY CBS IN 2007 ADJUSTED THE COUNTRY'S POPULATION UPWARDS (copy attached - page 8)

*Provide justification for any changes **in surviving infants:***

PROJECTED POPULATION RELEASED BY CBS IN 2007 ADJUSTED THE COUNTRY'S POPULATION UPWARDS (copy attached - page 8)

*Provide justification for any changes **in Targets by vaccine:***

THE CHANGES IN PROJECTED POPULATION WILL AFFECT TARGETS FOR 2009

*Provide justification for any changes **in Wastage by vaccine:***

No changes anticipated in wastage

Vaccine 1: DPT-HepB-Hib

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4; ......)

Table 3.1: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#	1,524,481					
Target immunisation coverage with the third dose	*Table B*	#	85%					
Number of children to be vaccinated with the first dose	*Table B*	#	1,614,156					
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	1.11					
Country coancing per dose *	*Excel sheet Table D - tab 4*	$	0.38	0.38				

* Total pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Tabl(: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number One doses	#	4,338,569					
Numbcr Oyringes	#	5,953,301					
Nurber Ohstitution syringes	#	3,241,520					
Nuver of boxes	#	102,063					
To/alue co-financed by GAVI	$	21,328,625					

Vaccine 2: Yellow Fever

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	Use data in:		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	*Table B*	#	N/A					
Target immunisation coverage with ~~the third~~ ***single*** dose	*Table B*	#	60%					
Number of children to be vaccinated with the first dose	*Table B*	#	30,257					
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#	2					
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$	0.25	0.25				

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	56,137					
Number of AD syringes	#	37,387					
Number of re-constitution syringes	#	6,231					
Number of safety boxes	#	484					
Total value to be co-financed by GAVI	$	54,426					

Vaccine 3: ....

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	Use data in:		**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Number of children to be vaccinated with the third dose	*Table B*	#						
Target immunisation coverage with the third dose	*Table B*	#						
Number of children to be vaccinated with the first dose	*Table B*	#						
Estimated vaccine wastage factor	*Excel sheet Table E - tab 5*	#						
Country co-financing per dose *	*Excel sheet Table D - tab 4*	$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)

		2010	**2011**	**2012**	**2013**	**2014**	**2015**
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR- process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

a) Fiscal year runs from **July** to **June.**

b) This HSS report covers the period from **March 2008** to **December 2008**

c) Duration of current National Health Plan is from **July 2005** to **June 2010**.

d) Duration of the immunisation cMYP: **2006-2010**

e) Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

This report was prepared by the Community Strategy technical working group. It has members from the Ministry of Public Health, development and implementing partners. This Committee sits on the first Tuesday of every month. The report was submitted to the Child Health ICC for necessary verification of sources and review. Once their feedback has been acted upon, the report was finally sent to the Health Sector Coordinating Committee (HSCC) for final review and approval. Approval was obtained at the HSCC meeting.

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Dr. O. A. Omar	Head, Division of Community Health Ministry of Public Health and Sanitation, Kenya	Prepared HSS report	Tel: +254-722-607485/+254-772-607485 Email: humphomar@gmail.com aomar@health.go.ke
Other partners and contacts who took part in putting this report together			
Ruth Okowa	C.E.O, Health NGos Network(HENNET) Kenya	Reviewed the report	Tel:254-20-6994901/4900/4906 Email: Hennet@amref.org
Lilian Mutea	UNICEF Kenya	Prepared the report	Tel: +254-722-676753 Email: lmutea@unicef.org

f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

The main source of information for this report were

- Routine Health Management Information System that is collected quarterly,
- Monthly Immunization reports
- Integrated Financial Management Information System(IFMIS)
- Quarterly Community Health reports from target districts
- Other Government accounting and reporting documents.

g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

The Country's fiscal year runs from July to June. GAVI's year runs from January to December. It will be better if the GAVI reporting system is harmonized to fit Kenya's financial year. This will make reporting and implementation easier and faster.

Due to post-election violence of early 2008, the Country experiences economic challenges. People were displaced from their homes. Some of the planned interventions were delayed. Logistical networks were also disrupted. Some of the expected results may take longer to achieve than expected.

4.2 Overall support breakdown financially

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved	**3,741,000**	**2,964,000**	0.00						
Date the funds arrived	**04/30/2008**	**04/30/2008 (2,089,500 arrived)**	-						
Amount spent	**Nil**	**4,406,657.68**	-						
Balance	**3,741,500**	**1,424,342.32**	-						
Amount requested	**3,741,500**	**2,964,000 (Amount received 2,089,500)**	**4,072,000.00**	**4,072,000.00**					

Amount spent in 2008:**4,406,657.68**
Remaining balance from total: **1,424,342.32**

Table 4.3 notes: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)

Major Activities	Planned Activity for reporting year	Report on progress[3] (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Intervention 1: Strengthening level One Services in selected Districts						
Objective 1:	**Building the capacity of the community health extension workers (CHEWs) and community-based resource persons to provide services at level 1.**					
Activity 1.1	Identify and train 4 TOTs per targeted district	100%	22,856.80	23,206.74	-349.94	The expenditure was more than the planned because of increase in cost of conducting the training brought about by increasing the Districts from 20 to 53. The number of people to be trained increased from the planned 80 to 159.
Activity 1.2:	Training to re-tool community health extension workers.	80%	423,424	348,107.24	75,316.76	

[3] For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Activity 1.3	Identify and train CORPs	80%	1,323,200	1,087,854.15	235,345.85	
Objective 2:	Providing implementation and follow up support for level 1 services for the targeted districts					
Activity 2.1:	Establish Community Based Information Systems with chalkboards, messages and registers at strategic sites for each selected community unit.	80%	57,143	43,514.17	13,628.83	
Activity 2.2:	CHEWs Monitor activities of CORPs	80%	260,257.05	72,439.15	187,817.90	
Activity 2.3	Support to selected districts in assessing, and rewarding performance of community units	80%	6,820	4,061.24	2,758.76	
Activity 2.4	Preparing of tender documents to				0.00	

	purchase of motor cycles for Community Health Extension Workers and bicycles for Community Health workers per community in selected districts	100%	0	0		
Activity 2.5	Purchase and supply of 1 motorcycle and 10 bicycles for Community Health Extension Workers and Community Health workers respectively per community unit in selected districts	80%	1,323,199	1,361,811.44	-38,612.44	
Activity 2.6	Support the development and implementatio				9,852.48	

	n of local level Communication mechanisms	80%	24,357	14,504.52		
Activity 2.7	Support HFs to undertake Integrated Outreaches each 15 days, with allowances for health facility staff	80%	313,360	121,831.14	191,528.86	
Objective 3:	Strengthening health facility–community linkages through effective decentralization and partnership for the implementation of LEVEL ONE SERVICES					
Activity 3.1	Hold district LEVEL ONE SERVICE orientation workshops, for District Health Stakeholders Forum, and other opinion leaders.	100%	43,841	26,107.89	17,733.11	
Activity 3.2:	Hold LEVEL 1 services orientation workshops, for Division Health Stakeholders Forum and	100%	9,742	5,801.69	3,940.31	

	other opinion leaders					
Objective 4	Strengthening the community to progressively realize their rights for accessible and quality care and to seek accountability from facility-based health services.					
Activity 4.1	Support CUs to hold monthly local health days (1/month)	80%	235,020	91,384.01	143,635.99	
Activity 4.2	Support holding of quarterly divisional health days	80%	261,134	101,518.84	159,615.16	
Activity 4.3	Support annual meetings on evidence-based planning, implementation, monitoring, evaluation and feedback at committee levels	80%	16,628	8,702.22	7,925.78	
Intervention 2: Supporting Human Resource for Health						
Objective 1	***Recruitment and deployment of Key health workers in areas with low access and utilization of immunization services, which are facing health worker shortages***					
Activity 1.1	Seeking of approval for recruitment of identified Health	100%	0	0	0	

	Workers					
Activity 1.2	Seeking authority to recruit identified Health Workers from Directorate of Personnel Management, Ministry of Finance and PSC	100%	0	0	0	
Activity 1.3	Advertisement for identified health workers.	100%	51,429	59,154.83	-7,725.83	Cost Increased because of the advertisement for procurement of Bicycles and motorcycle
Activity 1.4	Interviews for selected candidates	100%	28,572	15,117.49	13,454.51	
Activity 1.5	Recruitment, and support to selected candidates	100%	709,401	1,826,963.74	-1,117,562	Due to the nature of the contracts with the 260 employed staff, The salary for up to end of contract was allocated. There will be minimal funds required for gratuity in the 2009 allocation.
Intervention 3: Strengthening Governance and Performance Monitoring&Evaluation						
Objective 1	***Building capacity for PME at implementation level***					
Activity 1.1	Consultant to develop working draft for training manuals based on agreed framework and annual review	100%	10,714	0	10,714	This activity was completed through funds from other sources. The money for this activity was re-allocated to other activities in this report.

Activity 1.2:	Hold a 4 day working retreat with stakeholders to complete/reviewing training tools annually	100%	11,592	0	11,592	This activity was completed through funds from other sources. The money for this activity was re-allocated to other activities in this report.
Activity 1.3	Testing of tools in the district	100%	2,705	0	2,705	This activity was completed through funds from other sources. The money for this activity was re-allocated to other activities in this report.
Activity 1.4	Induction of Provincial, and district managers on PME	100%	48,226	113,996.78	-65,771	The number of Districts increased from 20 to 53. The original 20 districts in the proposal were split to create 53 districts.We inducted 177 mangers instead of the planned 78. This increased the cost significantly.
Activity 1.5	Training in the identified districts using the training manuals developed	100%	75,000	81,310.09	-6,310	
Objective 2	***Monitor and follow up on performance monitoring in districts, using EPI as a probe***					
Activity 2.1	Supportive supervision to follow-up of capacity building in the districts with poor timelines and completeness of data	100%	29,227	19,597.10	9,629.9	

Activity 2.2	Development of quarterly summary of performance of district (data compilation and analysis)	100%	16,627	8,711.36	7,915.6	
Activity 2.3	Support to quarterly performance review meetings during AOP3,AOP4, and AOP5	80%	83,142	43,495.89	39,646.1	
Objective 3	***Strengthening Governance in selected districts***					
Activity 3.1	Development of guidelines, and training manuals for Governance strengthening, particularly at implementation level	0%	10,000	0	10,000	The Guidelines have not been prepared. We are currently piloting another guideline developed through UNICEF's support. This activity will be undertaken in the next financial year.
Activity 3.2	Training village, facility, and divisional Health Stakeholders Committee's on roles and functions in Governance in health	80%	54,099	40,612.41	13,487	

Activity 3.3	Provide operational support to annual district health summit	80%	121,784	72,513.46	49,271	
Activity 3.4:	Printing of governance and monitoring tools to be used in underserved areas	0%	28,982	0	28,982	Printing will be done when guidelines have been completed.
Activity 3.5:	Development of guidelines, and training manuals for district health management team on leadership and management, as well as performance monitoring	90%	12,500	0	12,500	The Management Sciences for Health's Leadership Development Program (LDP) guidelines has been adopted for training pending finalization of Ministry guideline.
Activity 3.6	Printing of leadership and management guidelines and training manuals	0%	28,982	0	28,982	The MSH guidelines are already printed through USAID support
Activity 3.7	Training the district health Management team on leadership and management as well as performance monitoring	40%	46,371	34,804.83	11,566	
Activity 3.8	Training the facility staff on leadership and management as well as	60%	154,570	116,029.6 5	38,540	

	performance monitoring					
Support Functions						
Managem ent						
M&E						
Technical Support		100%	0	66,868.65	- 66,868.6 5	All 260 employed staff went through on job training and induction to the civil service
Total			5,844,904. 85	5,810,020	34,884.1 3	The actual amount received was 5,830,571. The difference with the total in the third column could Be due to currency fluctuations. Most of the funds for supporting human resource which has been Marked as spent is still in the bank. However, since this money is committed to pay monthly salary for the duration of the contract, it cannot be considered available

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year´s report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.
Any significant differences (15% or higher) between previous and present "planned expenditure" should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	**Planned Activity for current year (ie.2009)**	**Planned expenditure in coming year**	**Balance available (To be automatically filled in from**	**Request for 2009**	**Explanation of differences in activities and expenditures from original application or previously approved adjustments****

			previous table)		
Intervention 1: Strengthening level One Services in selected Districts					
Objective 1	*Building the capacity of the community health extension workers (CHEWs) and community-based resource persons to provide services at level 1.*				
Activity 1.1	Identify and train 4 TOTs per targeted district	-	0	0	-
Activity 1.2	Training to re-tool community health extension workers.	148,005	0	148,005	-
Activity 1.3	Identify and train CORPs	462,514.60	0	462,514.60	-
Objective 2	*Providing implementation and follow up support for level 1 services for the targeted districts*				
Activity 2.1	Establish Community Based Information Systems with chalkboards, messages and registers at strategic sites for each selected community unit.	18,500.90	0	18,500.90	-
Activity 2.2	CHEWs Monitor activities of CORPs	418,316	0	418,316	
Activity 2.3	Support to selected districts in assessing, and rewarding performance of community units	5,180	0	5,180	
Activity 2.4	Preparing of tender documents to purchase of motor cycles and bicycle for	0	0	0	

	Community Health Extension Workers per community in selected districts				
Activity 2.5	Purchase and supply of 1 motorcycle for Community Health Extension Workers and 10 bicycles for CORPs per community unit in selected districts	462,514.60	0	462,514.60	
Activity 2.6	Support the development and implementation of local level Communication mechanisms	18,500.60	0	18,500.60	
Activity 2.7	Support HFs to undertake Integrated Outreaches each 15 days, with allowances for health facility staff	423,991.80	0	432,991.80	
Objective 3	*Strengthening health facility–community linkages through effective decentralization and partnership for the implementation of LEVEL ONE SERVICES*				
Activity 3.1:	Hold district LEVEL ONE SERVICE orientation workshops, for District Health Stakeholders Forum, and other opinion leaders.	33,300.70	0	33,300.70	
Activity 3.2:	Hold LEVEL 1 services orientation workshops, for Division Health Stakeholders Forum and other opinion leaders	7,399.90	0	7,399.90	
Objective 4	*Strengthening the community to progressively realize their rights for accessible and quality care and to seek accountability from facility-based health services.*				
Activity 4.1	Support CUs to hold monthly local health days (1/month)	317,838.60	0	317,838.60	

Activity 4.2	Support holding of quarterly divisional health days	353,154	0	353,154	
Activity 4.3	Support annual meetings on evidence-based planning, implementation, monitoring, evaluation and feedback at committee levels	17,658	0	17,658	
Intervention 2: Supporting Human Resource for Health					
Objective 1	*Recruitment and deployment of Key health workers in areas with low access and utilization of immunization services, which are facing health worker shortages*				
Activity 1.1	Seeking of approval for recruitment of identified Health Workers	0	0	0	
Activity 1.2	Seeking authority to recruit identified Health Workers from Directorate of Personnel Management, Ministry of Finance and PSC	0	0	0	
Activity 1.3	Advertisement for identified health workers.	0	0	0	
Activity 1.4	Interviews for selected candidates	0	0	0	
Activity 1.5	Recruitment, and support to selected candidates	2,068,233.27	1,106,204.67	962,028.60	
Intervention 3: Strengthening Governance and PM&E					
Objective 1	***Building capacity for Performance Monitoring and Evaluation at implementation level***				
Activity 1.1	Consultant to develop working draft for training manuals based on agreed	632.30	0	632.30	

	framework and annual review				
Activity 1.2:	Hold a 4 day working retreat with stakeholders to complete/reviewing training tools annually	1,264.50	0	1,264.50	
Activity 1.3:	Testing of tools in the district	295.00	0	295.00	
Activity 1.4	Induction of Provincial, and district managers on PME	36,631.50	0	36,631.50	
Activity 1.5	Training in the identified districts using the training manuals developed	41,626.50	0	41,626.50	
Objective 2	***Monitor and follow up on performance monitoring in districts, using EPI as a probe***				
Activity 2.1	Supportive supervision to follow-up of capacity building in the districts with poor timelines and completeness of data	22,199.60	0	22,199.60	
Activity 2.2	Development of quarterly summary of performance of district (data compilation and analysis)	14,799.70	0	14,799.70	
Activity 2.3	Support to quarterly performance review meetings during AOP3,AOP4, and AOP5	74,003.80	0	74,003.80	
Objective 3	***Strengthening Governance in selected districts***				
Activity 3.1	Development of guidelines, and training manuals for Governance strengthening, particularly at	0	0	0	

	implementation level				
Activity 3.2	Training village, facility, and divisional Health Stakeholders Committee's on roles and functions in Governance in health	25,900.80	0	25,900.80	
Activity 3.3	Provide operational support to annual district health summit	92,503.40	0	92,503.40	
Activity 3.4:	Printing of governance and monitoring tools to be used in underserved areas	8,518.10	0	8,518.10	
Activity 3.5:	Development of guidelines, and training manuals for district health management team on leadership and management, as well as performance monitoring	0	0	0	
Activity 3.6	Printing of leadership and management guidelines and training manuals	8,518.10	0	8,518.10	
Activity 3.7	Training the district health Management team on leadership and management as well as performance monitoring	22,200.90	0	22,200.90	
Activity 3.8	Training the facility staff on leadership and management as well as performance monitoring	74,002.50	0	74,002.50	
M&E support costs		34,884.13	34,884.13	0	
Technical support					
TOTAL COSTS				**4,072,000.00**	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Intervention 1: Strengthening level One Services in selected Districts					
Objective 1	*Building the capacity of the community health extension workers (CHEWs) and community-based resource persons to provide services at level 1.*				
Activity 1.1	Identify and train 4 TOTs per targeted district	-	0	0	-
Activity 1.2	Training to re-tool community health extension workers.	148,005	0	148,005	-
Activity 1.3	Identify and train CORPs	462,514.60	0	462,514.60	-
Objective 2	*Providing implementation and follow up support for level 1 services for the targeted districts*				
Activity 2.1	Establish Community Based Information Systems with chalkboards, messages and registers at strategic sites for each selected community unit.	18,500.90	0	18,500.90	-
Activity 2.2	CHEWs Monitor activities of CORPs	418,316	0	418,316	
Activity 2.3	Support to selected districts in assessing, and rewarding performance of community	5,180	0	5,180	

	units				
Activity 2.4	Preparing of tender documents to purchase of motor cycles and bicycle for Community Health Extension Workers per community in selected districts	0	0	0	
Activity 2.5	Purchase and supply of 1 motorcycle for Community Health Extension Workers and 10 bicycles for CORPs per community unit in selected districts	462,514.60	0	462,514.60	
Activity 2.6	Support the development and implementation of local level Communication mechanisms	18,500.60	0	18,500.60	
Activity 2.7	Support HFs to undertake Integrated Outreaches each 15 days, with allowances for health facility staff	423,991.80	0	432,991.80	
Objective 3	*Strengthening health facility--community linkages through effective decentralization and partnership for the implementation of LEVEL ONE SERVICES*				
Activity 3.1:	Hold district LEVEL ONE SERVICE orientation workshops, for District Health Stakeholders Forum, and other opinion leaders.	33,300.70	0	33,300.70	
Activity 3.2:	Hold LEVEL 1 services orientation workshops, for Division Health Stakeholders Forum and other opinion leaders	7,399.90	0	7,399.90	

Objective 4	*Strengthening the community to progressively realize their rights for accessible and quality care and to seek accountability from facility-based health services.*				
Activity 4.1	Support CUs to hold monthly local health days (1/month)	317,838.60	0	317,838.60	
Activity 4.2	Support holding of quarterly divisional health days	353,154	0	353,154	
Activity 4.3	Support annual meetings on evidence-based planning, implementation, monitoring, evaluation and feedback at committee levels	17,658	0	17,658	
Intervention 2: Supporting Human Resource for Health					
Objective 1	*Recruitment and deployment of Key health workers in areas with low access and utilization of immunization services, which are facing health worker shortages*				
Activity 1.1	Seeking of approval for recruitment of identified Health Workers	0	0	0	
Activity 1.2	Seeking authority to recruit identified Health Workers from Directorate of Personnel Management, Ministry of Finance and PSC	0	0	0	
Activity 1.3	Advertisement for identified health workers.	0	0	0	
Activity 1.4	Interviews for selected candidates	0	0	0	
Activity 1.5	Recruitment, and support to selected candidates	2,068,233.27	1,106,204.67	962,028.60	
Intervention 3: Strengthening Governance and PM&E					