

<i>Building capacity for Performance Monitoring and Evaluation at implementation level</i>					
Objective 1					
Activity 1.1	Consultant to develop working draft for training manuals based on agreed framework and annual review	632.30	0	632.30	
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					
<i>Monitor and follow up on performance monitoring in districts, using EPI as a probe</i>					
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 review performance meetings during AOP3,AOP4, and AOP5	74,003.80	0	74,003.80	

Strengthening Governance in selected districts					
Objective 3					
Activity 3.1	Development of guidelines, and training manuals for Governance strengthening, particularly at implementation level	0	0	0	0
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
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4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

Using the HSS funds, the Kenya Ministry of Health managed to scale-up the implementation of Community based health care in Kenya. Through the initial tranche, a total of 300 functional Community based health units/interventions were initiated. This ensured that basic preventive and promotive services were taken to Communities that had low access and utilization of health services, as evidenced by their low immunization coverage. Through these interventions, 1,500,000(One million five hundred thousand) Kenyans were reached through community based health interventions.

The HSS funds were not utilized in the required period because of the following challenges:

- Delay in disbursements of funds. The funds for 2007 and 2008 were received in mid 2008.
- The Kenyan fiscal year is different from GAVI's fiscal year. The Kenyan Fiscal year starts in July and ends in June while the GAVI fiscal year runs from January to December.
- The 2008 post-election situation in Kenya resulted in displacement of people and disruption in the supply chain.

- The Split of the Ministry of Health into two ministries

The following recommendations can improve future performance of HSS funds

- Aligning reporting to Kenya's fiscal year.
- Linking disbursement to Kenya's budgeting process(Medium Term Expenditure Framework)

The implementation and monitoring of the funds is better because HSS funds are included on budget.

b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.

The Civil Society Organizations are involved in the implementation of the HSS proposal at all stages. In the national level:

- They are members of the Health Sector Coordinating Committee(HSCC)
- They are the secretariat (Through HENNET-Health NGOs/CBOs Network) of the Community Strategy Technical Working Group.
- They are members of the District Health Stakeholders' forum

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate "project" funds. These are the kind of issues to be discussed in this section

a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): **Yes**
If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.

The GAVI-HSS are on -budget. They are reflected in both the printed and Revised National budgets of 2008/9

b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.

The Controller and Auditor General are of the opinion that 'the financial statements have been prepared in accordance with the International Public Sector Accounting Standards (Cash Basis Method) and fairly present, the receipts and payments relating to the project and the expenditure, in all material respects, conforms with the Ministry proposal for Health Systems Strengthening(HSS) to GAVI Alliance Board approved on 15th June 2007'. (Attached Audit report)

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application

Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Exp of a reas non achi of te
Improving access to and utilization of health services	Taking health services to the community level	Percentage of community health units operationalized	Number of new community units	Number of targeted community units	HMIS	115	HMIS	June 2008	400 new Community units	June 2009	363 new Community units formed	85% fund recei GAV is achi by Ji
Improving Human resource for Health	Opening more service delivery points and improving health service access	percentage of health workers recruited	Number of Health workers recruited	Number of health workers targeted for recruitment	Human Resource Department(HRD)	0	HRD	June 2008	260	June 2009	260 health workers recruited and working	
Improving utilization of immunization services	Reduce drop-out in immunization coverage	Percentage of coverage of measles vaccine	Number of children under one year of age vaccinated against measles	Total number of children in the cohort of under one year of age	Division of vaccine and immunization(DVI) -Ministry of Medical Services: Facts and Figures on Health and Health related	80%	DVI	January 2008	85%	December 2008	70%	The were achi beca expe post-viole 2008 disru

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

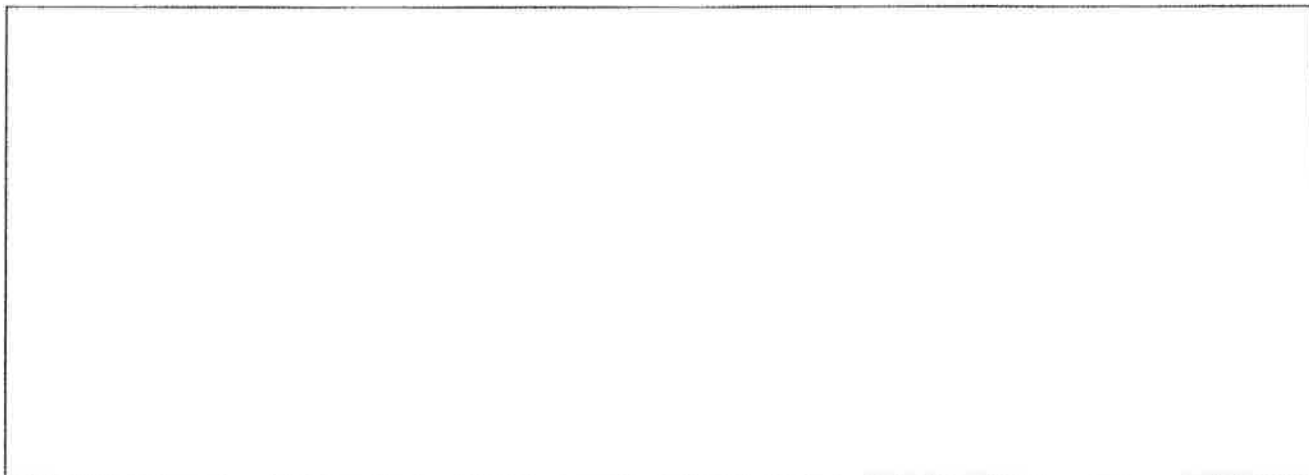
5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.



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

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US\$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs,

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

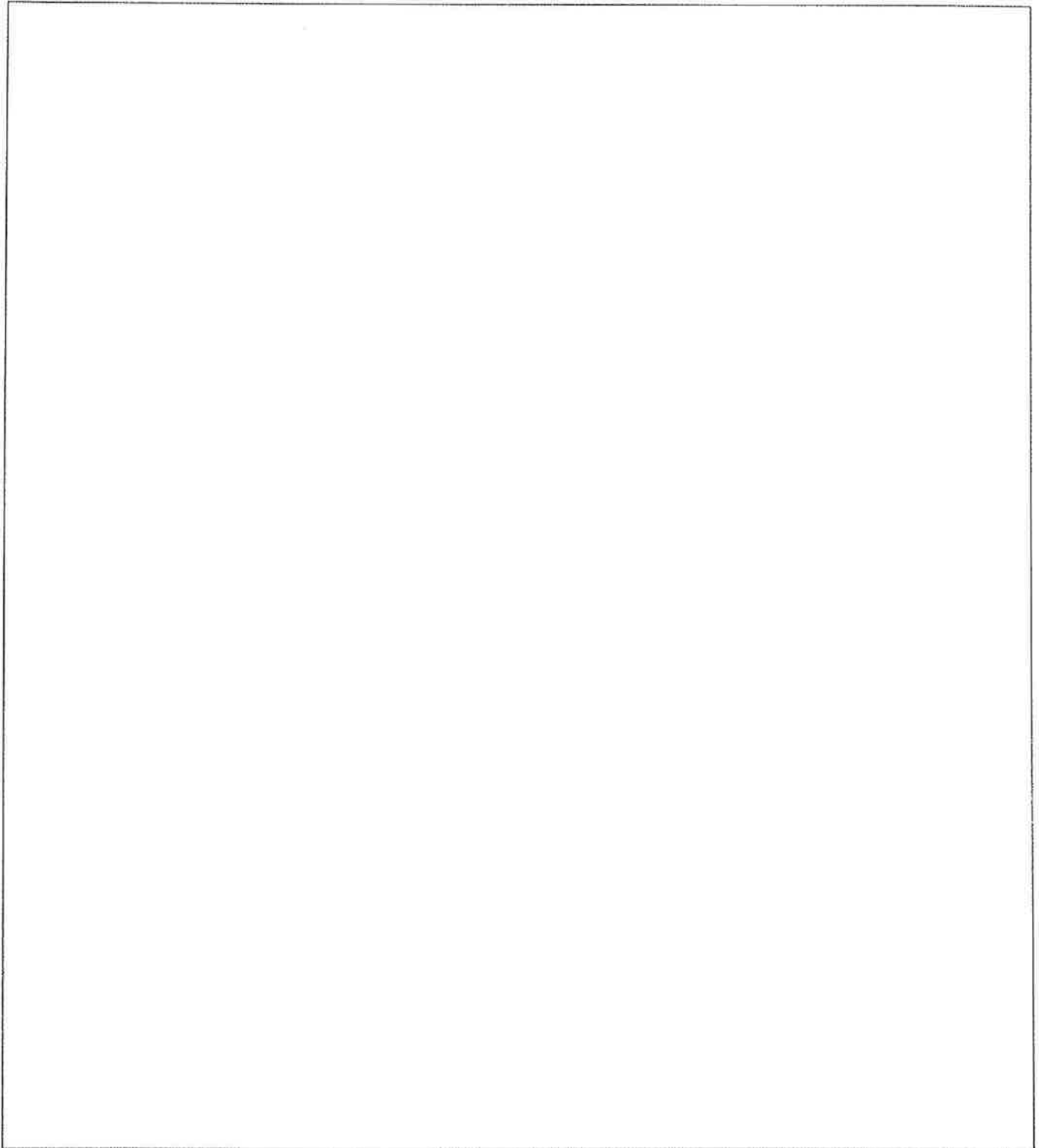
Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission		
Reporting Period (consistent with previous calendar year)	Jan-Dec 2008	
Government signatures		
ICC endorsed		
ISS reported on	YES	
DQA reported on	N/A	
Reported on use of Vaccine introduction grant	NO	
Injection Safety Reported on	YES	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	??	
New Vaccine Request including co-financing completed and Excel sheet attached	YES	
Revised request for injection safety completed (where applicable)	N/A	
HSS reported on	YES	
ICC minutes attached to the report	YES	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report		

7. Comments

ICC/HSCC comments:

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.



~ End ~

