



GAVI Alliance

Annual Progress Report **2011**

Submitted by
The Government of
Kenya

Reporting on year: **2011**

Requesting for support year: **2013**

Date of submission: **5/22/2012**

Deadline for submission: 5/22/2012

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

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

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

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

**GAVI ALLIANCE
GRANT TERMS AND CONDITIONS**

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2011**

Requesting for support year: **2013**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2015

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

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

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2010** is available [here](#).

2. Signatures

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

By signing this page, the Government of **Kenya** hereby attests the validity of the information provided in the report, including all attachments, annexes, financial statements and/or audit reports. The Government further confirms that vaccines, supplies, and funding were used in accordance with the GAVI Alliance Standard Grant Terms and Conditions as stated in this Annual Progress Report (APR).

For the Government of **Kenya**

Please note that this APR will not be reviewed or approved by the Independent Review Committee (IRC) without the signatures of both the Minister of Health & Minister Finance or their delegated authority.

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Hon. Beth Mugo MP, EGH.	Name	Hon. Njeru Githae MP; EGH.
Date		Date	
Signature		Signature	

This report has been compiled by (these persons may be contacted in case the GAVI Secretariat has queries on this document):

Full name	Position	Telephone	Email
Dr. Tatu Kamau	Head - Division of Vaccines & Immunization	+254 722 276016	head_dvi@dfh.or.ke
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2.2. ICC signatures page

If the country is reporting on Immunisation Services (ISS), Injection Safety (INS) and/or New and Under-Used Vaccines (NVS) supports

In some countries, HSCC and ICC committees are merged. Please fill-in each section where information is appropriate and upload in the attached documents section the signatures twice, one for HSCC signatures and one for ICC signatures

The GAVI Alliance Transparency and Accountability Policy (TAP) is an integral part of GAVI Alliance monitoring of country performance. By signing this form the ICC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management.

2.2.1. ICC report endorsement

We, the undersigned members of the immunisation Inter-Agency Coordinating Committee (ICC), endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Name/Title	Agency/Organization	Signature	Date
Dr. S.K. Sharif - Director of Public Health & Sanitation	Ministry of Public Health & Sanitation (MOPHS)		
Dr. Tatu Kamau - Head, Division of Vaccines & Immunization	Ministry of Public Health & Sanitation		

Dr. Santao Migiro - Head - Division of Child & Adolescent Health	Ministry of Public Health & Sanitation		
Dr. Annah Wamae - Head, Dept. of Family Health & Delegated Chair of Child Health ICC	Ministry of Public Health & Sanitation		
Dr. Isaak Bashir - Head, Division of Reproductive Health	Ministry of Public Health & Sanitation		
Catherine Fitzgibbon - Program Director	Save the Children		
Lilian Mutea -	USAID		
Terry Wefwafwa -	MOPHS - Division of Nutrition		
Dr. Rex Mpazanje	WHO - WR		
Mr. Ketema Bizuneh	Head of Health -UNICEF		
Mr. Gerald Macharia	Country Director - Clinton Health Access Initiative		
Dr. Patricia Onyango	Health Director - GIZ		
Rachael Mituku	PSI		
Dr. Isaac Malonza	Country Director - USAID - JHPIEGO/MCHIP		

Dr. Samuel Were	Chair - SWAP Secretariate, MOPHS		
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ICC may wish to send informal comments to: apr@gavialliance.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

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

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4. Baseline & annual targets

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Total births	1,393,304	1,402,494	1,435,103	1,435,590	1,478,156	1,479,310	1,522,501	1,524,362	1,568,176	1,570,785
Total infants' deaths	81,959	96,305	84,418	98,578	86,950	101,580	89,559	104,673	92,246	107,861
Total surviving infants	1311345	1,306,189	1,350,685	1,337,012	1,391,206	1,377,730	1,432,942	1,419,689	1,475,930	1,462,924
Total pregnant women	1,393,304	1,402,494	1,435,103	1,435,590	1,478,156	1,479,310	1,522,501	1,524,362	1,568,176	1,570,785
Number of infants vaccinated (to be vaccinated) with BCG	1,379,371	1,285,494	1,420,752	1,421,234	1,463,375	1,464,517	1,507,276	1,509,118	1,552,494	1,555,077
BCG coverage	99 %	92 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,180,210	1,150,453	1,215,617	1,203,310	1,252,085	1,239,957	1,289,648	1,277,719	1,328,337	1,316,632
OPV3 coverage	90 %	88 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	1,245,778	0	1,283,151	0	1,321,646	0	1,361,295	0	1,402,134	0
Number of infants vaccinated (to be vaccinated) with DTP3	1,180,210	0	1,215,617	0	1,252,085	0	1,289,648	0	1,328,337	0
DTP3 coverage	90 %	0 %	95 %	0 %	90 %	0 %	90 %	0 %	90 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0	0	0	0	0
Wastage[1] factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1st dose of DTP-HepB-Hib	1,245,778	1,242,368	1,355,341	1,337,012	1,321,646	1,308,844	1,361,295	1,348,704	1,402,134	1,389,778
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	1,180,210	1,146,573	1,287,807	1,270,161	1,252,085	1,239,957	1,289,648	1,277,719	1,328,337	1,316,632
DTP-HepB-Hib coverage	90 %	88 %	95 %	95 %	90 %	90 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	10	20	25	10	5	10	5	10	5	10
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.25	1.33	1.11	1.05	1.11	1.05	1.11	1.05	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 doses/vial, Liquid	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	39,684	19,542	35,065	35,065	36,117	36,117	37,200	37,200	38,316	38,316
Yellow Fever coverage	2 %	1 %	3 %	3 %	3 %	3 %	3 %	3 %	3 %	3 %
Wastage[1] rate in base-year and planned thereafter (%)	50	50	35	50	30	50	30	50	30	50
Wastage[1] factor in base-year and planned thereafter (%)	2	2	1.54	2	1.43	2	1.43	2	1.43	2
Maximum wastage rate value for Yellow Fever, 10 doses/vial, Lyophilised	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %	50 %

Number	Achievements as per JRF		Targets (preferred presentation)							
	2011		2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation	Previous estimates in 2011	Current estimation
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	1,499,589	1,706,143	1,355,341	1,337,012	1,321,646	1,308,844	1,361,295	1,348,704	1,402,134	1,389,778
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	1,180,210	1,095,454	1,287,807	1,270,161	1,252,085	1,239,957	1,289,648	1,277,719	1,328,337	1,316,632
Pneumococcal (PCV10) coverage	90 %	84 %	95 %	95 %	90 %	90 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	10	5	10	5	10	5	10	5	10	5
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.05	1.11	1.05	1.11	1.05	1.11	1.05	1.11	1.05
Maximum wastage rate value for Pneumococcal (PCV10), 2 doses/vial, Liquid	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,180,210	1,136,298	1,215,617	1,203,310	1,252,085	1,239,957	1,289,648	1,277,719	1,328,337	1,316,632
Measles coverage	90 %	87 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %	90 %
Pregnant women vaccinated with TT+	1,114,643	1,034,331	1,148,082	1,148,472	1,182,525	1,183,448	1,218,001	1,219,489	1,254,541	1,256,628
TT+ coverage	80 %	74 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0	0	0	0	0	0	0
Vit A supplement to infants after 6 months	1,135,444	1,022,301	1,192,215	1,192,215	1,251,827	1,251,827	1,314,418	1,314,418	1,380,139	1,380,139
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %	5 %	0 %

*

** Number of infants vaccinated out of total surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2011 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2011**. The numbers for 2012 - 2015 in [Table 4 Baseline and Annual Targets](#) should be consistent with those that the country provided to GAVI in previous APR or in new application for GAVI support or in cMYP.

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

- Justification for any changes in **births**

Revisions are minor and result from the 'annual immunization target setting and data harmonization meeting' between the Central Bureau of Statistics and the HMIS held in January every year. The changes take into consideration adjustments to population projections made by the Central Bureau of Statistics (Ministry of Planning).

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

Same reason as above.

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

Same as above

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

The change over from a 2-dose DPT-HepB-Hib vaccine to a 10-dose fully liquid vaccine with preservative has resulted in decreased wastage from 20% to 10% because the MDVP could be effected.

5.2. Immunisation achievements in 2011

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2011 and how these were addressed:

PCV10 over achievement with the 1st dose occurred due to the catch-up doses of PCV10 administered to infants under 1 year of age on introduction of the vaccine in 2011. Some 2nd & 3rd doses were missed in the catch-up group due to:

- infants exiting from the age of eligibility (i.e. being older than one year by the time of the second dose)
- stock-outs of PCV10 leading to prioritization of infants within the 6-10-14 weeks age range

DPT-HepB-Hib 3 coverage improved to 88% coverage - 1,146,573 infants fully vaccinated with three doses. This is an increase of 90,476 infants from the 2010 achievement of 1,055,827 fully vaccinated with pentavalent vaccine.

NB: 8 polio + 2 measles SNIDs were conducted in 2011 using the same staff providing routine immunization and these distractions adversely affected routine immunization performance

*SNIDs - sub-national immunization days

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

Although we did not achieve the targets set, the country reported significant improvement in overall coverages and is on track to achieving the targets in 2012.

Competing priorities around the 8 polio SNIDs slowed down the progress as both activities utilize the same staff.

The yellow fever targets were not met - 49% achieved vs. 90% desired. The problem appears to be due to poor confidence by health workers in administering both measles and YF vaccines at the same sitting. However this should change with the experience of the DPT-HepB-Hib + PCV10 administration at the same sitting.

NB: the extremely low immunization coverage for yellow fever vaccine reflected in Section 4 of this report is a distortion due to the pre-filled formulas which are computing the coverage based on a denominator of the national target for surviving infants. Yellow fever is only administered to infants in four high-risk counties within the country - (denominator=39,684)

5.3. Monitoring the Implementation of GAVI Gender Policy

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

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

Data Source	Timeframe of the data	Coverage estimate

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

There is no evidence of gender related barriers to immunisation access in Kenya.

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

What action have you taken to achieve this goal?

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

In 2011 data completeness stood at 97%

The WHO/UNICEF estimates for 2011 have not yet been released, however their estimates for 2010 agreed with the national administrative coverage for DPT-Hepb-Hib 3 of 83%

A full scale national immunization survey has not been conducted, a mini survey conducted in Nyanza Province in the course of the polio outbreak investigations in August 2011 found an OPV3 coverage of 76% against an administrative coverage of 77%.

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

5.4.2. Have any assessments of administrative data systems been conducted from 2010 to the present? **No**

If Yes, please describe the assessment(s) and when they took place.

No external evaluation has been conducted, however internal DQSAs (district specific) are ongoing.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2009 to the present.

Kenya has implemented a web based system of collecting administrative data. The information is currently collected through an open source system, the district health information software (DHIS). This has helped to improve reporting rates and completeness. The online system has increased the access to information by managers at all levels from the district level managers to the national level managers.

5.4.4. Please describe any plans that are in place, or will be put into place, to make further improvements to administrative data systems.

The DHIS system is being improved and different services and functionalities are being introduced.

In addition, quarterly multi-sectorial data validation and harmonization meetings are held by the Ministry of Public Health & Sanitation

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US\$ = 90	Enter the rate only; Please do not enter local currency name
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Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2011	Source of funding						
		Country	GAVI	UNICEF	WHO	CHAI	USAID - MCHIP	-
Traditional Vaccines*	3,684,556	3,684,556	0	0	0	0	0	0
New and underused Vaccines**	64,694,665	2,787,000	61,761,489	0	124,176	22,000	0	0
Injection supplies (both AD syringes and syringes other than ADs)	640,910	640,910	0	0	0	0	0	0
Cold Chain equipment	1,074,556	524,556	0	500,000	0	50,000	0	0
Personnel	1,176,125	312,125	0	100,000	532,500	184,000	47,500	0
Other routine recurrent costs	2,147,165	1,332,183	0	0	689,982	0	125,000	0
Other Capital Costs	1,657,667	1,657,667	0	0	0	0	0	0
Campaigns costs	6,458,859	0	0	0	6,408,859	0	50,000	0
None		0	0	0	0	0	0	0
Total Expenditures for Immunisation	81,534,503							
Total Government Health		10,938,997	61,761,489	600,000	7,755,517	256,000	222,500	0

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

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

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

In some instances the funds are insufficient and in other instances cash flow problems constrain full utilization of the funds.

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

National budgetary reviews and cash flow problems.

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

Funding from government for Traditional vaccines has been allocated.

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

Expenditure by category	Budgeted Year 2012	Budgeted Year 2013
Traditional Vaccines*	4,394,831	4,834,314
New and underused Vaccines**	55,874,500	57,550,735
Injection supplies (both AD syringes and syringes other than ADs)	614,971	645,720
Injection supply with syringes other than ADs	0	0
Cold Chain equipment	746,988	821,687
Personnel	312,125	318,368
Other routine recurrent costs	1,772,083	1,772,083
Supplemental Immunisation Activities	18,123,844	0
Total Expenditures for Immunisation	81,839,342	65,942,907

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

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

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

No.

The shortfall will be due to inadequate budgetary allocation due to economic status of the country. This will most likely affect operational costs - especially supervision and advocacy expenses. Priority is always given to ensuring adequate availability of vaccination logistics

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

Yes, because of national economic constraints.

Strategies to address the gaps will include sharing work plans with development partners who are interested in supporting the 'gaps' , and reviewing operational practices to minimize costs

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2011 calendar year? **No, not implemented at all**

If Yes, briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country in the table below:

Action plan from Aide Mémoire	Implemented?

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2011? **4**

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

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

Are any Civil Society Organisations members of the ICC? **Yes**

If Yes, which ones?

List CSO member organisations:
Kenya Network of Women living with AIDS (KeNWA)

5.8. Priority actions in 2012 to 2013

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

Training and Supervision-The country aims to improve capacity of health workers on immunization in 80% health facilities in every district by 2012.

This is being done through various activities

- Developing and disseminating an operational level training manuals that will be utilized during facility level training
- Facilitating the operation level training of health workers in all districts
- Improving the school curriculum concerning immunisation in Kenya for universities and nursing schools.
- Integrating with other programs to ensure continuous medical development and education of all health professional
- Leveraging on Rotavirus vaccine introduction to retrain health workers at all levels
- Leveraging on supplementary activities to provide updates and feedback to health workers and managers

Linking to Other Health Interventions- The country aims to integrate immunisation activities with other programmes in order to achieve high impact child survival interventions in all districts.

The activities in which integration is being implemented are

- Malezi Bora. This is an integrated approach that aims to increase mobilization and utilization of health services by Mothers and their children in health facilities country wide. The activity has increase profile biannually for 2 weeks in May and November ,Malezi bora week, with several high profile events country wide. After the Malezi Bora weeks activities continue country wide and are facility led through their health management teams.
- The country is implementing an integrated communication plan of action that covers effective communication strategies covering several child health strategies.

Improving availability and distribution of vaccination logistics

- Improving vaccine supply through ensuring utilisation of online stock management tool at all 8 regional depots. This is for realtime stock status visibility and to inform regional level redistribution.
- Improving vaccination logistics throughout the country through improved supply chain management

Research / Studies

- Completion of operational research on low utilization of yellow fever vaccine in the four high-risk counties

Vaccine Quality assurance

- Establishment of quality assurance laboratory and system for periodic sampling of vaccines throughout the supply chain

Are they linked with cMYP? **Yes**

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2011

Vaccine	Types of syringe used in 2011 routine EPI	Funding sources of 2011
BCG	0.05ml AD syringes; 0.1ml AD syringes & 2.0ml syri	Govt. of Kenya

Measles	0.5ml AD syringes & 5.0ml reconstitution syringes	Govt. of Kenya
TT	0.5ml AD syringes	Govt. of Kenya
DTP-containing vaccine	0.5ml AD syringes (for co-financed share of vaccin	Govt. of Kenya
Non-EPI vaccines-typhoid, rabies, YF, HepB	0.5ml AD syringes	Govt. of Kenya

Does the country have an injection safety policy/plan? **Yes**

If Yes: Have you encountered any obstacles during the implementation of this injection safety policy/plan?

If No: When will the country develop the injection safety policy/plan? (Please report in box below)

No obstacles encountered

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

Sharps are disposed in safety boxes which are then predominantly burnt & buried at a designated pit within the facility compound. However a few health facilities are able to incinerate the safety boxes containing sharps.

Main problem encountered is mismanaged waste disposal pits in some health facilities. This is being addressed by the Dept. of Environmental Health (of the Ministry of Public Health) as these waste pits are not specific to vaccination wastes but for all health facility waste. Plans are in place for the construction of additional incinerators in every district for better destruction of hazardous wastes

6. Immunisation Services Support (ISS)

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

6.1. Report on the use of ISS funds in 2011

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	433,500	39,915,000
Total funds available in 2011 (C=A+B)	433,500	39,915,000
Total Expenditures in 2011 (D)	220,944	1,988,500
Balance carried over to 2012 (E=C-D)	212,556	37,926,500

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

ISS funds have not been included in national health sector plans because they are 'unpredictable' funding - unlike the HSS funds.

The ISS funds received for the introduction of the PCV10 were factored into the revised budget for the 2011-2012 financial year so as to regularise their use, because these funds were disbursed to the Ministry of Finance prior to being factored in the budget of the 2010-2011 fiscal year.

The major delay in the full availability of the PCV10 introduction funds (ISS) was occasioned by the fact that they were received outside the budgetary cycle and had not been reflected in the budgetary official estimates.

6.1.2. Please include details on the type of bank account(s) used (commercial versus government accounts), how budgets are approved, how funds are channelled to the sub-national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

Government bank accounts:

- Ministry of Finance - Pay Master General Account - operated through the Central Bank of Kenya
- Ministry of Public Health & Sanitation general account - operated through a Semi Autonomous Government Agency - Kenya Commercial Bank
- Ministry of Public Health & Sanitation project account for GAVI funded activities - this is a commercial bank account - Standard Chartered Bank Ltd

New budget approval process:

- The Govt. of Kenya fiscal year runs from 1st July of one calendar year to 30th June of the following calendar year
- Draft budgets are drawn up by all beneficiaries of government funds (line ministries, SAGAs, CSOs etc) based on budgetary ceilings issued by the Treasury
- The draft budgets are then reviewed by the Parliamentary Committee on Finance and then tabled for discussion in parliament by the Minister for Finance through a bill
- Once the finance bill is passed (approved) by parliament, then the budget is forwarded to the President for assent and then gazetted for implementation

Channeling of government funds to sub-national levels:

- The allocation schedule of funding for sub-national levels within the Ministry of Public Health & Sanitation is the responsibility of the head of the respective unit/programme/project
- The allocations for sub-national allocations are based on criteria which vary from unit to unit and sometimes from year to year
- Once the allocation schedule is completed it is submitted to the Chief Finance Officer and the Principle Accounts Controller for verification of availability of funds and then the CFO issues 'Authorizations-to-Incur-Expenditure' (AIEs) & cheques to respective sub-national levels.

Financial reporting arrangements:

- For government funded expenditures, reporting arrangements are guided by the Exchequer and Audit Act - Chapter 412 of the Laws of Kenya and the Finance Act of 2005
- Reporting is through an Integrated Financial Management Information System (IFMIS) software

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

National and District level training - USD 168,885

Supervision of immunisation activities in the province - USD 44,929

The trainings above were targeted at introduction of PCV10 but the opportunity was used to update health care workers on general best practices in immunisation.

6.1.4. Is GAVI's ISS support reported on the national health sector budget? **No**

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

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2011 calendar year (Document Number 13) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **No**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 19).

6.3. Request for ISS reward

In June 2009, the GAVI Board decided to improve the system to monitor performance of immunisation programmes and the related calculation of performance based rewards. Starting from 2008 reporting year, a country is entitled to a reward:

a) if the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and

b) if the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at

http://apps.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm

If you may be eligible for ISS reward based on DTP3 achievements in 2011 immunisation programme, estimate the \$ amount by filling **Table 6.3** below

The estimated ISS reward based on 2011 DTP3 achievement is shown in Table 6.3

Table 6.3: Calculation of expected ISS reward

				Base Year**	2011
				A	B***
1	Number of infants vaccinated with DTP3* (from JRF) specify			1119066	0
2	Number of additional infants that are reported to be vaccinated with DTP3				-1119066
3	Calculating	\$20	per additional child vaccinated with DTP3		0
4	Rounded-up estimate of expected reward				0

* Number of DTP3: total number of infants vaccinated with DTP3 alone plus the number of those vaccinated with combined DTP-HepB3, DTP-HepB-Hib3.

** Base-year is the previous year with the highest DTP3 achievement or the original target set in the approved ISS proposal, whichever is higher. Please specify the year and the number of infants vaccinated with DTP3 and reported in JRF.

*** Please note that value B1 is 0 (zero) until **Number of infants vaccinated (to be vaccinated) with DTP3** in section 4. Baseline & annual targets is filled-in

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

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

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

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

	[A]	[B]	
Vaccine type	Total doses for 2011 in Decision Letter	Total doses received by 31 December 2011	Total doses of postponed deliveries in 2012
DTP-HepB-Hib		5,205,700	0
Pneumococcal (PCV10)		6,779,200	0
Yellow Fever		89,100	0

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

If values in [A] and [B] are different, specify:

- What are the main problems encountered? (Lower vaccine utilisation than anticipated due to delayed new vaccine introduction or lower coverage? Delay in shipments? Stock-outs? Excessive stocks? Problems with cold chain? Doses discarded because VVM changed colour or because of the expiry date? ...)

No difference in A and B.

- What actions have you taken to improve the vaccine management, e.g. such as adjusting the plan for vaccine shipments? (in the country and with UNICEF Supply Division)

The program requested for rescheduling of shipments of PCV 10 due to the unprecedented demand following the launch.

The program procured and distributed more cold chain equipment and opened up 2 additional regional depots bringing the number of regional depots to eight.

PCV10 introduction training was used as an opportunity to update health care workers on good vaccine management practice.

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

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

The stock out periods of PCV10 were short - less than one month at national level at any given time

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

The reason for PCV10 stock outs is the front loading of targeted children within the first few months of introduction against the anticipated gradual uptake of the vaccine throughout the first year. The impact of the stock out was public disappointment in the program and negative media reports.

The stock out was experienced at both central and peripheral levels.

7.2. Introduction of a New Vaccine in 2011

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

Vaccine introduced	PCV -10		
Phased introduction	No		
Nationwide introduction	Yes	03/01/2011	

The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	The initial plan was to introduce in January 2010, however delay by WHO in giving conditional approval for the two dose PCV 10 without preservative, resulted in rescheduling of the introduction to January 2011.
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7.2.2. When is the Post Introduction Evaluation (PIE) planned? **May 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 20))

No PIE has been conducted in the last two years. This is the first PIE to be conducted since introducing new vaccines in the infant immunisation schedule.

7.2.3. Adverse Event Following Immunization (AEFI)

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

Is there a national AEFI expert review committee? **No**

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

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

7.3. New Vaccine Introduction Grant lump sums 2011

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2011 (A)	0	0
Remaining funds (carry over) from 2010 (B)	202,958	16,236,700
Total funds available in 2011 (C=A+B)	202,958	16,236,700
Total Expenditures in 2011 (D)	240,428	19,243,300
Balance carried over to 2012 (E=C-D)	- 37,470	- 3,006,600

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

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2011 calendar year (Document No 14) . Terms of reference for this financial statement are available in **Annexe 1** Financial statements should be signed by the Finance Manager of the EPI Program and and the EPI Manager, or by the Permanent Secretary of Ministry of Health

7.3.2. Programmatic Reporting

Please report on major activities that have been undertaken in relation to the introduction of a new vaccine, using the GAVI New Vaccine Introduction Grant

Distribution of the new and other vaccines to all immunizing facilities.

Advocacy communication and social mobilisation. Including a national and regional launch events

Training of front line health care workers on the new vaccine and updating them on routine immunisation best practices.

Support supervision post introduction.

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

Problem: Competing priorities with 8 preventive vaccination campaigns against polio and measles.
 Solution: Phased/delayed introduction of PCV10 in some regions of the country to allow for completion of polio and measles response activities - especially North Eastern province which started in April 2011.
 Problem: Shortfall in funds for introduction activities e.g. funding the national launch event.
 Solution: Further resource mobilisation from government and in-country partners.
 Problem: Delayed disbursement of funding affecting distribution of logistics to the periphery.
 Solution: The program utilised other health programs support to distribute logistics.
 Problem: Unexpected high demand for the vaccine happening within the first three months after the high profile national launch.
 Solution: Call down for the vaccine was brought forward from the earlier scheduled shipment plan.

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

Support supervision of routine immunization services.
 Training of effective vaccine management for national and regional levels.

7.4. Report on country co-financing in 2011

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2011?	
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,696,333	543,300
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	1,061,500	295,500
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	15,902	18,100
	Q.2: Which were the sources of funding for co-financing in reporting year 2011?	
Government	Through a co-financing line item in budget of Ministry of Public Health & Sanitation (established in 2007)	
Donor	None	
Other	None	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US\$ and supplies?	
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
	Q.4: When do you intend to transfer funds for co-financing in 2013 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2013	Source of funding
1st Awarded Vaccine DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Government
1st Awarded Vaccine Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	October	Government
1st Awarded Vaccine Yellow Fever, 10 dose(s) per vial, LYOPHILISED	October	Government
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	

None

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy:

<http://www.gavialliance.org/about/governance/programme-policies/co-financing/>

Country is currently not in default

NB: In question 3 above the injection supplies for the co-financed vaccines are combined with those for other routine vaccines and are therefore not costed separately.

Is GAVI's new vaccine support reported on the national health sector budget? **Yes**

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_delivery/systems_policy/logistics/en/index6.html

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

When was the latest Effective Vaccine Management (EVM) or an alternative assessment (EVSM/VMA) carried out? **October 2009**

Please attach:

(a) EVM assessment (**Document No 15**)

(b) Improvement plan after EVM (**Document No 16**)

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan (**Document No 17**)

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

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

Deficiency noted in EVM assessment	Action recommended in the Improvement plan	Implementation status and reasons for delay, if any
Vaccine Stock Management	Improve stock management. Computerisation.	Online SMT at national and 6 regional depots.
Cold chain capacity	Conduct CCI. And expand capacity from national lev	Capacity established.Replacement plan in draft.JIC
Immunisation staff knowledge capacity	Training of health workers especially at sub-natio	Many trainings completed & others planned
Unknown vaccine wastage rates for forecasting	Device mechanism to capture wastage data	delayed due to adverse effects of controlling waste
Use of push delivery system to distribute vaccine	Move to pull delivery system	Awaiting strengthening of stock management system

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

If yes, provide details

A pull system was recommended for the distribution of vaccines. This has been discussed internally and found that the program cannot convert to a full pull system because there are still merits for the push system.

A push system is still applicable for distribution of vaccines to the regional depots.

The pull system is applicable from the regional depots by districts and from districts by facilities. However this still cannot be implemented prior to strengthening of the stock management system at national and regional depot levels. Computerization of stock management is at an advanced stage through a web-based software linking all regional depots to the national vaccine stores with 6 out of 8 regional depots operational.

When is the next Effective Vaccine Management (EVM) assessment planned? **December 2013**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2011

Kenya does not report on NVS Preventive campaign

7.7. Change of vaccine presentation

Kenya does not require to change any of the vaccine presentation(s) for future years.

7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2012

Renewal of multi-year vaccines support for Kenya is not available in 2012

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

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

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

If you don't confirm, please explain

7.10. Weighted average prices of supply and related freight cost

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.1: Commodities Cost

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

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

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

Table 7.10.2: Freight Cost

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

7.11. Calculation of requirements

Table 7.11.1: Specifications for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,306,189	1,337,012	1,377,730	1,419,689	1,462,924	6,903,544
	Number of children to be vaccinated with the first dose	Table 4	#	1,242,368	1,337,012	1,308,844	1,348,704	1,389,778	6,626,706
	Number of children to be vaccinated with the third dose	Table 4	#	1,146,573	1,270,161	1,239,957	1,277,719	1,316,632	6,251,042
	Immunisation coverage with the third dose	Table 4	%	87.78 %	95.00 %	90.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.25	1.11	1.11	1.11	1.11	
	Vaccine stock on 1 January 2012		#	491,100					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		2.18	2.02	1.99	1.93	
cc	Country co-financing per dose	Co-financing table	\$		0.38	0.38	0.38	0.38	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		6.00 %	6.00 %	6.00 %	6.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.38	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.38	0.38	0.38
Your co-financing	0.38	0.38	0.38	0.38	0.38

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

		2012	2013	2014	2015
Number of vaccine doses	#	3,310,400	3,583,900	3,707,700	3,797,600
Number of AD syringes	#	4,452,300	4,358,500	4,528,100	4,666,000
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	49,425	48,400	50,275	51,800
Total value to be co-financed by GAVI	\$	7,885,000	7,885,500	8,037,500	8,020,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	650,800	774,700	816,700	864,700
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	\$	1,505,500	1,656,500	1,719,500	1,772,000

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	16.43 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,242,368	1,337,012	219,664	1,117,348
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	3,727,104	4,011,036	658,992	3,352,044
E	Estimated vaccine wastage factor	Table 4	1.25	1.11		
F	Number of doses needed including wastage	D X E	4,658,880	4,452,250	731,481	3,720,769
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H	Stock on 1 January 2012	Table 7.11.1	491,100			
I	Total vaccine doses needed	F + G – H		3,961,150	650,796	3,310,354
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		4,452,250	0	4,452,250
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		49,420	0	49,420
N	Cost of vaccines needed	I x vaccine price per dose (g)		8,643,230	1,420,035	7,223,195
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		207,030	0	207,030
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		287	0	287
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		518,594	85,203	433,391
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		20,732	0	20,732
T	Total fund needed	(N+O+P+Q+R+S)		9,389,873	1,505,237	7,884,636
U	Total country co-financing	I x country co-financing per dose (cc)		1,505,237		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		16.43 %		

Table 7.11.4: Calculation of requirements for **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID** (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	17.77 %			18.05 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,308,844	232,627	1,076,217	1,348,704	243,454	1,105,250
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	3,926,532	697,881	3,228,651	4,046,112	730,360	3,315,752
E	Estimated vaccine wastage factor	Table 4	1.11			1.11		
F	Number of doses needed including wastage	$D \times E$	4,358,451	774,648	3,583,803	4,491,185	810,699	3,680,486
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	33,184	5,991	27,193
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	4,358,451	774,648	3,583,803	4,524,369	816,689	3,707,680
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	4,358,451	0	4,358,451	4,528,019	0	4,528,019
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	48,379	0	48,379	50,262	0	50,262
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	8,790,996	1,562,465	7,228,531	8,985,397	1,621,945	7,363,452
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	8,790,996	0	202,668	8,985,397	0	210,553
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	281	0	281	292	0	292
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	527,460	93,748	433,712	539,124	97,317	441,807
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	20,295	0	20,295	21,085	0	21,085
T	Total fund needed	$(N+O+P+Q+R+S)$	9,541,700	1,656,212	7,885,488	9,756,451	1,719,261	8,037,190
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,656,212			1,719,261		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	17.77 %			18.05 %		

Table 7.11.4: Calculation of requirements for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	18.55 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,389,778	257,746	1,132,032
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	4,169,334	773,237	3,396,097
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	4,627,961	858,293	3,769,668
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	34,194	6,342	27,852
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	4,662,155	864,635	3,797,520
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	4,665,917	0	4,665,917
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	51,792	0	51,792
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	9,011,946	1,671,339	7,340,607
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	216,966	0	216,966
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	301	0	301
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	540,717	100,281	440,436
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	21,727	0	21,727
T	Total fund needed	$(N+O+P+Q+R+S)$	9,791,657	1,771,619	8,020,038
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	1,771,619		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	18.55 %		

Table 7.11.1: Specifications for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,306,189	1,337,012	1,377,730	1,419,689	1,462,924	6,903,544
	Number of children to be vaccinated with the first dose	Table 4	#	1,706,143	1,337,012	1,308,844	1,348,704	1,389,778	7,090,481
	Number of children to be vaccinated with the third dose	Table 4	#	1,095,454	1,270,161	1,239,957	1,277,719	1,316,632	6,199,923
	Immunisation coverage with the third dose	Table 4	%	83.87 %	95.00 %	90.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.05	1.05	1.05	1.05	1.05	
	Vaccine stock on 1 January 2012		#	319,600					
	Number of doses per vial	Parameter	#		2	2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		3.50	3.50	3.50	3.50	
cc	Country co-financing per dose	Co-financing table	\$		0.20	0.20	0.20	0.20	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	3.00 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

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

		2012	2013	2014	2015
Number of vaccine doses	#	3,676,100	3,894,200	4,042,400	4,165,500
Number of AD syringes	#	4,452,300	4,358,500	4,526,100	4,663,900
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	49,425	48,400	50,250	51,775
Total value to be co-financed by GAVI	\$	13,480,500	14,262,000	14,805,000	15,255,500

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

		2012	2013	2014	2015
Number of vaccine doses	#	216,000	228,800	237,500	244,700
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0

Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	\$	778,500	825,000	856,000	882,500

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	5.55 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,706,143	1,337,012	74,176	1,262,836
C	Number of doses per child	Vaccine parameter (schedule)	3	3		
D	Number of doses needed	B X C	5,118,429	4,011,036	222,527	3,788,509
E	Estimated vaccine wastage factor	Table 4	1.05	1.05		
F	Number of doses needed including wastage	D X E	5,374,351	4,211,588	233,653	3,977,935
G	Vaccines buffer stock	(F – F of previous year) * 0.25		0	0	0
H	Stock on 1 January 2012	Table 7.11.1	319,600			
I	Total vaccine doses needed	F + G – H		3,891,988	215,922	3,676,066
J	Number of doses per vial	Vaccine Parameter		2		
K	Number of AD syringes (+ 10% wastage) needed	(D + G – H) * 1.11		4,452,250	0	4,452,250
L	Reconstitution syringes (+ 10% wastage) needed	I / J * 1.11		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(K + L) / 100 * 1.11		49,420	0	49,420
N	Cost of vaccines needed	I x vaccine price per dose (g)		13,621,958	755,727	12,866,231
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)		207,030	0	207,030
P	Cost of reconstitution syringes needed	L x reconstitution price per unit (cr)		0	0	0
Q	Cost of safety boxes needed	M x safety box price per unit (cs)		287	0	287
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)		408,659	22,672	385,987
S	Freight cost for devices needed	(O+P+Q) x freight cost as % of devices value (fd)		20,732	0	20,732
T	Total fund needed	(N+O+P+Q+R+S)		14,258,666	778,398	13,480,268
U	Total country co-financing	I x country co-financing per dose (cc)		778,398		
V	Country co-financing % of GAVI supported proportion	U / (N + R)		5.55 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID (part 2)**

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	5.55 %			5.55 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,308,844	72,613	1,236,231	1,348,704	74,825	1,273,879
C	Number of doses per child	Vaccine parameter (schedule)	3			3		
D	Number of doses needed	$B \times C$	3,926,532	217,839	3,708,693	4,046,112	224,473	3,821,639
E	Estimated vaccine wastage factor	Table 4	1.05			1.05		
F	Number of doses needed including wastage	$D \times E$	4,122,859	228,731	3,894,128	4,248,418	235,696	4,012,722
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	0	0	0	31,390	1,742	29,648
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	4,122,859	228,731	3,894,128	4,279,808	237,438	4,042,370
J	Number of doses per vial	Vaccine Parameter	2			2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	4,358,451	0	4,358,451	4,526,028	0	4,526,028
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	48,379	0	48,379	50,239	0	50,239
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	14,430,007	800,556	13,629,451	14,979,328	831,032	14,148,296
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	14,430,007	0	202,668	14,979,328	0	210,461
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	281	0	281	292	0	292
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	432,901	24,017	408,884	449,380	24,931	424,449
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	20,295	0	20,295	21,076	0	21,076
T	Total fund needed	$(N+O+P+Q+R+S)$	15,086,152	824,572	14,261,580	15,660,537	855,962	14,804,575
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	824,572			855,962		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.55 %			5.55 %		

Table 7.11.4: Calculation of requirements for **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID** (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	5.55 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	1,389,778	77,103	1,312,675
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B \times C$	4,169,334	231,309	3,938,025
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	4,377,801	242,874	4,134,927
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	32,346	1,795	30,551
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	4,410,147	244,669	4,165,478
J	Number of doses per vial	Vaccine Parameter	2		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	4,663,865	0	4,663,865
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	51,769	0	51,769
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	15,435,515	856,340	14,579,175
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	216,870	0	216,870
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	301	0	301
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	463,066	25,691	437,375
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	21,718	0	21,718
T	Total fund needed	$(N+O+P+Q+R+S)$	16,137,470	882,030	15,255,440
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	882,030		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	5.55 %		

Table 7.11.1: Specifications for **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

ID		Source		2011	2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,306,189	1,337,012	1,377,730	1,419,689	1,462,924	6,903,544
	Number of children to be vaccinated with the first dose	Table 4	#	19,542	35,065	2.62 %	37,200	38,316	166,240
	Number of doses per child	Parameter	#	1	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	2.00	2.00	2.00	2.00	2.00	
	Vaccine stock on 1 January 2012		#	42,000					
	Number of doses per vial	Parameter	#		10	10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	Yes	
g	Vaccine price per dose	Table 7.10.1	\$		0.90	0.90	0.90	0.90	
cc	Country co-financing per dose	Co-financing table	\$		0.25	0.25	0.25	0.25	
ca	AD syringe price per unit	Table 7.10.1	\$		0.0465	0.0465	0.0465	0.0465	
cr	Reconstitution syringe price per unit	Table 7.10.1	\$		0	0	0	0	
cs	Safety box price per unit	Table 7.10.1	\$		0.0058	0.0058	0.0058	0.0058	
fv	Freight cost as % of vaccines value	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	7.80 %	
fd	Freight cost as % of devices value	Parameter	%		10.00 %	10.00 %	10.00 %	10.00 %	

Co-financing tables for Yellow Fever, 10 dose(s) per vial, LYOPHILISED

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.25	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2010			0.25	0.25	0.25
Your co-financing	0.25	0.25	0.25	0.25	0.25

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

		2012	2013	2014	2015
Number of vaccine doses	#	26,700	54,100	55,700	57,300
Number of AD syringes	#	47,600	40,700	41,900	43,200
Number of re-constitution syringes	#	4,000	8,100	8,400	8,600
Number of safety boxes	#	575	550	575	575
Total value to be co-financed by GAVI	\$	28,500	55,000	56,500	58,000

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

		2012	2013	2014	2015
Number of vaccine doses	#	9,300	18,800	19,400	19,900
Number of AD syringes	#	0	0	0	0
Number of re-constitution syringes	#	0	0	0	0
Number of safety boxes	#	0	0	0	0
Total value to be co-financed by the Country	\$	9,000	18,500	19,000	19,500

Table 7.11.4: Calculation of requirements for **Yellow Fever, 10 dose(s) per vial, LYOPHILISED** (part 1)

		Formula	2011	2012		
			Total	Total	Government	GAVI
A	Country co-finance	V	0.00 %	25.77 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	19,542	35,065	9,036	26,029
C	Number of doses per child	Vaccine parameter (schedule)	1	1		
D	Number of doses needed	$B \times C$	19,542	35,065	9,036	26,029
E	Estimated vaccine wastage factor	Table 4	2.00	2.00		
F	Number of doses needed including wastage	$D \times E$	39,084	70,130	18,071	52,059
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$		7,762	2,001	5,761
H	Stock on 1 January 2012	Table 7.11.1	42,000			
I	Total vaccine doses needed	$F + G - H$		35,892	9,249	26,643
J	Number of doses per vial	Vaccine Parameter		10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$		47,538	0	47,538
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$		3,985	0	3,985
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$		572	0	572
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$		32,303	8,324	23,979
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$		2,211	0	2,211
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$		15	0	15
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$		4	0	4
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$		2,520	650	1,870
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$		223	0	223
T	Total fund needed	$(N+O+P+Q+R+S)$		37,276	8,973	28,303
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$		8,973		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$		25.77 %		

Table 7.11.4: Calculation of requirements for **Yellow Fever, 10 dose(s) per vial, LYOPHILISED** (part 2)

		Formula	2013			2014		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	V	25.77 %			25.77 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	36,117	9,307	26,810	37,200	9,586	27,614
C	Number of doses per child	Vaccine parameter (schedule)	1			1		
D	Number of doses needed	$B \times C$	36,117	9,307	26,810	37,200	9,586	27,614
E	Estimated vaccine wastage factor	Table 4	2.00			2.00		
F	Number of doses needed including wastage	$D \times E$	72,234	18,614	53,620	74,400	19,172	55,228
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	526	136	390	542	140	402
H	Stock on 1 January 2012	Table 7.11.1						
I	Total vaccine doses needed	$F + G - H$	72,760	18,749	54,011	74,942	19,312	55,630
J	Number of doses per vial	Vaccine Parameter	10			10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	40,674	0	40,674	41,894	0	41,894
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	8,077	0	8,077	8,319	0	8,319
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	542	0	542	558	0	558
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	65,484	16,874	48,610	67,448	17,381	50,067
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	65,484	0	1,892	67,448	0	1,949
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	30	0	30	31	0	31
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	0	4	4	0	4
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	5,108	1,317	3,791	5,261	1,356	3,905
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	193	0	193	199	0	199
T	Total fund needed	$(N+O+P+Q+R+S)$	72,711	18,190	54,521	74,892	18,736	56,156
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	18,190			18,736		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	25.77 %			25.77 %		

Table 7.11.4: Calculation of requirements for **Yellow Fever, 10 dose(s) per vial, LYOPHILISED** (part 3)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	V	25.77 %		
B	Number of children to be vaccinated with the first dose	Table 5.2.1	38,316	9,874	28,442
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	38,316	9,874	28,442
E	Estimated vaccine wastage factor	Table 4	2.00		
F	Number of doses needed including wastage	$D \times E$	76,632	19,747	56,885
G	Vaccines buffer stock	$(F - F \text{ of previous year}) \times 0.25$	558	144	414
H	Stock on 1 January 2012	Table 7.11.1			
I	Total vaccine doses needed	$F + G - H$	77,190	19,891	57,299
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.11$	43,151	0	43,151
L	Reconstitution syringes (+ 10% wastage) needed	$I / J \times 1.11$	8,569	0	8,569
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.11$	575	0	575
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	69,471	17,902	51,569
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	2,007	0	2,007
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	32	0	32
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	0	4
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	5,419	1,397	4,022
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	205	0	205
T	Total fund needed	$(N+O+P+Q+R+S)$	77,138	19,299	57,839
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	19,298		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	25.77 %		

8. Injection Safety Support (INS)

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

9. Health Systems Strengthening Support (HSS)

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

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

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

Kenya is not reporting on GAVI TYPE A CSO support for 2012

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

Kenya is not reporting on GAVI TYPE B CSO support for 2012

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. **At a minimum**, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on **your government's own system of economic classification**. This analysis should summarise total annual expenditure for the year by your government's own system of economic classification, and relevant cost categories, for example: wages & salaries. If possible, please report on the budget for each category at the beginning of the calendar year, actual expenditure during the calendar year, and the balance remaining for each cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

1

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** – GAVI ISS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on the next page.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure for each HSS objective and activity, per your government's originally approved HSS proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI HSS						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2011 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2011, are required to submit financial statements for these programmes as part of their Annual Progress Reports.

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

III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2011 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on page 3 of this annex.

a. Funds carried forward from the 2010 calendar year (opening balance as of 1 January 2011)

b. Income received from GAVI during 2011

c. Other income received during 2011 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2011

f. A detailed analysis of expenditures during 2011, based on your government's own system of economic classification. This analysis should summarise total annual expenditure by each civil society partner, per your government's originally approved CSO 'Type B' proposal, with further breakdown by cost category (for example: wages & salaries). Cost categories used should be based upon your government's own system for economic classification. Please report the budget for each objective, activity and cost category at the beginning of the calendar year, the actual expenditure during the calendar year, and the balance remaining for each objective, activity and cost category as of 31 December 2011 (referred to as the "variance").

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

V. Financial statements need not have been audited/certified prior to their submission to GAVI. However, it is understood that these statements should be subjected to scrutiny during each country's external audit for the 2011 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR CSO 'Type B' FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2010 (balance as of 31Decembre 2010)	25,392,830	53,000
Summary of income received during 2011		
Income received from GAVI	57,493,200	120,000
Income from interest	7,665,760	16,000
Other income (fees)	179,666	375
Total Income	38,987,576	81,375
Total expenditure during 2011	30,592,132	63,852
Balance as of 31 December 2011 (balance carried forward to 2012)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2012, the exchange rate at closing 31.12.2012, and also indicate the exchange rate used for the conversion of local currency to US\$ in these financial statements.

Detailed analysis of expenditure by economic classification ** - GAVI CSO						
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12,650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4,000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1,000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2011	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

** Expenditure categories are indicative and only included for demonstration purpose. Each implementing government should provide statements in accordance with its own system for economic classification.

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1		Ministers signature.docx File desc: Minister's signature MOPHS Date/time: 5/22/2012 7:55:07 AM Size: 751531
2	Signature of Minister of Finance (or delegated authority)	2.1		GAVI APR signature of MoF_Kenya.jpg File desc: File description... Date/time: 7/6/2012 8:59:10 AM Size: 1021976
3	Signatures of members of ICC	2.2		CH-ICC endorsement.docx File desc: Endorsement by the Child Health ICC Date/time: 5/21/2012 1:58:17 PM Size: 638486
5	Minutes of ICC meetings in 2011	2.2		All ICC minutes2011.pdf File desc: ICC minutes 2011 Date/time: 5/21/2012 3:08:46 PM Size: 1293009
6	Minutes of ICC meeting in 2012 endorsing APR 2011	2.2		MINUTES OF CHILD HEALTH INTER AGENCY COORDINATING COMMITTEE CHILD HEALTH ICC final 210512.docx File desc: File description...Child Health ICC of 11th May 2012 Date/time: 5/21/2012 7:04:03 AM Size: 35421
10	new cMYP APR 2011	7.7		cMYP Kenya 2011_2015 September 2010.docx File desc: cMYP 2011-2015 Date/time: 5/22/2012 8:07:27 AM Size: 1599661
11	new cMYP costing tool APR 2011	7.8		Kenya cMYP Costing Tool Vs 2.5_final 2011.xls File desc: cMYP Costing tool 2011 Date/time: 5/22/2012 9:13:56 AM Size: 3542528
13	Financial Statement for ISS grant APR 2011	6.2.1		GAVI NVS PROJECT - 2011.docx File desc: Financial Statement ISS grant 2010 for NVS Date/time: 5/22/2012 9:01:32 AM Size: 1384639
14	Financial Statement for NVS introduction grant in 2011 APR 2011	7.3.1		GAVI NVS PROJECT - 2011.docx File desc: Account for new vaccine introduction funds from GAVI Date/time: 5/10/2012 5:15:20 AM Size: 934611
				KEN VMA Report Nov 2009.doc

15	EVSM/VMA/EVM report APR 2011	7.5		File desc: Kenya VMA Report Date/time: 5/22/2012 8:54:37 AM Size: 350208
16	EVSM/VMA/EVM improvement plan APR 2011	7.5		RECOMMENDATION AND FOLLOW UP TABLE FOR VMA-19-10-2011final.doc File desc: VMA improvement plan Date/time: 5/22/2012 8:29:36 AM Size: 70144
17	EVSM/VMA/EVM improvement implementation status APR 2011	7.5		RECOMMENDATION AND FOLLOW UP TABLE FOR VMA-19-10-2011final.doc File desc: VMA implementation status Date/time: 5/22/2012 8:18:18 AM Size: 70144
19	External Audit Report (Fiscal Year 2011) for ISS grant	6.2.3		External Audit report - Pending.docx File desc: External Audit report 2011 Date/time: 5/22/2012 8:56:09 AM Size: 18582
20	Post Introduction Evaluation Report	7.2.2		PIE ICC Presentation.pptx File desc: External Audit report 2011 Date/time: 5/22/2012 8:50:16 AM Size: 124227
21	Minutes ICC meeting endorsing extension of vaccine support	7.8		MINUTES OF CHILD HEALTH INTER AGENCY COORDINATING COMMITTEE CHILD HEALTH ICC final 210512.docx File desc: ICC meeting minutes Date/time: 5/22/2012 8:21:49 AM Size: 35421