GAVI Alliance

Annual Progress Report 2012

Submitted by

The Government of

Kenya

Reporting on year: **2012**
Requesting for support year: **2014**
Date of submission: **5/15/2013 9:54:16 AM**

Deadline for submission: 9/24/2013

Please submit the APR 2012 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: **2012**

Requesting for support year: **2014**

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
INS			
NVS Demo	HPV quadrivalent, 1 dose(s) per vial, LIQUID		2014

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2012	Request for Approval of	Eligible For 2012 ISS reward
VIG	No	No	N/A
COS	No	No	N/A
ISS	Yes	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant No	N/A
CSO Type A	No	Not applicable N/A	N/A
CSO Type B	No	CSO Type B extension per GAVI Board Decision in July 2012: N/A	N/A
HSFP	No	N/A	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2011 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	Mark Bor, CBS - Permanent Secretary	**Name**	Joseph K. Kinyua, CBS - Permanent Secretary
Date		**Date**	
Signature		**Signature**	

This report has been compiled by (these persons may be contacted in case the GAVI Secretatiat 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
Dr. S. K. Sharif	Director, Ministry of Public Health & Sanitation	+254 20 2714130	sksharif@africaonline.co.ke

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	Ministry of Public Health & Sanitation		
Dr. Annah Wamae	Ministry of Public Health & Sanitation		

Dr. Tatu Kamau	Ministry of Public Health & Sanitation		
Dr. Stewart Kabaka	Ministry of Public Health & Sanitation		
Barbara Hughes	USAID Kenya		
Dr. Muthoni Kariuki	USAID - MCHIP		
Dr. Asha Mohammed	HENNET		
Gerald Macharia	CHAI		
Dr. Custodia Mandlhate	WHO		
Ketema Bizuneh	UNICEF		

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 2013

3. Table of Contents

This APR reports on Kenya's activities between January – December 2012 and specifies the requests for the period of January – December 2014

Sections

1. Application Specification
    1.1. NVS & INS support
    1.2. Programme extension
    1.3. ISS, HSS, CSO support
    1.4. Previous Monitoring IRC Report
2. Signatures
    2.1. Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)
    2.2. ICC signatures page
        2.2.1. ICC report endorsement
    2.3. HSCC signatures page
    2.4. Signatures Page for GAVI Alliance CSO Support (Type A & B)
3. Table of Contents
4. Baseline & annual targets
5. General Programme Management Component
    5.1. Updated baseline and annual targets
    5.2. Immunisation achievements in 2012
    5.3. Monitoring the Implementation of GAVI Gender Policy
    5.4. Data assessments
    5.5. Overall Expenditures and Financing for Immunisation
    5.6. Financial Management
    5.7. Interagency Coordinating Committee (ICC)
    5.8. Priority actions in 2013 to 2014
    5.9. Progress of transition plan for injection safety
6. Immunisation Services Support (ISS)
    6.1. Report on the use of ISS funds in 2012
    6.2. Detailed expenditure of ISS funds during the 2012 calendar year
    6.3. Request for ISS reward
7. New and Under-used Vaccines Support (NVS)
    7.1. Receipt of new & under-used vaccines for 2012 vaccine programme
    7.2. Introduction of a New Vaccine in 2012
    7.3. New Vaccine Introduction Grant lump sums 2012
        7.3.1. Financial Management Reporting
        7.3.2. Programmatic Reporting
    7.4. Report on country co-financing in 2012
    7.5. Vaccine Management (EVSM/VMA/EVM)
    7.6. Monitoring GAVI Support for Preventive Campaigns in 2012
    7.7. Change of vaccine presentation
    7.8. Renewal of multi-year vaccines support for those countries whose current support is ending in 2013
    7.9. Request for continued support for vaccines for 2014 vaccination programme

7.11. Calculation of requirements
8. Injection Safety Support (INS)
9. Health Systems Strengthening Support (HSS)
9.1. Report on the use of HSS funds in 2012 and request of a new tranche
9.2. Progress on HSS activities in the 2012 fiscal year
9.3. General overview of targets achieved
9.4. Programme implementation in 2012
9.5. Planned HSS activities for 2013
9.6. Planned HSS activities for 2014
9.7. Revised indicators in case of reprogramming
9.8. Other sources of funding for HSS
9.9. Reporting on the HSS grant
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
10.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP
11. Comments from ICC/HSCC Chairs
12. Annexes
12.1. Annex 1 – Terms of reference ISS
12.2. Annex 2 – Example income & expenditure ISS
12.3. Annex 3 – Terms of reference HSS
12.4. Annex 4 – Example income & expenditure HSS
12.5. Annex 5 – Terms of reference CSO
12.6. Annex 6 – Example income & expenditure CSO
13. Attachments

4. Baseline & annual targets

Countries are encouraged to aim for realistic and appropriate wastage rates informed by an analysis of their own wastage data. In the absence of country-specific data, countries may use indicative maximum wastage values as shown on the **Wastage Rate Table** available in the guidelines. Please note the benchmark wastage rate for 10ds pentavalent which is available.

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Total births	1,435,590	1,446,564	1,479,310	1,479,310	1,524,362	1,524,362	1,570,785	1,570,785
Total infants' deaths	98,578	106,904	101,580	101,580	104,673	104,673	107,861	107,861
Total surviving infants	1337012	1,339,660	1,377,730	1,377,730	1,419,689	1,419,689	1,462,924	1,462,924
Total pregnant women	1,435,590	1,446,564	1,479,310	1,479,310	1,524,362	1,524,362	1,570,785	1,570,785
Number of infants vaccinated (to be vaccinated) with BCG	1,421,234	1,217,074	1,464,517	1,464,517	1,509,118	1,509,118	1,555,077	1,555,077
BCG coverage	99 %	84 %	99 %	99 %	99 %	99 %	99 %	99 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,203,310	1,103,045	1,239,957	1,239,957	1,277,719	1,277,719	1,316,632	1,316,632
OPV3 coverage	90 %	82 %	90 %	90 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	0	0	0	0	0	0	0	0
Number of infants vaccinated (to be vaccinated) with DTP3	0	0	0	0	0	0	0	0
DTP3 coverage	0 %	0 %	0 %	0 %	0 %	0 %	0 %	0 %
Wastage[1] rate in base-year and planned thereafter (%) for DTP	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
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	1,355,341	1,187,483	1,308,844	1,308,844	1,348,704	1,348,704	1,389,778	1,389,778
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	1,355,341	1,115,424	1,308,844	1,308,844	1,277,719	1,277,719	1,316,632	1,316,632
DTP-HepB-Hib coverage	95 %	83 %	90 %	95 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%) [2]	0	10	0	10	10	10	10	10
Wastage[1] factor in base-year and planned thereafter (%)	1.33	1.11	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	35,065	24,491	36,117	36,117	37,200	37,200	38,316	38,316
Yellow Fever coverage	3 %	2 %	3 %	3 %	3 %	3 %	3 %	3 %
Wastage[1] rate in base-year and planned thereafter (%)	0	50	1	50	50	50	50	50

Number	Achievements as per JRF		Targets (preferred presentation)					
	2012		2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2012	Current estimation	Previous estimates in 2012	Current estimation
Wastage[1] factor in base-year and planned thereafter (%)	1.54	2	2	2	2	2	2	2
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	50 %	40 %	50 %	40 %	50 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	1,355,341	1,174,338	1,308,844	1,308,844	1,348,704	1,348,704	1,389,778	1,389,778
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	1,355,341	1,103,247	1,308,844	1,308,844	1,277,719	1,277,719	1,316,632	1,316,632
Pneumococcal (PCV10) coverage	95 %	82 %	90 %	95 %	90 %	90 %	90 %	90 %
Wastage[1] rate in base-year and planned thereafter (%)	0	10	0	10	5	10	5	10
Wastage[1] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.05	1.11	1.05	1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,203,310	1,246,875	1,239,957	1,239,957	1,277,719	1,277,719	1,316,632	1,316,632
Measles coverage	90 %	93 %	90 %	90 %	90 %	90 %	90 %	90 %
Pregnant women vaccinated with TT+	1,148,472	994,907	1,183,448	1,183,448	1,219,489	1,219,489	1,256,628	1,256,628
TT+ coverage	80 %	69 %	80 %	80 %	80 %	80 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	739,174	0	0	0	0	0	0
Vit A supplement to infants after 6 months	1,192,215	1,246,875	1,251,827	1,039,017	1,314,418	1,051,535	1,380,139	1,173,118
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %	0 %	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] x 100. Whereby: A = the number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period.

2 GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

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 2012 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2012.** The numbers for 2013 - 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**

  These are the most up to date figures on total births as per projections done by KNBS. The program has adopted the figures from the estimates of the 2012 APR as the previous estimates and estimates going forward for 2014 and 2015 respectively.

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

  As above

- Justification for any changes in targets by vaccine. **Please note that targets in excess of 10% of previous years' achievements will need to be justified.**

  No changes in targets

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

  No changes in wastages

5.2. Immunisation achievements in 2012

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 2012 and how these were addressed:

BCG - Achieved lower coverage than the target because of recurring global supply shortages which led to some of the target population for the antigen being missed out.
OPV3 - Achieved lower coverage than target
Penta3- Achieved lower coverage than target
PCV 10 - Achieved lower coverage than target
OPV 3, Pentavalent and PCV10 were equally affected by the supply shortage of BCG which has a ripple effect on uptake of other antigens because caregivers make the assumption that the absence of one means that all other antigens are not available.

Measles - The country achieved coverage higher than the target because intensified outreaches were conducted in districts that were experiencing measles outbreaks during the year.

For BCG, once supply situation stabilised, the program used an intensive follow up through health workers (both facility and community) to ensure that care givers returned their children for vaccination. As a result, children who had missed out on OPV, Penta and PCV due to the reason stated above also caught up on these antigens.

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

Stock outs of BCG vaccine

A nurses strike in the last quarter of the year resulting in a reduction of service delivery and especially reporting on immunization services

No HSS support

For the Yellow fever vaccine the low coverage is as a result of the pre-filled formulas which are computing the coverage based on a denominator of the
national target for surviving infants. The vaccine is however only administered to infants in four high-risk counties within the country - (denominator=37,236). Against this denominator, the coverage in 2012 was 66% (numerator = 24,491)

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country from administrative data sources and/or surveys? **yes, available**

If yes, please report the latest data available and the year that it is from.

Data Source	Reference Year for Estimate	DTP3 Coverage Estimate	
		Boys	Girls
Kenya Demographic & Health Survey	2008-2009	82.9%	89.8%

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

No action taken. The discrepancy is due to the fact that more girls survive the first year of life and therefore more girls are captured through routine immunisation.

The Kenya Demographic and Health Survey of 2008-09 showed that the neonatal, post-neonatal and infant mortality rates are all higher for boys than girls. Neonatal mortality was 38/1000 live births for boys vs. 28/1000 live births for girls. The Postneonatal mortality rate was 27/1000 live births for boys vs. 26/1000 live births for girls. the infant mortality rate was 65/1000 live births fro boys vs. 53/100 live births for girls

Check ref: www.measuredhs.com/pubs/pdf/FR229/FR229.pdf

5.3.3. If no sex-disaggregated data are available at the moment, do you plan in the future to collect sex-disaggregated coverage estimates? **Not selected**

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

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

Insert missed opportunity study.

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 2012, data completeness stood at 92% There were no discrepancies between administrative data and the national coverage survey.

* Please note that the WHO UNICEF estimates for 2012 will only be available in July 2013 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2011 to the present? **Yes**

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

After the National Measles SIA conducted in November 2012, a measles coverage survey was conducted which included a coverage survey for routine immunization.

The following is a summary of the routine immunization coverage survey report.

The sampling frame was drawn from 7 out of the 8 provinces as these were the ones available from the Central Bureau of Statistics (CBS) at that time. The CBS was in the process of updating the sampling clusters and one province had not been completed due, in part, to insecurity in the region.

65,767 households were sampled which yielded 4,357 children aged 12-23 months of age, and out of these 3,986 children were present and interviewed.

Overall, 58% of the children sampled had been delivered in a health facility and 74% had their mother-child booklets or the (older version) immunization cards available. 94% of interviewed children had a visible BCG scar and 80% were reported to have completed their immunization schedule.

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2010 to the present.

Cleaning of DHIS data to ensure accuracy. Done on a quarterly basis checking on inconsistencies, and inaccuracy and DHROs are contacted to to confirm the same.
Quarterly supportive supervision to districts which encourages data quality self assessment at district
Production of quarterly bulletin that is shared with districts and provinces.

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.

Strengthen supportive supervision
Enhance quarterly meetings
Encourage data quality self assessments at facility levels
Encourage feedback system at all levels.

5.5. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.5a** 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$ = 86	Enter the rate only; Please do not enter local currency name

Table 5.5a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US$

Expenditure by category	Expenditure Year 2012	Source of funding						
		Country	GAVI	UNICEF	WHO	Micronutrient Initiative	CHAI	USAID-MCHIP
Traditional Vaccines*	5,717,592	5,717,592	0	0	0	0	0	0
New and underused Vaccines**	56,034,215	3,477,215	52,557,000	0	0	0	0	0

Injection supplies (both AD syringes and syringes other than ADs)	641,239	641,239	0	0	0	0	0	0
Cold Chain equipment	2,608,942	1,176,471	0	256,000	1,176,471	0	0	0
Personnel	329,879	0	0	0	0	0	250,000	79,879
Other routine recurrent costs	1,533,529	798,714	0	0	0	0	164,000	570,815
Other Capital Costs	417,088	397,088	0	0	0	0	20,000	0
Campaigns costs	6,370,224	2,476,161	0	1,700,633	1,511,743	253,012	0	428,675
Various cost categories accross different partners		0	0	67,830	0	0	0	67,980
Total Expenditures for Immunisation	73,652,708							
Total Government Health		14,684,480	52,557,000	2,024,463	2,688,214	253,012	434,000	1,147,349

* 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.

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2013 and 2014

Not applicable

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 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.

For this reporting period, no Aide Memoires on FM were implemented in Kenya.

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2012? **2**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2013 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

ICC members acknowledged and commended the government for its continued support of the traditional vaccines by fully funding procurement.
In addition, members noted that in view of the short time frame to the end of GAVI support, (albeit varying years for different vaccines) the Goverment is encouraged to significantly increase spending on the co-payment. This should be done through intensified lobbying for allocation of more funds for the co-payment of vaccines.
Members also noted that the partner agencies are spending more on campaigns compared to routine immunisation. Partners are encouraged to increase support to the operational costs of immunisation where the Government is also experiencing challenges in funding.

The only concern raised was in expediting the completion of the audit process of GAVI funds.

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

If Yes, which ones?

List CSO member organisations:
Health NGOs NETWORK (HENNET)
Kenya AIDS NGOs Consortium (KANCO)
Christian Health Association of Kenya (CHAK)
Kenya NGOs Alliance Against Malaria - KeNAAM
Kenya Network of Women with AIDS - KEMWA
Inter-religious Council of Kenya - IRCK

5.8. Priority actions in 2013 to 2014

What are the country's main objectives and priority actions for its EPI programme for 2013 to 2014

Facilitating a smooth transition of vaccination service delivery under the new administrative arrangement of devolved government

Smooth transfer of programme administration offices from current location to new site approx. 25kms away from present location.

Immunization policy dissemination

Introduction of measles second dose vaccine in the routine immunization system

Resource mobilisation for cold chain using the replacement, expansion and maintenance plan.

Preparatory activities for introduction of Rotavirus vaccine in 2014

Strengthening of the pneumonia and diarrhoea control activities through increasing coverage of pentavalent, PCV vaccines & introduction of rotavirus vaccine

Introduction of the HPV vaccine in the demonstration County 2013-2014

Maternal and Neonatal Tetanus Elimination through the TT campaign in 2013

Maintaining our polio-free status through polio campaigns

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 2012

Vaccine	Types of syringe used in 2012 routine EPI	Funding sources of 2012
BCG	0.05ml AD syringes & 2.0ml reconstitution syringes	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	Govt. of Kenya
PCV 10	0.5ml AD syringes	Govt. of Kenya
Yellow Fever	0.5ml AD syringes	Govt. of Kenya
Rabies, Hepatitis B & Typhoid vaccines	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 2012 how sharps waste is being disposed of, problems encountered, etc.

Sharps are deposited in safety boxes at the facility level and approx. 95% of safety boxes are disposed off through burning and burying - usually in the facility grounds. Only about 5% of injection waste in destroyed through incineration - usually in urban areas..

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2012

	Amount US$	Amount local currency
Funds received during 2012 *(A)*	0	0
Remaining funds (carry over) from 2011 *(B)*	2,315,068	199,095,875
Total funds available in 2012 *(C=A+B)*	2,315,068	199,095,875
Total Expenditures in 2012 *(D)*	0	0
Balance carried over to 2013 *(E=C-D)*	2,315,068	199,095,875

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.

First of all the balance carried over to 2013 was KShs.4,530,236.45 (approx US$52,684) due to a refund of KShs.2,810,250 (approx. US$32,677) 'borrowed' by WHO for a measles campaign in 2009. This outstanding/forgotten 'debt' was identified by the Internal Auditors and the amount was transferred from the MOH-WHO account into the MOH-GAVI account in August 2012.

ISS funds are not included in national health sector budgets as they are not predictable in amount, or when they are likely to be disbursed.

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

GAVI ISS funds have only been received once through the national treasury - in August 2010, for the introduction of the pneumococcal vaccine. From there the funds were transferred tot he Ministry of Public Health & Sanitation's government account and subsequently to the MOPHS' specific commercial account for these funds.

Funds are drawn from this commercial account under authorization from the Accounting Officer of MOPHS - i.e. the Permanent Secretary. Accounting for expenditures is done to the Principle Accounts Controller of MOPHS

The Child Health ICC is supposed to review proposed and actual expenditures from the MOH-GAVI account.

No expenditure was incurred from this account in 2012

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2012

There were no activities conducted using the ISS funds in 2012

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 2012 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2012 calendar year (Document Number 7) (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 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Kenya is not applicable for 2012

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

7.1. Receipt of new & under-used vaccines for 2012 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2012 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2012 vaccinations against approvals for 2012

	[A]	[B]		
Vaccine type	**Total doses for 2012 in Decision Letter**	**Total doses received by 31 December 2012**	**Total doses of postponed deliveries in 2012**	**Did the country experience any stockouts at any level in 2012?**
DTP-HepB-Hib	5,722,654	6,203,800	0	No
Pneumococcal (PCV10)	5,641,608	5,635,800	0	No
Yellow Fever	54,100	60,200	0	No

**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? ...)

The difference in values for A & B for DPT-HepB-Hib was due to the delayed shipment of our co-financed doses of 2011 which arrived in 2012. This was due to our delay in remitting our co-financing contribution to UNICEF Supply Division.

No major problems were encountered

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

  GAVI would also appreciate feedback from countries on feasibility and interest of selecting and being shipped multiple Pentavalent vaccine presentations (1 dose and 10 dose vials) so as to optimise wastage, coverage and cost.

Out sourcing the clearing and distribution of vaccines and injection supplies to a private courier company.

Please - we do not want a mixture of pentavalent presentations in our system right now.

If **Yes** for any vaccine in **Table 7.1**, please describe the duration, reason and impact of stock-out, including if the stock-out was at the central, regional, district or at lower facility level.

7.2. Introduction of a New Vaccine in 2012

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2012, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

DTP-HepB-Hib, 10 dose(s) per vial, LIQUID		
Phased introduction	No	
Nationwide introduction	Yes	01/12/2001
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
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	

Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
Phased introduction	Yes	01/01/2002
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **February 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° 9))

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? **No**

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **Not selected**

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Not selected**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Not selected**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Not selected**

If so, does the National Immunization Technical Advisory Group (NITAG) or the Inter-Agency Coordinating Committee (ICC) regularly review the sentinel surveillance and special studies data to provide recommendations on the data generated and how to further improve data quality? **Not selected**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Not selected**

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

7.3. New Vaccine Introduction Grant lump sums 2012

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2012 (A)	0	0
Remaining funds (carry over) from 2011 (B)	0	0
Total funds available in 2012 (C=A+B)	0	0
Total Expenditures in 2012 (D)	0	0
Balance carried over to 2013 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2012 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2012 calendar year (Document No 10,11) . 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

None undertaken

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

Not applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2013 onwards

To be decided

7.4. Report on country co-financing in 2012

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2012?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2,175,000	832,400
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	1,128,500	301,500
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	14,000	10,272
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2012 from the following sources?	
Government	3317500	
Donor	0	

Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ and supplies?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	74,020	707,300
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	32,253	308,200
Awarded Vaccine #3: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	900	8,600
	Q.4: When do you intend to transfer funds for co-financing in 2014 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2014	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Government
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	October	Government
Awarded Vaccine #3: 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	
	No TA needs	

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/

Not in default

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

7.5. Vaccine Management (EVSM/VMA/EVM)

Please note that Effective Vaccine Store Management (EVSM) and Vaccine Management Assessment(VMA) tools have been replaced by an integrated Effective Vaccine Management (EVM) tool. The information on EVM tool can be found at http://www.who.int/immunization_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? **September 2009**

Please attach:

(a) EVM assessment **(Document No 12)**

(b) Improvement plan after EVM **(Document No 13)**

(c) Progress report on the activities implemented during the year and status of implementation of recommendations from the Improvement Plan **(Document No 14)**

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

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

If yes, provide details

Main reason is to ensure that the inital VMA recommendations are updated and improvements sustained with every year until the next one is conducted in June 2013 (Reasons provided in the VMA improvement plan attached)

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2012

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 2013

Renewal of multi-year vaccines support for Kenya is not available in 2013

7.9. Request for continued support for vaccines for 2014 vaccination programme

In order to request NVS support for 2014 vaccination do the following

Confirm here below that your request for 2014 vaccines support is as per 7.11 Calculation of requirements **Yes**

If you don't confirm, please explain

7.11. Calculation of requirements

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,339,660	1,377,730	1,419,689	1,462,924	5,600,003
	Number of children to be vaccinated with the first dose	Table 4	#	1,187,483	1,308,844	1,348,704	1,389,778	5,234,809
	Number of children to be vaccinated with the third dose	Table 4	#	1,115,424	1,308,844	1,277,719	1,316,632	5,018,619
	Immunisation coverage with the third dose	Table 4	%	83.26 %	95.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	2,560,600				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	2,560,600				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		2.04	2.04	1.99	
cc	**Country co-financing per dose**	Co-financing table	$		0.38	0.40	0.40	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No difference in closing and opening balances

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

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.38	0.38
Your co-financing	0.38	0.38	0.40	0.40

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

		2013	2014	2015
Number of vaccine doses	#	3,677,700	3,689,400	3,780,100
Number of AD syringes	#	4,470,600	4,528,100	4,666,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	49,625	50,275	51,800
Total value to be co-financed by GAVI	$	8,204,000	8,232,000	8,235,000

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

		2013	2014	2015
Number of vaccine doses	#	782,400	835,600	882,700
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	1,695,000	1,810,000	1,865,500

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

		Formula	2012	2013		
			Total	Total	Government	GAVI
A	**Country co-finance**	*V*	0.00 %	17.54 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	1,187,483	1,308,844	229,590	1,079,254
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	3,562,449	3,926,532	688,769	3,237,763
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*	3,954,319	4,358,451	764,534	3,593,917
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		101,033	17,723	83,310
H	**Stock on 1 January 2013**	*Table 7.11.1*	2,560,600			
I	**Total vaccine doses needed**	*F + G – H*		4,459,984	782,344	3,677,640
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		4,470,598	0	4,470,598
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*		49,624	0	49,624
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		9,080,528	1,592,852	7,487,676
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		207,883	0	207,883
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)*		28,782	0	28,782
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		581,154	101,943	479,211
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		9,898,347	1,694,794	8,203,553
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		1,694,794		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*		17.54 %		

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

		Formula	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	Country co-finance	*V*	18.46 %			18.93 %		
B	Number of children to be vaccinated with the first dose	*Table 5.2.1*	1,348,704	249,034	1,099,670	1,389,778	263,078	1,126,700
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	4,046,112	747,100	3,299,012	4,169,334	789,234	3,380,100
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	4,491,185	829,281	3,661,904	4,627,961	876,050	3,751,911
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	33,184	6,128	27,056	34,194	6,473	27,721
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	4,524,869	835,501	3,689,368	4,662,655	882,618	3,780,037
J	Number of doses per vial	*Vaccine Parameter*	10			10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	4,528,019	0	4,528,019	4,665,917	0	4,665,917
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	50,262	0	50,262	51,792	0	51,792
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	9,212,634	1,701,079	7,511,555	9,260,033	1,752,878	7,507,155
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	9,212,634	0	210,553	9,260,033	0	216,966
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	29,152	0	29,152	30,040	0	30,040
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	589,609	108,870	480,739	592,643	112,185	480,458
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	10,041,948	1,809,948	8,232,000	10,099,682	1,865,062	8,234,620
U	Total country co-financing	*I x country co-financing per dose (cc)*	1,809,948			1,865,062		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	18.46 %			18.93 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,339,660	1,377,730	1,419,689	1,462,924	5,600,003
	Number of children to be vaccinated with the first dose	Table 4	#	1,174,338	1,308,844	1,348,704	1,389,778	5,221,664
	Number of children to be vaccinated with the third dose	Table 4	#	1,103,247	1,308,844	1,277,719	1,316,632	5,006,442
	Immunisation coverage with the third dose	Table 4	%	82.35 %	95.00 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	1.11	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	1,232,800				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	1,232,800				
	Number of doses per vial	Parameter	#		2	2	2	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		No	No	No	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		3.50	3.50	3.50	
cc	**Country co-financing per dose**	Co-financing table	$		0.20	0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	0.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No difference between closing and opening balances

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

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20

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

		2013	2014	2015
Number of vaccine doses	#	4,222,800	4,273,800	4,403,900
Number of AD syringes	#	4,482,800	4,528,100	4,666,000
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	49,775	50,275	51,800
Total value to be co-financed by GAVI	$	15,460,500	15,647,000	16,123,500

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

		2013	2014	2015
Number of vaccine doses	#	248,100	251,100	258,700
Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	894,500	905,000	933,000

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

		Formula	2012	2013		
			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*	1,174,338	1,308,844	72,613	1,236,231
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3	3		
D	**Number of doses needed**	*B X C*	3,523,014	3,926,532	217,839	3,708,693
E	**Estimated vaccine wastage factor**	*Table 4*	1.11	1.11		
F	**Number of doses needed including wastage**	*D X E*	3,910,546	4,358,451	241,801	4,116,650
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		111,977	6,213	105,764
H	**Stock on 1 January 2013**	*Table 7.11.1*	1,232,800			
I	**Total vaccine doses needed**	*F + G – H*		4,470,828	248,035	4,222,793
J	**Number of doses per vial**	*Vaccine Parameter*		2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		4,482,745	0	4,482,745
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*		49,759	0	49,759
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		15,647,898	868,123	14,779,775
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		208,448	0	208,448
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)*		28,861	0	28,861
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		469,437	26,044	443,393
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*		16,354,644	894,166	15,460,478
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		894,166		
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	2014			2015		
			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*	1,348,704	74,825	1,273,879	1,389,778	77,103	1,312,675
C	Number of doses per child	*Vaccine parameter (schedule)*	3			3		
D	Number of doses needed	*B X C*	4,046,112	224,473	3,821,639	4,169,334	231,309	3,938,025
E	Estimated vaccine wastage factor	*Table 4*	1.11			1.11		
F	Number of doses needed including wastage	*D X E*	4,491,185	249,165	4,242,020	4,627,961	256,753	4,371,208
G	Vaccines buffer stock	*(F – F of previous year) * 0.25*	33,184	1,841	31,343	34,194	1,898	32,296
H	Stock on 1 January 2013	*Table 7.11.1*						
I	Total vaccine doses needed	*F + G – H*	4,524,769	251,028	4,273,741	4,662,555	258,672	4,403,883
J	Number of doses per vial	*Vaccine Parameter*	2			2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) * 1.11*	4,528,019	0	4,528,019	4,665,917	0	4,665,917
L	Reconstitution syringes (+ 10% wastage) needed	*I / J * 1.11*	0	0	0	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) /100 * 1.11*	50,262	0	50,262	51,792	0	51,792
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	15,836,692	878,597	14,958,095	16,318,943	905,351	15,413,592
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	15,836,692	0	210,553	16,318,943	0	216,966
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	0	0	0	0	0	0
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	29,152	0	29,152	30,040	0	30,040
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	475,101	26,358	448,743	489,569	27,161	462,408
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0	0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*	16,551,498	904,954	15,646,544	17,055,518	932,511	16,123,007
U	Total country co-financing	*I x country co-financing per dose (cc)*	904,954			932,511		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	5.55 %			5.55 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

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

ID		Source		2012	2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,339,660	1,377,730	1,419,689	1,462,924	5,600,003
	Number of children to be vaccinated with the first dose	Table 4	#	24,491	36,117	2.62 %	38,316	136,124
	Number of doses per child	Parameter	#	1	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	2.00	2.00	2.00	2.00	
	Vaccine stock on 31st December 2012 * (see explanation footnote)		#	27,499				
	Vaccine stock on 1 January 2013 ** (see explanation footnote)		#	27,499				
	Number of doses per vial	Parameter	#		10	10	10	
	AD syringes required	Parameter	#		Yes	Yes	Yes	
	Reconstitution syringes required	Parameter	#		Yes	Yes	Yes	
	Safety boxes required	Parameter	#		Yes	Yes	Yes	
g	**Vaccine price per dose**	Table 7.10.1	$		0.90	0.91	0.92	
cc	**Country co-financing per dose**	Co-financing table	$		0.25	0.50	0.50	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0465	0.0465	0.0465	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.5800	0.5800	0.5800	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	10.00 %	

* Vaccine stock on 31st December 2012: Countries are asked to report their total closing stock as of 31st December of the reporting year.

** Countries are requested to provide their opening stock for 1st January 2013; if there is a difference between the stock on 31st December 2012 and 1st January 2013, please explain why in the box below.

No difference between closing and opening balances

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

Co-financing group	Low

	2012	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20	0.20
Recommended co-financing as per APR 2011			0.25	0.25
Your co-financing	0.25	0.25	0.50	0.50

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

		2013	2014	2015
Number of vaccine doses	#	58,100	36,700	38,500
Number of AD syringes	#	46,600	41,900	43,200
Number of re-constitution syringes	#	8,700	8,400	8,600
Number of safety boxes	#	625	575	575
Total value to be co-financed by GAVI	$	59,500	39,000	41,500

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

		2013	2014	2015
Number of vaccine doses	#	20,200	38,400	38,900

Number of AD syringes	#	0	0	0
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	0
Total value to be co-financed by the Country ^[1]	$	20,000	38,000	39,000

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

		Formula	2012	2013		
			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*	24,491	36,117	9,307	26,810
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1	1		
D	**Number of doses needed**	*B X C*	24,491	36,117	9,307	26,810
E	**Estimated vaccine wastage factor**	*Table 4*	2.00	2.00		
F	**Number of doses needed including wastage**	*D X E*	48,982	72,234	18,614	53,620
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*		5,813	1,498	4,315
H	**Stock on 1 January 2013**	*Table 7.11.1*	27,499			
I	**Total vaccine doses needed**	*F + G – H*		78,147	20,137	58,010
J	**Number of doses per vial**	*Vaccine Parameter*		10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*		46,543	0	46,543
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*		8,675	0	8,675
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*		613	0	613
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*		70,333	18,124	52,209
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*		2,165	0	2,165
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*		321	0	321
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*		356	0	356
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*		5,486	1,414	4,072
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*		285	0	285
T	**Total fund needed**	*(N+O+P+Q+R+S)*		78,946	19,537	59,409
U	**Total country co-financing**	*I x country co-financing per dose (cc)*		19,537		
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	2014			2015		
			Total	Government	GAVI	Total	Government	GAVI
A	**Country co-finance**	*V*	51.14 %			50.25 %		
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*	37,200	19,024	18,176	38,316	19,255	19,061
C	**Number of doses per child**	*Vaccine parameter (schedule)*	1			1		
D	**Number of doses needed**	*B X C*	37,200	19,024	18,176	38,316	19,255	19,061
E	**Estimated vaccine wastage factor**	*Table 4*	2.00			2.00		
F	**Number of doses needed including wastage**	*D X E*	74,400	38,047	36,353	76,632	38,509	38,123
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*	542	278	264	558	281	277
H	**Stock on 1 January 2013**	*Table 7.11.1*						
I	**Total vaccine doses needed**	*F + G – H*	75,042	38,375	36,667	77,290	38,839	38,451
J	**Number of doses per vial**	*Vaccine Parameter*	10			10		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*	41,894	0	41,894	43,151	0	43,151
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*	8,330	0	8,330	8,580	0	8,580
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*	558	0	558	575	0	575
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	68,064	34,807	33,257	71,339	35,849	35,490
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	68,064	0	1,949	71,339	0	2,007
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*	309	0	309	318	0	318
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*	324	0	324	334	0	334
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	5,309	2,715	2,594	5,565	2,797	2,768
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	259	0	259	266	0	266
T	**Total fund needed**	*(N+O+P+Q+R+S)*	76,214	37,521	38,693	79,829	38,645	41,184
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	37,521			38,645		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	51.14 %			50.25 %		

Table 7.11.4: Calculation of requirements for (part 3)

		Formula
A	**Country co-finance**	*V*
B	**Number of children to be vaccinated with the first dose**	*Table 5.2.1*
C	**Number of doses per child**	*Vaccine parameter (schedule)*
D	**Number of doses needed**	*B X C*
E	**Estimated vaccine wastage factor**	*Table 4*
F	**Number of doses needed including wastage**	*D X E*
G	**Vaccines buffer stock**	*(F – F of previous year) * 0.25*
H	**Stock on 1 January 2013**	*Table 7.11.1*
I	**Total vaccine doses needed**	*F + G – H*
J	**Number of doses per vial**	*Vaccine Parameter*
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) * 1.11*
L	**Reconstitution syringes (+ 10% wastage) needed**	*I / J * 1.11*
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) /100 * 1.11*
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*
P	**Cost of reconstitution syringes needed**	*L x reconstitution price per unit (cr)*
Q	**Cost of safety boxes needed**	*M x safety box price per unit (cs)*
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*
T	**Total fund needed**	*(N+O+P+Q+R+S)*
U	**Total country co-financing**	*I x country co-financing per dose (cc)*
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Kenya is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2013

Countries planning to submit reprogramming requests may do so any time of the year. Please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavialliance.org

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

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

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 2012 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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 2012 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2012, 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 2012 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 2011 calendar year (opening balance as of 1 January 2012)

b. Income received from GAVI during 2012

c. Other income received during 2012 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2012

f. A detailed analysis of expenditures during 2012, 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 2012 (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 2012 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 2011 (balance as of *31Decembre 2011*)	25,392,830	53,000
Summary of income received during 2012		
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 2012	30,592,132	63,852
Balance as of 31 December 2012 (balance carried forward to 2013)	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 2012	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	✓	APR signatures.jpg File desc: Signatures page is saved below under "other" Date/time: 5/15/2013 9:44:27 AM Size: 929386
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	SIGNATURES of Representatives of the Cabinet Secretaries for Health.docx File desc: Signatures page is saved below under "other" Date/time: 5/15/2013 9:44:45 AM Size: 11463
3	Signatures of members of ICC	2.2	✓	CH-ICC Signatures APR 2012.jpg File desc: Signatures page is saved below under "other" Date/time: 5/15/2013 6:21:07 AM Size: 881646
4	Minutes of ICC meeting in 2013 endorsing the APR 2012	5.7	✓	Special CH-ICC MINUTES 10052013.docx File desc: Date/time: 5/15/2013 4:54:02 AM Size: 2289726
5	Signatures of members of HSCC	2.3	✗	Signatures of members of HSCC.docx File desc: Date/time: 5/15/2013 9:45:19 AM Size: 11792
6	Minutes of HSCC meeting in 2013 endorsing the APR 2012	9.9.3	✓	Signatures of members of HSCC.docx File desc: Date/time: 5/15/2013 9:45:42 AM Size: 11792
7	Financial statement for ISS grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	Financial statement for ISS grant.docx File desc: Date/time: 5/15/2013 9:46:43 AM Size: 11587
8	External audit report for ISS grant (Fiscal Year 2012)	6.2.3	✗	External audit report for NVS introduction grant.docx File desc: Date/time: 5/15/2013 9:47:35 AM Size: 11456
9	Post Introduction Evaluation Report	7.2.2	✓	PCV 10 PIE REPORT KENYA.pdf File desc: Date/time: 5/8/2013 8:09:52 AM Size: 781560

10	Financial statement for NVS introduction grant (Fiscal year 2012) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Financial statement for NVS introduction grant.docx File desc: Date/time: 5/15/2013 9:49:51 AM Size: 11457
11	External audit report for NVS introduction grant (Fiscal year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.3.1	✓	External audit report for NVS introduction grant.docx File desc: Date/time: 5/15/2013 9:49:35 AM Size: 11456
12	Latest EVSM/VMA/EVM report	7.5	✓	RECOMMENDATION AND FOLLOW UP TABLE FOR VMA updated 28-8-2012.docx File desc: Date/time: 5/3/2013 6:37:53 AM Size: 28761
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	RECOMMENDATION AND FOLLOW UP TABLE FOR VMA updated 28-8-2012.docx File desc: Date/time: 5/3/2013 6:38:14 AM Size: 28761
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	RECOMMENDATION AND FOLLOW UP TABLE FOR VMA updated 28-8-2012.docx File desc: Date/time: 5/15/2013 8:20:37 AM Size: 28761
15	External audit report for operational costs of preventive campaigns (Fiscal Year 2012) if total expenditures in 2012 is greater than US$ 250,000	7.6.3	✗	External audit report for operational costs of preventive campaigns.docx File desc: Date/time: 5/15/2013 9:50:32 AM Size: 11695
16	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	Special CH-ICC MINUTES 10052013.docx File desc: Date/time: 5/15/2013 9:51:39 AM Size: 2289726
17	Valid cMYP if requesting extension of support	7.8	✗	cMYP Kenya 2013-2017.docx File desc: Date/time: 5/3/2013 6:39:35 AM Size: 693750
18	Valid cMYP costing tool if requesting extension of support	7.8	✓	cMYP Kenya 2013-2017.docx File desc:

				Date/time: 5/15/2013 9:52:35 AM Size: 693750
26	Bank statements for each cash programme or consolidated bank statements for all existing cash programmes if funds are comingled in the same bank account, showing the opening and closing balance for year 2012 on (i) 1st January 2012 and (ii) 31st December 2012	0	✓	GAVI account Dec 2011 - April 2012.docx File desc: Bank statement for GAVI ISS funds account from Dec 2011 to April 2012 Date/time: 5/8/2013 7:07:33 AM Size: 1690538