



GAVI Alliance

Annual Progress Report **2014**

Submitted by
The Government of
Kenya

Reporting on year: **2014**

Requesting for support year: **2016**

Date of submission: **14/05/2015**

Deadline for submission: 15/05/2015

Please submit the APR **2014** using the online platform <https://AppsPortal.gavialliance.org/PDExtranet>

Enquiries to: apr@gavi.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: **2014**

Requesting for support year: **2016**

1.1. NVS & INS support

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

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

Type of Support	Vaccine	Start year	End year
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2016	2016
Routine New Vaccines Support	Rotavirus, 2-dose schedule	2016	2016
Routine New Vaccines Support	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	2016	2016

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2014	Request for Approval of	Eligible For 2014 ISS reward
VIG	Yes	Not applicable	No
HSS	Yes	next tranche of HSS Grant No	No

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year **2013** 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 High Level Review Panel (HLRP) 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	Mr. James Macharia	Name	Mr. Henry Rotich
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 Nicholas Muraguri	Director of Medical Services	+254720903947	dmskenya@gmail.com
Dr Ephantus Maree	Head National Immunization Programme	+254722858010	emareent@yahoo.com

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 Nicholas Muraguri	MOH		

Dr Patrick Amoth	MOH		
Dr Ephantus Maree	MOH		
Custodia Mandlhate	WHO		
Pirkko Heinonen	UNICEF		
Sheila Macharia	USAID		
Gathari Ndirangu	USAID/MCSP		
Gerald Macharia	CHAI		
Deborah Olwal Modi	HENNET		
Joseph Oyongo	CHAK		
Rachel Nyamai	MOH		
Prof. Fred Were	Kenya Paediatric Association		
Chris Wanyoike	Micro-nutrient Initiative (MI)		

ICC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:



Comments from the Regional Working Group:

2.3. HSCC signatures page

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

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC 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. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

Name/Title	Agency/Organization	Signature	Date
Dr Khadija Kasachoon	MoH		

HSCC may wish to send informal comments to: apr@gavi.org

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

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

Kenya is not reporting on CSO (Type A & B) fund utilisation in 2015

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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.

Please also note that if the country applies the WHO multi-dose vial policy for IPV, the maximum indicative wastage rates are 5%, 15% and 20% for the 1-dose, 5-dose and 10-dose presentations respectively.

Number	Achievements as per JRF		Targets (preferred presentation)			
	2014		2015		2016	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2014	Current estimation
Total births	1,568,176	1,579,365	1,615,221	1,579,274		1,612,663
Total infants' deaths	81,545	113,057	83,992	82,122		83,858
Total surviving infants	1486631	1,466,308	1,531,229	1,497,152		1,528,805
Total pregnant women	1,568,176	1,579,365	1,615,221	1,579,274		1,612,663
Number of infants vaccinated (to be vaccinated) with BCG	1,568,176	1,321,797	1,615,221	1,500,396		1,532,030
BCG coverage[1]	100 %	84 %	100 %	95 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,337,968	1,173,838	1,378,107	1,422,294		1,452,365
OPV3 coverage[2]	90 %	80 %	90 %	95 %	0 %	95 %
Number of infants vaccinated (to be vaccinated) with DTP1[3]	0	0	0	0		0
Number of infants vaccinated (to be vaccinated) with DTP3[3][4]	0	0	0	0		0
DTP3 coverage[2]	0 %	0 %	0 %	0 %	0 %	0 %
Wastage[5] rate in base-year and planned thereafter (%) for DTP	0	0	0	0		0
Wastage[5] factor in base-year and planned thereafter for DTP	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	1,348,704	1,265,663	1,454,668	1,422,294		1,452,365
Number of infants vaccinated (to be vaccinated) with 3rd dose of DTP-HepB-Hib	1,277,720	1,180,486	1,378,107	1,347,437		1,375,925
DTP-HepB-Hib coverage[2]	86 %	81 %	90 %	90 %	0 %	90 %

Wastage[5] rate in base-year and planned thereafter (%) [6]	10	10	10	10		10
Wastage[5] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	0 %	0 %	0 %	25 %	0 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	37,200	11,671	38,316	38,316		39,330
Yellow Fever coverage[2]	3 %	1 %	3 %	3 %	0 %	3 %
Wastage[5] rate in base-year and planned thereafter (%)	40	40	40	40		40
Wastage[5] factor in base-year and planned thereafter (%)	1.67	1.67	1.67	1.67	1	1.67
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	0 %	40 %	0 %	40 %	0 %	40 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Pneumococcal (PCV10)	1,348,704	1,264,974	1,454,668	1,422,294		1,452,365
Number of infants vaccinated (to be vaccinated) with 3rd dose of Pneumococcal (PCV10)	1,277,720	1,173,559	1,378,107	1,347,437		1,375,925
Pneumococcal (PCV10) coverage[2]	86 %	80 %	90 %	90 %	0 %	90 %
Wastage[5] rate in base-year and planned thereafter (%)	10	10	10	10		10
Wastage[5] factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1	1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	0 %	10 %	0 %	10 %	0 %	10 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Rotavirus	977,983	441,772	1,454,668	1,422,294		1,452,365
Number of infants vaccinated (to be vaccinated) with 2nd dose of Rotavirus	977,983	277,675	1,378,107	1,347,437		1,375,925
Rotavirus coverage[2]	66 %	19 %	90 %	90 %	0 %	90 %
Wastage[5] rate in base-year and planned thereafter	5	5	5	5		5

(%)						
Wastage[5] factor in base-year and planned thereafter (%)	1.05	1.05	1.05	1.05	1	1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	0 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,412,299	1,134,822	1,454,668	1,422,294		1,452,365
Measles coverage[2]	95 %	77 %	95 %	95 %	0 %	95 %
Pregnant women vaccinated with TT+	1,254,541	903,185	1,292,177	1,421,347		1,451,397
TT+ coverage[7]	80 %	57 %	80 %	90 %	0 %	90 %
Vit A supplement to mothers within 6 weeks from delivery	0	0	0	0		0
Vit A supplement to infants after 6 months	1,412,299	1,214,118	1,454,668	1,347,437	N/A	1,375,925
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %

[1] Number of infants vaccinated out of total births

[2] Number of infants vaccinated out of total surviving infants

[3] Indicate total number of children vaccinated with either DTP alone or combined

[4] Please make sure that the DTP3 cells are correctly populated

[5] 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.

[6] 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.

[7] Number of pregnant women vaccinated with TT+ out of total pregnant women

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 2014 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2014**. The numbers for 2015 - 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**

The projected population of live births for 2015 reported in 2013 APR has changed. This is a result of updated live births as reported from each County, and the Kenya National Bureau of Statistics.

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

The projected population of surviving infants for 2015 reported in 2013 APR has changed, as a result of updates reported from each County, and the Kenya National Bureau of Statistics.

- 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. For IPV, supporting documentation must also be provided as an attachment(s) to the APR to justify ANY changes in target population.**

In the past two years, the national health sector has undergone major and rapid reorganizations in line with the implementation of 2010 Kenya constitution which became effective in April 2013. The County Governments have taken over the mandate of delivering health services including management of human resources. The targets for BCG, OPV and Rotavirus vaccine are in excess of 10% compared with 2014 performance. This has been informed by stabilization of health sector after devolution of health services in line with the the 2010 Kenya constitution. Most of teething challenges that impacted negatively on the sector performance are or have been addressed.

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

No change

5.2. Monitoring the Implementation of GAVI Gender Policy

5.2.1. 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
KDHS 2008/2009	2009	82.9	89.8
KDHS 2014	2014	81.3	81.0

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

The difference among the genders (males vs females) as per KDHS 2009 and KDHS 2014 was not statistically significant. In Kenya, there is no evidence of any gender biases to accessing and utilization of immunization services. There are no social, cultural and economic factors that discriminate either gender in immunization services.

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

5.2.4. 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.gavi.org/about/mission/gender/>)

Since there is no evidence of gender barriers to accessing immunization services, no deliberate efforts have been put in place.

5.3. Overall Expenditures and Financing for Immunisation

The purpose of **Table 5.3a** 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 5.3a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

Expenditure by category	Expenditure Year 2014	Source of funding						
		Country	GAVI	UNICEF	WHO	KFW	CHAI	N/A
Traditional Vaccines*	2,889,900	2,889,900	0	0	0	0	0	0
New and underused Vaccines**	32,550,000	2,244,500	30,305,500	0	0	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	1,151,000	0	0	0	1,151,000	0	0	0
Cold Chain equipment	2,930,000	0	0	0	230,000	2,700,000	0	0
Personnel	1,100,000	0	0	0	1,100,000	0	0	0
Other routine recurrent costs	1,200,249	1,111,000	0	0	0	89,249	0	0
Other Capital Costs	475,350	0	0	0	0	0	475,350	0
Campaigns costs	23,361,594	0	0	3,068,603	17,127,209	3,165,782	0	0
VPD surveillance		0	0	0	940,000	0	0	0
Total Expenditures for Immunisation	65,658,093							
Total Government Health		6,245,400	30,305,500	3,068,603	20,548,209	5,955,031	475,350	0

Traditional vaccines: BCG, DTP, OPV, 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

5.4. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2014? **4**

Please attach the minutes (**Document n° 4**) from the ICC meeting in 2015 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 [5.3 Overall Expenditures and Financing for Immunisation](#)

Key concerns from ICC: regarding overall expenditure (section 5.3) the county government (devolved Health service delivery) operational cost on immunization was not included Expenditures on immunization by local partners at County level is not captured on Section 5.3 Recommendations: In future submissions a mechanism should be put in place to collect immunization expenditures from county governments and its local partners

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)
Inter-religious Council of Kenya - IRCK
World Vision Kenya

5.5. Priority actions in 2015 to 2016

What are the country's main objectives and priority actions for its EPI programme for 2015 to 2016

<p>1) Engagement of county governments to prioritize and profile immunization activities</p><p>2) Advocacy for sustainable immunization financing for vaccines, injection devices, cold chain and operational costs at national and county Government levels</p><p>3) Implementation of effective vaccine management assessment (EVMA) improvement plan</p><p>4) Creation of demand for immunization services at all levels</p><p>5) Capacity building of immunization services providers</p><p>6) Improving immunization data quality</p><p>7) Introduction of new vaccines and technologies</p>

5.6. 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 2014

Vaccine	Types of syringe used in 2014 routine EPI	Funding sources of 2014
BCG	0.05ml AD syringes; 2.0ml RUP reconstitution syrin	Government of Kenya
Measles	0.5mls AD syringes, 5mls RUP reconstitution syringe	Government of Kenya
TT	0.5mls AD syringes	Government of Kenya
DTP-containing vaccine	0.5mls AD syringes	Government of Kenya and GAVI
IPV		
PCV 10	0.5mls AD syringes	Government of Kenya and GAVI
Yellow fever	0.5mls AD syringes,5mls RUP reconstitution syringe	Government of Kenya and GAVI

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)

<p>Inadequate number of incinerators</p><p>Inadequate procurement of safety boxes</p><p>Capacity of health workers in waste management remains a challenge</p><p>Segregation of waste remains a challenge</p><p> </p>

Please explain in 2014 how sharps waste is being disposed of, problems encountered, etc.

Broadly, sharps are disposed into the safety boxes which are collected and thereafter incinerated. Where incinerators are not available , burn and bury method of disposal is applied.

in urban Health facilities like Nairobi county, safety boxes are collected and transported to a central place for incineration

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2014

Kenya is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.2. Detailed expenditure of ISS funds during the 2014 calendar year

Kenya is not reporting on Immunisation Services Support (ISS) fund utilisation in 2014

6.3. Request for ISS reward

Request for ISS reward achievement in Kenya is not applicable for 2014

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

7.1. Receipt of new & under-used vaccines for 2014 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2014 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2014 vaccinations against approvals for 2014

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

	[A]	[B]	[C]	
Vaccine type	Total doses for 2014 in Decision Letter	Total doses received by 31 December 2014	Total doses postponed from previous years and received in 2014	Did the country experience any stockouts at any level in 2014?
Pneumococcal (PCV10)	4,381,300	4,152,200	122,000	No
DTP-HepB-Hib	2,527,100	2,033,600	775,000	No
Rotavirus	1,498,500	2,143,500	0	Yes
Yellow Fever	52,800	27,600	12,500	No

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? ...)

Column A and B do not match because Kenya delayed co-financing for the year 2014. The extra doses of rotavirus vaccine were procured to cover for the extra population after removal of age restriction in the introduction of rotavirus vaccine.

- 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.

In order to address the challenge of default in co-financing, there is ongoing negotiation so that a budget line on vaccine procurement is captured in the printed estimate to ensure timely disbursement of funds for vaccines.

The feasibility study on use of mixed presentation of pentavalent vaccine in Kenya is ongoing. The results will inform decision making on the use of multiple presentations of pentavalent vaccine.

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.

The stock out of rotavirus was for about two weeks at the health facility level. This was as a result of a vaccination of children outside the recommended age i.e pentavalent naive children.

7.2. Introduction of a New Vaccine in 2014

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2014, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

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

When is the Post Introduction Evaluation (PIE) planned? **January 1900**

Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID		
Nationwide introduction	No	
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **January 1900**

Rotavirus, 1 dose(s) per vial, ORAL		
Nationwide introduction	Yes	01/07/2014
Phased introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	Yes	

When is the Post Introduction Evaluation (PIE) planned? **May 2015**

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

When is the Post Introduction Evaluation (PIE) planned? **January 1900**

7.2.2. 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))

The Rotavirus PIE is currently ongoing in 2015 and will be reported in the APR for 2015.

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? **Yes**

Does the country have an institutional development plan for vaccine safety? **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?
No

7.2.4. Surveillance

Does your country conduct sentinel surveillance for:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **Yes**

Does your country conduct special studies around:

a. rotavirus diarrhea? **Yes**

b. pediatric bacterial meningitis or pneumococcal or meningococcal disease? **No**

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? **No**

Do you plan to use these sentinel surveillance and/or special studies data to monitor and evaluate the impact of vaccine introduction and use? **Yes**

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

Kenya runs sentinel surveillance of rotavirus and invasive paediatric bacterial disease (IBD). The sites for rotavirus surveillance are Kenyatta National Hospital, Embu Provincial General Hospital, Siaya and Kilifi whereas the sites for IBD surveillance are Kenyatta National Hospital, Kilifi and Embu.

In 2014, 25% of <5year old children with diarrhoea enrolled with suspected gastroenteritis tested positive for rotavirus by ELISA.

Intussusception studies carried out in 6 surveillance sites namely: Kenyatta National hospital (KNH), Getrude Children Hospital (GCH), Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH), Nakuru provincial General hospital (NPGH), Moi teaching and Referral Hospital (MTRH) and Coast Provincial General Hospital CPGH.

Preliminary findings of July –December 2014: 44 cases (37 aged <12months, 7>12months) out which 6 died.

7.3. New Vaccine Introduction Grant lump sums 2014

7.3.1. Financial Management Reporting

	Amount US\$	Amount local currency
Funds received during 2014 (A)	1,150,806	103,572,500
Remaining funds (carry over) from 2013 (B)	0	0
Total funds available in 2014 (C=A+B)	1,150,806	103,572,500
Total Expenditures in 2014 (D)	1,150,806	103,572,500
Balance carried over to 2015 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2014 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2014

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

- Distribution of vaccines and other related logistics
- Training of national trainers, sub-national supervisors and health workers
- Development and printing of documentation tools, IEC materials
- National and sub-national stakeholder and media engagement
- Coordination and supervision at national, sub-national levels
- Rotavirus post introduction monitoring

Rotavirus VIG was chanaled through UNICEF Kenya country office, therefore reporting of fund to be done by UNICEF

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

- Delayed disbursement of VIG grant leading to uneven introduction of rotavirus at various sub-national levels depending on the ability to pre-finance vaccine introduction. This was resolved by requesting Counties to pre-finance key activities
- Vaccine shortage resulting from removal of age restriction after the decision letter was already issued. Further, no buffer was included in the vaccine supply. This was resolved by requesting for supplementary doses from GAVI.

Please describe the activities that will be undertaken with any remaining balance of funds for 2015 onwards

7.4. Report on country co-financing in 2014

Table 7.4 : Five questions on country co-financing

Q.1: What were the actual co-financed amounts and doses in 2014?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,011,000	493,500
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	876,500	250,800
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	300,000	120,000
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	26,500	25,200
Q.2: Which were the amounts of funding for country co-financing in reporting year 2014 from the following sources?		
Government	2499676	
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		
Awarded Vaccine #2: Pneumococcal		

(PCV10), 2 dose(s) per vial, LIQUID		
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED		
	Q.4: When do you intend to transfer funds for co-financing in 2016 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2016	Source of funding
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	October	Government of Kenya
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	October	Government of Kenya
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL	October	Government of Kenya
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	October	Government of Kenya
	Q.5: Please state any Technical Assistance needs for developing financial sustainability strategies, mobilising funding for immunization, including for co-financing	
	Advocacy for sustainable immunization financing	

***Note:** co-financing is not mandatory for IPV

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/programmes_systems/supply_chain/evm/en/index3.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? **November 2013**

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? **No**

If yes, provide details

When is the next Effective Vaccine Management (EVM) assessment planned? **September 2017**

7.6. Monitoring GAVI Support for Preventive Campaigns in 2014

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 2015

If 2015 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2016 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby requests an extension of GAVI support for the years 2016 to 2017 for the following vaccines:

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
- * **Rotavirus, 2-dose schedule**
- * **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

At the same time it commits itself to co-finance the procurement of the following vaccines in accordance with the minimum Gavi co-financing levels as summarised in section [7.11 Calculation of requirements](#).

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
- * **Rotavirus, 2-dose schedule**
- * **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

The multi-year support extension is in line with the new cMYP for the years 2016 to 2017, which is attached to this APR (Document N°16). The new costing tool is also attached (Document N°17) for the following vaccines:

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
- * **Rotavirus, 2-dose schedule**
- * **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

The country ICC has endorsed this request for extended support of the following vaccines at the ICC meeting whose minutes are attached to this APR. (Document N°18)

- * **DTP-HepB-Hib, 10 dose(s) per vial, LIQUID**
- * **Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID**
- * **Rotavirus, 2-dose schedule**
- * **Yellow Fever, 10 dose(s) per vial, LYOPHILISED**

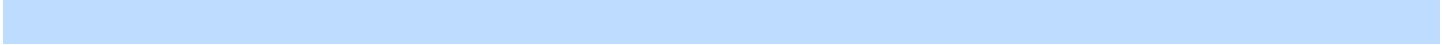
7.9. Request for continued support for vaccines for 2016 vaccination programme

In order to request NVS support for 2016 vaccination do the following

Confirm here below that your request for 2016 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 are not disclosed

Table 7.10.2: Freight Cost

Vaccine Antigen	Vaccine Type	2007	2008	2009	2010	2011	2012	2013
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID							
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID							
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule							
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED							

Vaccine Antigen	Vaccine Type	2014	2015	2016
DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	3.40 %	4.30 %	3.60 %
Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	4.40 %	4.50 %	4.40 %
Rotavirus, 2-dose schedule	Rotavirus, 2-dose schedule	3.90 %	4.20 %	4.40 %
Yellow Fever, 10 dose(s) per vial, LYOPHILISED	Yellow Fever, 10 dose(s) per vial, LYOPHILISED	7.50 %	7.50 %	7.40 %

7.11. Calculation of requirements

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

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter #	1,486,631	1,531,229	1,528,805	4,546,665
	Number of children to be vaccinated with the first dose	Parameter #	1,348,704	1,454,668	1,452,365	4,255,737
	Number of children to be vaccinated with the third dose	Parameter #	1,277,720	1,378,107	1,375,925	4,031,752
	Immunisation coverage with the third dose	Parameter %	85.95 %	90.00 %	90.00 %	
	Number of doses per child	Parameter #	3	3	3	
	Estimated vaccine wastage factor	Parameter #	1.11	1.11	1.11	
	Stock in Central Store	Parameter #	2,251,500			

	Dec 31, 2014					
	Stock across second level Dec 31, 2014 (if available)*		#			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#		10	10
	AD syringes required	Parameter	#		Yes	Yes
	Reconstitution syringes required	Parameter	#		No	No
	Safety boxes required	Parameter	#		Yes	Yes
cc	Country co-financing per dose	Parameter	\$		0.40	0.20
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448
cr	Reconstitution syringe price per unit	Parameter	\$		0	0
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054
fv	Freight cost as % of vaccines value	Parameter	%		4.30 %	3.60 %

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is no discrepancy between the closing as at 31st December 2014 and 1st January 2015

For pentavalent vaccines, GAVI applies a benchmark of 4.5 months of buffer + operational stocks. Countries should state their buffer + operational stock requirements when different from the benchmark up to a maximum of 6 months. For support on how to calculate the buffer and operational stock levels, please contact WHO or UNICEF. By default, a buffer + operational stock of 4.5 months is pre-selected.

Not defined

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

Co-financing group	Low
--------------------	-----

	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.40	0.40	0.20

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

		2014	2015	2016
Number of vaccine doses	#	2,033,600	4,526,500	2,802,700
Number of AD syringes	#	2,290,200	5,726,300	2,939,800

Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	34,550
Total value to be co-financed by GAVI	\$	4,284,000	9,236,000	5,335,500

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

		2014	2015	2016
Number of vaccine doses	#	493,500	1,147,500	337,400
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]	\$	1,011,000	2,270,000	642,500

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	1,348,704	1,454,668	
B1	Number of children to be vaccinated with the third dose	Table 4	1,277,720	1,454,668	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B + B1 + \text{Target for the 2nd dose} ((B - 0.41 \times (B - B1)))$	3,946,025	4,256,053	
E	Estimated vaccine wastage factor	Table 4	1.11	1.11	
F	Number of doses needed including wastage	$D \times E$		4,724,219	
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted</p> <p>Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.375$</p> <p>Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if (wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D) \text{ of previous year original approved} - (F - D) \text{ of previous year current estimation})) \times 0.375$ <i>else:</i> $(F - D - ((F - D) \text{ of previous year original approved})) \times 0.375 \geq 0$ 			
H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$			
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$			
H2	Reported stock on January 1st	Table 7.11.1	2,560,600	2,251,500	
H3	Shipment plan	Approved volume		5,674,000	
I	Total vaccine doses	Round up $((F + G - H) / \text{vaccine})$		5,674,000	

	needed	$package\ size) \times vaccine\ package\ size$				
J	Number of doses per vial	Vaccine Parameter				
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$				
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$				
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$				
N	Cost of vaccines needed	$I \times vaccine\ price\ per\ dose\ (g)$				
O	Cost of AD syringes needed	$K \times AD\ syringe\ price\ per\ unit\ (ca)$				
P	Cost of reconstitution syringes needed	$L \times reconstitution\ price\ per\ unit\ (cr)$				
Q	Cost of safety boxes needed	$M \times safety\ box\ price\ per\ unit\ (cs)$				
R	Freight cost for vaccines needed	$N \times freight\ cost\ as\ of\ \%\ of\ vaccines\ value\ (fv)$				
S	Freight cost for devices needed	$(O+P+Q) \times freight\ cost\ as\ \%\ of\ devices\ value\ (fd)$				
T	Total fund needed	$(N+O+P+Q+R+S)$				
U	Total country co-financing	$I \times country\ co-financing\ per\ dose\ (cc)$				
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$				

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	10.74 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,452,365	156,027	1,296,338
B1	Number of children to be vaccinated with the third dose	Table 4	1,375,925	147,815	1,228,110
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	$B + B1 + Target\ for\ the\ 2nd\ dose\ ((B - 0.41 \times (B - B1)))$	4,249,315	456,501	3,792,814
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	$D \times E$	4,716,740	506,716	4,210,024
G	Vaccines buffer stock	<p>Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D\ of\ previous\ year\ original\ approved) \times 0.375$ Buffer on doses wasted =</p> <ul style="list-style-type: none"> <i>if(wastage factor of previous year current estimation < wastage factor of previous year original approved):</i> $((F - D) - ((F - D)\ of\ previous\ year\ original\ approved - (F - D)\ of\ previous\ year\ current\ estimation)) \times 0.375$ <i>else:</i> $(F - D - ((F - D)\ of\ previous\ year\ original\ approved)) \times 0.375 \geq 0$ 	- 2,526	- 271	- 2,255

H	Stock to be deducted	$H1 - (F (2015) \text{ current estimation} \times 0.375)$	1,574,265	169,122	1,405,143
H1	Calculated opening stock	$H2 (2015) + H3 (2015) - F (2015)$	3,306,420	355,206	2,951,214
H2	Reported stock on January 1st	Table 7.11.1			
H3	Shipment plan	Approved volume			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	3,140,000	337,328	2,802,672
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	2,939,777	0	2,939,777
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	34,540	0	34,540
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	5,642,580	606,178	5,036,402
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	131,703	0	131,703
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	188	0	188
R	Freight cost for vaccines needed	$N \times \text{freight cost as \% of vaccines value (fv)}$	203,133	21,823	181,310
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	5,977,604	642,169	5,335,435
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	628,000		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	10.74 %		

Given that the shipment plan of 2014 is not yet available, the volume approved for 2014 is used as our best proxy of 2014 shipment. The information would be updated when the shipment plan will become available.

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

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter #	1,486,631	1,531,229	1,528,805	4,546,665
	Number of children to be vaccinated with the first dose	Parameter #	1,348,704	1,454,668	1,452,365	4,255,737
	Number of children to be vaccinated with the third dose	Parameter #	1,277,720	1,378,107	1,375,925	4,031,752
	Immunisation coverage with the third dose	Parameter %	85.95 %	90.00 %	90.00 %	
	Number of doses per child	Parameter #	3	3	3	
	Estimated vaccine wastage factor	Parameter #	1.11	1.11	1.11	
	Stock in Central Store Dec 31, 2014	Parameter #	201,200			
	Stock across second level Dec 31, 2014 (if available)*	Parameter #				
	Stock across third level Dec 31, 2014 (if available)*	Parameter #				
	Number of doses per vial	Parameter #		2	2	
	AD syringes required	Parameter #		Yes	Yes	
	Reconstitution syringes required	Parameter #		No	No	
	Safety boxes required	Parameter #		Yes	Yes	
cc	Country co-financing per dose	Parameter \$		0.20	0.20	
ca	AD syringe price per unit	Parameter \$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter \$		0	0	
cs	Safety box price per unit	Parameter \$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter %		4.50 %	4.40 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is no discrepancy between the closing as at 31st December 2014 and 1st January 2015

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

Co-financing group	Low
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	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20

Your co-financing	0.20	0.20	0.20
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Table 7.11.2: Estimated GAVI support and country co-financing (**GAVI support**)

		2014	2015	2016
Number of vaccine doses	#	4,130,500	4,648,400	4,562,900
Number of AD syringes	#	4,329,800	4,897,500	4,793,700
Number of re-constitution syringes	#	0	0	0
Number of safety boxes	#	0	0	53,225
Total value to be co-financed by GAVI	\$	14,653,500	16,390,500	16,294,500

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

		2014	2015	2016
Number of vaccine doses	#	250,800	284,000	274,400
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]	\$	876,500	986,500	980,000

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	1,348,704	1,454,668	
C	Number of doses per child	Vaccine parameter (schedule)	3	3	
D	Number of doses needed	$B \times C$	4,046,112	4,364,004	
E	Estimated vaccine wastage factor	Table 4	1.11	1.11	
F	Number of doses needed including wastage	$D \times E$		4,844,045	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	1,232,800	201,200	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		4,932,400	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	5.67 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,452,365	82,366	1,369,999
C	Number of doses per child	Vaccine parameter (schedule)	3		
D	Number of doses needed	B x C	4,357,095	247,097	4,109,998
E	Estimated vaccine wastage factor	Table 4	1.11		
F	Number of doses needed including wastage	D x E	4,836,376	274,278	4,562,098
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = (D - D of previous year original approved) x 0.25 Buffer on doses wasted = (F - D) x [XXX] - ((F - D) of previous year current estimate) x 0.25	754	43	711
H	Stock to be deducted	H2 of previous year - 0.25 x F of previous year	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	Round up((F + G - H) / vaccine package size) x vaccine package size	4,837,200	274,325	4,562,875
J	Number of doses per vial	Vaccine Parameter	2		
K	Number of AD syringes (+ 10% wastage) needed	(D + G - H) x 1.10	4,793,634	0	4,793,634
L	Reconstitution syringes (+ 10% wastage) needed	(I / J) x 1.10	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	(I / 100) x 1.10	53,210	0	53,210
N	Cost of vaccines needed	I x vaccine price per dose (g)	16,340,062	926,667	15,413,395
O	Cost of AD syringes needed	K x AD syringe price per unit (ca)	214,755	0	214,755
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)	290	0	290
R	Freight cost for vaccines needed	N x freight cost as of % of vaccines value (fv)	718,963	40,774	678,189
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)	17,274,070	979,636	16,294,434
U	Total country co-financing	I x country co-financing per dose (cc)	967,440		
V	Country co-financing % of GAVI supported proportion	U / (N + R)	5.67 %		

Table 7.11.1: Specifications for Rotavirus, 2-dose schedule

ID		Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	#	1,486,631	1,531,229	1,528,805	4,546,665
	Number of children to be vaccinated with the first dose	Parameter	#	977,983	1,454,668	1,452,365	3,885,016
	Number of children to be vaccinated with the second dose	Parameter	#	977,983	1,378,107	1,375,925	3,732,015
	Immunisation coverage with the second dose	Parameter	%	65.79 %	90.00 %	90.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Parameter	#	1.05	1.05	1.05	
	Stock in Central Store Dec 31, 2014		#	248,020			
	Stock across second level Dec 31, 2014 (if available)*		#				
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#				
	Number of doses per vial	Parameter	#		1	1	
	AD syringes required	Parameter	#		No	No	
	Reconstitution syringes required	Parameter	#		No	No	
	Safety boxes required	Parameter	#		No	No	
cc	Country co-financing per dose	Parameter	\$		0.20	0.20	
ca	AD syringe price per unit	Parameter	\$		0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$		0	0	
cs	Safety box price per unit	Parameter	\$		0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%		4.20 %	4.40 %	

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is no discrepancy between the closing as at 31st December 2014 and 1st January 2015

Co-financing tables for Rotavirus, 2-dose schedule

Co-financing group	Low
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	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.20	0.20	0.20

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

		2014	2015	2016
Number of vaccine doses	#	1,378,500	3,583,500	2,792,000

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 GAVI	\$	3,474,000	9,540,500	6,576,000

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

		2014	2015	2016
Number of vaccine doses	#	120,000	292,500	259,100
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]	\$	300,000	775,500	610,500

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 1)

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	977,983	1,454,668	
C	Number of doses per child	Vaccine parameter (schedule)	2	2	
D	Number of doses needed	$B \times C$	1,955,966	2,909,336	
E	Estimated vaccine wastage factor	Table 4	1.05	1.05	
F	Number of doses needed including wastage	$D \times E$		3,054,803	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	H2 of previous year - $0.25 \times F$ of previous year			
H2	Reported stock on January 1st	Table 7.11.1	0	248,020	
I	Total vaccine doses needed	Round up $((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		3,876,000	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

Table 7.11.4: Calculation of requirements for Rotavirus, 2-dose schedule (part 2)

		Formula	2016		
			Total	Government	GAVI
A	Country co-finance	V	8.49 %		
B	Number of children to be vaccinated with the first dose	Table 4	1,452,365	123,330	1,329,035
C	Number of doses per child	Vaccine parameter (schedule)	2		
D	Number of doses needed	$B \times C$	2,904,730	246,659	2,658,071
E	Estimated vaccine wastage factor	Table 4	1.05		
F	Number of doses needed including wastage	$D \times E$	3,049,967	258,992	2,790,975
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	- 399	- 33	- 366
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	3,051,000	259,080	2,791,920
J	Number of doses per vial	Vaccine Parameter	1		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	0	0	0
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	$(K + L) / 100 \times 1.10$	0	0	0
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	6,883,056	584,483	6,298,573
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	0	0	0
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	0	0	0
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	0	0	0
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	302,855	25,718	277,137
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	7,185,911	610,200	6,575,711
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	610,200		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	8.49 %		

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

ID	Source		2014	2015	2016	TOTAL
	Number of surviving infants	Parameter	# 1,486,631	1,531,229	1,528,805	4,546,665
	Number of children to be vaccinated with the first dose	Parameter	# 37,200	38,316	39,330	114,846
	Number of doses per child	Parameter	# 1	1	1	
	Estimated vaccine wastage factor	Parameter	# 1.67	1.67	1.67	
	Stock in Central Store Dec 31, 2014		# 12,000			
	Stock across second level Dec 31, 2014 (if available)*		#			
	Stock across third level Dec 31, 2014 (if available)*	Parameter	#			
	Number of doses per vial	Parameter	#	10	10	
	AD syringes required	Parameter	#	Yes	Yes	
	Reconstitution syringes required	Parameter	#	Yes	Yes	
	Safety boxes required	Parameter	#	Yes	Yes	
cc	Country co-financing per dose	Parameter	\$	0.50	0.20	
ca	AD syringe price per unit	Parameter	\$	0.0448	0.0448	
cr	Reconstitution syringe price per unit	Parameter	\$	0	0	
cs	Safety box price per unit	Parameter	\$	0.0054	0.0054	
fv	Freight cost as % of vaccines value	Parameter	%	7.50 %	7.40 %	
fd	Freight cost as % of devices value	Parameter	%			

* Please describe the method used for stock count in the text box below. We assume the closing stock (Dec 31, 2014) is the same as the opening stock (Jan 1, {1}). If there is a difference, please provide details in the text box below.

There is no discrepancy between the closing as at 31st December 2014 and 1st January 2015

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

Co-financing group	Low
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	2014	2015	2016
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per			0.20
Your co-financing	0.50	0.50	0.20

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

		2014	2015	2016
Number of vaccine doses	#	27,600	25,200	53,800
Number of AD syringes	#	30,600	23,900	43,800
Number of re-constitution syringes	#	5,800	5,300	7,300

Number of safety boxes	#	0	0	750
Total value to be co-financed by GAVI	\$	31,000	28,500	59,500

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

		2014	2015	2016
Number of vaccine doses	#	25,200	22,200	12,500
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]	\$	26,500	24,000	14,000

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

	Formula	2014	2015		
			Total	Government	GAVI
A	Country co-finance	V			
B	Number of children to be vaccinated with the first dose	Table 4	37,200	38,316	
C	Number of doses per child	Vaccine parameter (schedule)	1	1	
D	Number of doses needed	$B \times C$	37,200	38,316	
E	Estimated vaccine wastage factor	Table 4	1.67	1.67	
F	Number of doses needed including wastage	$D \times E$		63,988	
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$			
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$			
H2	Reported stock on January 1st	Table 7.11.1	27,499	12,000	
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$		47,400	
J	Number of doses per vial	Vaccine Parameter			
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$			
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$			
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$			
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$			
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$			
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$			
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$			
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$			
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$			
T	Total fund needed	$(N+O+P+Q+R+S)$			
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$			
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$			

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

	Formula	2016			
		Total	Government	GAVI	
A	Country co-finance	V	18.77 %		
B	Number of children to be vaccinated with the first dose	Table 4	39,330	7,383	31,947
C	Number of doses per child	Vaccine parameter (schedule)	1		
D	Number of doses needed	$B \times C$	39,330	7,383	31,947
E	Estimated vaccine wastage factor	Table 4	1.67		
F	Number of doses needed including wastage	$D \times E$	65,682	12,330	53,352
G	Vaccines buffer stock	Buffer on doses needed + buffer on doses wasted Buffer on doses needed = $(D - D \text{ of previous year original approved}) \times 0.25$ Buffer on doses wasted = $(F - D) \times [XXX] - ((F - D) \text{ of previous year current estimate}) \times 0.25$	424	80	344
H	Stock to be deducted	$H2 \text{ of previous year} - 0.25 \times F \text{ of previous year}$	0	0	0
H2	Reported stock on January 1st	Table 7.11.1			
I	Total vaccine doses needed	$\text{Round up}((F + G - H) / \text{vaccine package size}) \times \text{vaccine package size}$	66,200	12,427	53,773
J	Number of doses per vial	Vaccine Parameter	10		
K	Number of AD syringes (+ 10% wastage) needed	$(D + G - H) \times 1.10$	43,730	0	43,730
L	Reconstitution syringes (+ 10% wastage) needed	$(I / J) \times 1.10$	7,283	0	7,283
M	Total of safety boxes (+ 10% of extra need) needed	$(I / 100) \times 1.10$	729	0	729
N	Cost of vaccines needed	$I \times \text{vaccine price per dose (g)}$	65,671	12,328	53,343
O	Cost of AD syringes needed	$K \times \text{AD syringe price per unit (ca)}$	1,960	0	1,960
P	Cost of reconstitution syringes needed	$L \times \text{reconstitution price per unit (cr)}$	255	0	255
Q	Cost of safety boxes needed	$M \times \text{safety box price per unit (cs)}$	4	0	4
R	Freight cost for vaccines needed	$N \times \text{freight cost as of \% of vaccines value (fv)}$	4,860	913	3,947
S	Freight cost for devices needed	$(O+P+Q) \times \text{freight cost as \% of devices value (fd)}$	0	0	0
T	Total fund needed	$(N+O+P+Q+R+S)$	72,750	13,657	59,093
U	Total country co-financing	$I \times \text{country co-financing per dose (cc)}$	13,240		
V	Country co-financing % of GAVI supported proportion	$U / (N + R)$	18.77 %		

8. Health Systems Strengthening Support (HSS)

Instructions for reporting on HSS funds received

1. Please complete this section only if your country **was approved for and received HSS funds before or during January to December 2014**. All countries are expected to report on:

- a. Progress achieved in 2014
- b. HSS implementation during January – April 2015 (interim reporting)
- c. Plans for 2016
- d. Proposed changes to approved activities and budget (see No. 4 below)

For countries that received HSS funds within the last 3 months of 2014, or experienced other delays that limited implementation in 2014, this section can be used as an inception report to comment on start up activities.

2. In order to better align HSS support reporting to country processes, for countries of which the 2014 fiscal year starts in January 2014 and ends in December 2014, HSS reports should be received by the GAVI Alliance before **15th May 2015**. For other countries, HSS reports should be received by the GAVI Alliance approximately six months after the end of country fiscal year, e.g., if the country fiscal year ends in March 2015, the HSS reports are expected by GAVI Alliance by September 2015.

3. Please use your approved proposal as reference to fill in this Annual Progress Report. Please fill in this reporting template thoroughly and accurately and use additional space as necessary.

4. If you are proposing changes to approved objectives, activities and budget (reprogramming) please request the reprogramming guidelines by contacting your Country Responsible Officer at GAVI or by emailing gavihss@gavi.org.

5. If you are requesting a new tranche of funding, please make this clear in [Section 8.1.2](#).

6. Please ensure that, **prior to its submission to the GAVI Alliance Secretariat, this report has been endorsed by the relevant country coordination mechanisms** (HSCC or equivalent) [as provided for on the signature page](#) in terms of its accuracy and validity of facts, figures and sources used.

7. Please attach all required [supporting documents](#). These include:

- a. Minutes of all the HSCC meetings held in 2014
- b. Minutes of the HSCC meeting in 2015 that endorses the submission of this report
- c. Latest Health Sector Review Report
- d. Financial statement for the use of HSS funds in the 2014 calendar year
- e. External audit report for HSS funds during the most recent fiscal year (if available)

8. The GAVI Alliance Independent Review Committee (IRC) reviews all Annual Progress Reports. In addition to the information listed above, the IRC requires the following information to be included in this section in order to approve further tranches of HSS funding:

- a. Reporting on agreed indicators, as outlined in the approved M&E framework, proposal and approval letter;
- b. Demonstration of (with tangible evidence) strong links between activities, output, outcome and impact indicators;
- c. Outline of technical support that may be required to either support the implementation or monitoring of the GAVI HSS investment in the coming year

8. Inaccurate, incomplete or unsubstantiated reporting may lead the IRC to either send the APR back to your country for clarifications (which may cause delays in the release of further HSS funds), to recommend against the release of further HSS funds or only approve part of the next tranche of HSS funds.

8.1. Report on the use of HSS funds in 2014 and request of a new tranche

For countries that have previously received the final disbursement of all GAVI approved funds for the HSS grant and have no further funds to request: Is the implementation of the HSS grant completed? **Yes**

If NO, please indicate the anticipated date for completion of the HSS grant.

Please attach any studies or assessments related to or funded by the GAVI HSS grant.

Please attach data disaggregated by sex, rural/urban, district/state where available, particularly for immunisation coverage indicators. This is especially important if GAVI HSS grants are used to target specific populations and/or geographic areas in the country.

If CSOs were involved in the implementation of the HSS grant, please attach a list of the CSOs engaged in grant implementation, the funding received by CSOs from the GAVI HSS grant, and the activities that they have been involved in. If CSO involvement was included in the original proposal approved by GAVI but no funds were provided to CSOs, please explain why not.

Please see <http://www.gavialliance.org/support/cso/> for GAVI's CSO Implementation Framework

Please provide data sources for all data used in this report.

Please attach the latest reported National Results/M&E Framework for the health sector (with actual reported figures for the most recent year available in country).

8.1.1. Report on the use of HSS funds in **2014**

Please complete [Table 8.1.3.a](#) and [8.1.3.b](#) (as per APR) for each year of your country's approved multi-year HSS programme and both in US\$ and local currency

Please note: If you are requesting a new tranche of funding, please make sure you fill in the last row of [Table 8.1.3.a](#) and [8.1.3.b](#).

8.1.2. Please indicate if you are requesting a new tranche of funding **No**

If yes, please indicate the amount of funding requested: US\$

These funds should be sufficient to carry out HSS grant implementation through December 2016.

Table 8.1.3a (US)\$

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)	3305538	4040640				
Revised annual budgets (if revised by previous Annual Progress Reviews)	4072000	4072000		0	0	
Total funds received from GAVI during the calendar year (A)	701834	0	3539691	540797	0	0
Remaining funds (carry over) from previous year (B)	4348029	1365558	583082	428527	401853	401853
Total Funds available during the calendar year (C=A+B)	5049826	1365558	4122773	969325	401853	401853

Total expenditure during the calendar year (D)	3684305	782476	3994245	567472	0	0
Balance carried forward to next calendar year (E=C-D)	1365558	583082	428527	401853	401853	401853
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)			0	
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Table 8.1.3b (Local currency)

	2009	2010	2011	2012	2013	2014
Original annual budgets (as per the originally approved HSS proposal)						
Revised annual budgets (if revised by previous Annual Progress Reviews)						
Total funds received from GAVI during the calendar year (A)	54072000	0	293554000	46000000		
Remaining funds (carry over) from previous year (B)	306777595	76996375	15731439	2913911	644993	644993
Total Funds available during the calendar year (C=A+B)	360849995	76996375	309285439	48913911	644993	644993
Total expenditure during the calendar year (D)	283853220	6126493	306371528	48268918	0	0
Balance carried forward to next calendar year (E=C-D)	76996375	15731439	2913911	644993	644993	644993
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]						

	2015	2016	2017	2018
Original annual budgets (as per the originally approved HSS proposal)				
Revised annual budgets (if revised by previous Annual Progress Reviews)				
Total funds received from GAVI during the calendar year (A)				
Remaining funds (carry over) from previous year (B)				
Total Funds available during the calendar year (C=A+B)				
Total expenditure during the calendar year (D)				
Balance carried forward to next calendar year (E=C-D)				
Amount of funding requested for future calendar year(s) [please ensure you complete this row if you are requesting a new tranche]				

Report of Exchange Rate Fluctuation

Please indicate in the table [Table 8.3.c](#) below the exchange rate used for each calendar year at opening and closing.

[Table 8.1.3.c](#)

Exchange Rate	2009	2010	2011	2012	2013	2014
Opening on 1 January	78.2678	75.8406	80.7961	85.0906	86.0769	86.4167
Closing on 31 December	75.82	80.7519	85.0681	85.0286	86.3097	90.5978

Detailed expenditure of HSS funds during the 2014 calendar year

Please attach a detailed financial statement for the use of HSS funds during the 2014 calendar year (*Terms of reference for this financial statement are attached in the online APR Annexes*). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health. **(Document Number: 19)**

If any expenditures for the January April 2015 period are reported in Tables 8.1.3a and 8.1.3b, a separate, detailed financial statement for the use of these HSS funds must also be attached **(Document Number: 20)**

Has an external audit been conducted? Not selected

External audit reports for HSS programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available during your governments most recent fiscal year, this must also be attached (Document Number: 21)

8.2. Progress on HSS activities in the 2014 fiscal year

Please report on major activities conducted to strengthen immunisation using HSS funds in Table 8.2. It is very important to be precise about the extent of progress and use the M&E framework in your original

application and approval letter.

Please provide the following information for each planned activity:

- The percentage of activity completed where applicable
- An explanation about progress achieved and constraints, if any
- The source of information/data if relevant.

Table 8.2: HSS activities in the 2014 reporting year

Major Activities (insert as many rows as necessary)	Planned Activity for 2014	Percentage of Activity completed (annual) (where applicable)	Source of information/data (if relevant)
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8.2.1 For each objective and activity (i.e. Objective 1, Activity 1.1, Activity 1.2, etc.), explain the progress achieved and relevant constraints (e.g. evaluations, HSCC meetings).

Major Activities (insert as many rows as necessary)	Explain progress achieved and relevant constraints
---	--

8.2.2 Explain why any activities have not been implemented, or have been modified, with references.

8.2.3 If GAVI HSS grant has been utilised to provide national health human resources incentives, how has the GAVI HSS grant been contributing to the implementation of national Human Resource policy or guidelines?

8.3. General overview of targets achieved

Please complete **Table 8.3** for each indicator and objective outlined in the original approved proposal and decision letter. Please use the baseline values and targets for 2013 from your original HSS proposal.

Table 8.3: Progress on targets achieved

Name of Objective or Indicator (Insert as many rows as necessary)	Baseline		Agreed target till end of support in original HSS application	2014 Target	2010	2011	2012	2013	2014	Data Source	Explanation if any targets were not achieved
	Baseline value	Baseline source/date									
Number of health workers recruited	0	HMIS 2008	763		243						
Number of communities with CBIS	0	HMIS 2008	212		212						
Number of motorcycle purchased	0	HMIS 2008	450		142						
Number of bicycles purchased	0	HMIS 2008	6091		3091						
Number of intergrated outreach carried out	0	HMIS 2008	6288		5088						

8.4. Programme implementation in 2014

8.4.1. Please provide a narrative on major accomplishments in 2014, especially impacts on health service programmes, and how the HSS funds benefited the immunisation programme

8.4.2. Please describe problems encountered and solutions found or proposed to improve future performance

of HSS funds.

8.4.3. Please describe the exact arrangements at different levels for monitoring and evaluating GAVI funded HSS activities.

8.4.4. Please outline to what extent the M&E is integrated with country systems (such as, for example, annual sector reviews). Please describe ways in which reporting on GAVI HSS funds can be more organization with existing reporting systems in your country. This could include using the relevant indicators agreed in the sector-wide approach in place of GAVI indicators.

8.4.5. Please specify the participation of key stakeholders in the implementation of the HSS proposal (including the EPI Programme and Civil Society Organisations). This should include organisation type, name and implementation function.

8.4.6. Please describe the participation of Civil Society Organisations in the implementation of the HSS proposal. Please provide names of organisations, type of activities and funding provided to these organisations from the HSS funding.

8.4.7. Please describe the management of HSS funds and include the following:

- Whether the management of HSS funds has been effective
- Constraints to internal fund disbursement, if any
- Actions taken to address any issues and to improve management
- Any changes to management processes in the coming year

8.5. Planned HSS activities for 2015

Please use **Table 8.5** to provide information on progress on activities in 2015. If you are proposing changes to your activities and budget in 2015 please explain these changes in the table below and provide explanations for these changes.

Table 8.5: Planned activities for 2015

Major Activities (insert as many rows as necessary)	Planned Activity for 2015	Original budget for 2015 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	2015 actual expenditure (as at April 2015)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2015 (if relevant)
		0	0			0

8.6. Planned HSS activities for 2016

Please use **Table 8.6** to outline planned activities for 2016. If you are proposing changes to your activities and budget please explain these changes in the table below and provide explanations for each change so that the IRC can recommend for approval the revised budget and activities.

Please note that if the change in budget is greater than 15% of the approved allocation for the specific activity in that financial year, these proposed changes must be submitted for IRC approval with the evidence for requested changes

Table 8.6: Planned HSS Activities for 2016

Major Activities (insert as many rows as necessary)	Planned Activity for 2016	Original budget for 2016 (as approved in the HSS proposal or as adjusted during past annual progress reviews)	Revised activity (if relevant)	Explanation for proposed changes to activities or budget (if relevant)	Revised budget for 2016 (if relevant)
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8.7. Revised indicators in case of reprogramming

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@gavi.org

8.8. Other sources of funding for HSS

If other donors are contributing to the achievement of the country's objectives as outlined in the GAVI HSS proposal, please outline the amount and links to inputs being reported on:

Table 8.8: Sources of HSS funds in your country

Donor	Amount in US\$	Duration of support	Type of activities funded

8.8.1. Is GAVI's HSS support reported on the national health sector budget? **Not selected**

8.9. Reporting on the HSS grant

8.9.1. Please list the **main** sources of information used in this HSS report and outline the following:

- How information was validated at country level prior to its submission to the GAVI Alliance.
- Any important issues raised in terms of accuracy or validity of information (especially financial information and the values of indicators) and how these were dealt with or resolved.

Table 8.9.1: Data sources

Data sources used in this report	How information was validated	Problems experienced, if any
GAVI report 2008-2010: Government of Kenya		A detailed objective has been attached. The reporting cycle for Gavi is a calendar year while the Government of Kenya reporting cycle is Fiscal year running from July to June.

8.9.2. Please describe any difficulties experienced in putting this report together that you would like the GAVI Alliance and IRC to be aware of. This information will be used to improve the reporting process.

8.9.3. How many times did the Health Sector Coordinating Committee (HSCC) meet in 2014?

Please attach:

1. The minutes from the HSCC meetings in 2015 endorsing this report (**Document Number: 6**)
2. The latest Health Sector Review report (**Document Number: 22**)

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

9.1. 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 2014

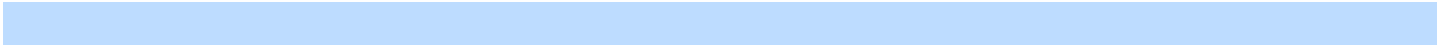
9.2. TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

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

Kenya is not reporting on GAVI TYPE B CSO support for 2014

10. 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



11. Annexes

11.1. 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 2014 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.2. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.3. 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 2014 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.4. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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.

11.5. 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 2014 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2014, 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 2014 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 2013 calendar year (opening balance as of 1 January 2014)
 - b. Income received from GAVI during 2014
 - c. Other income received during 2014 (interest, fees, etc)
 - d. Total expenditure during the calendar year
 - e. Closing balance as of 31 December 2014
 - f. A detailed analysis of expenditures during 2014, 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 2014 (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 2014 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

11.6. 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 2013 (balance as of 31Decembre 2013)	25,392,830	53,000
Summary of income received during 2014		
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 2014	30,592,132	63,852
Balance as of 31 December 2014 (balance carried forward to 2015)	60,139,325	125,523










* Indicate the exchange rate at opening 01.01.2014, the exchange rate at closing 31.12.2014, 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 2014	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. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signatures of cabinet secretaries.docx File desc: Date/time : 14/05/2015 09:26:58 Size: 13 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signatures of cabinet secretaries.docx File desc: Date/time : 14/05/2015 09:27:31 Size: 13 KB
3	Signatures of members of ICC	2.2	✓	ICC Signatures meeting 12 may 2015.jpg File desc: Date/time : 14/05/2015 12:37:35 Size: 893 KB
4	Minutes of ICC meeting in 2015 endorsing the APR 2014	5.4	✓	ICC MINUTES 12th May 2015.docx File desc: Date/time : 14/05/2015 12:34:15 Size: 31 KB
5	Signatures of members of HSCC	2.3	✓	Not applicable.docx File desc: Date/time : 14/05/2015 12:19:31 Size: 13 KB
6	Minutes of HSCC meeting in 2015 endorsing the APR 2014	8.9.3	✓	Not applicable.docx File desc: Date/time : 14/05/2015 12:19:51 Size: 13 KB
7	Financial statement for ISS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✗	No file loaded
8	External audit report for ISS grant (Fiscal Year 2014)	6.2.3	✗	No file loaded
9	Post Introduction Evaluation Report	7.2.1	✗	No file loaded

10	Financial statement for NVS introduction grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1		VIG funds.docx File desc: Date/time : 14/05/2015 12:29:28 Size: 13 KB
11	External audit report for NVS introduction grant (Fiscal year 2014) if total expenditures in 2014 is greater than US\$ 250,000	7.3.1		VIG funds.docx File desc: Date/time : 14/05/2015 12:29:43 Size: 13 KB
12	Latest EVSM/VMA/EVM report	7.5		EVM-Report.docx File desc: Date/time : 14/05/2015 08:47:44 Size: 4 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5		EVMA-KENYA - Improvement plan.xls File desc: Date/time : 14/05/2015 08:44:23 Size: 386 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5		EVMA-IP STATUS TASK DESCRIPTION.xlsx File desc: Date/time : 14/05/2015 09:01:07 Size: 33 KB
16	Valid cMYP if requesting extension of support	7.8		CMYP Kenya 2013 - 2017.doc File desc: Date/time : 14/05/2015 08:52:30 Size: 2 MB
17	Valid cMYP costing tool if requesting extension of support	7.8		Kenya cMYP 2011 2015 costing tool Kenya.xls File desc: Date/time : 14/05/2015 12:40:12 Size: 3 MB
18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8		ICC MINUTES 12th May 2015.docx File desc: Date/time : 14/05/2015 12:37:57 Size: 31 KB
19	Financial statement for HSS grant (Fiscal year 2014) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		Financial statement report.docx File desc: Date/time : 14/05/2015 12:45:57 Size: 13 KB

20	Financial statement for HSS grant for January-April 2015 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	8.1.3		Financial statement report.docx File desc: Date/time : 14/05/2015 12:46:14 Size: 13 KB
21	External audit report for HSS grant (Fiscal Year 2014)	8.1.3		Statement on HSS audit report.docx File desc: Date/time : 14/05/2015 09:36:24 Size: 13 KB
22	HSS Health Sector review report	8.9.3		Joint Assessment of Kenya Health Strategic Plan.doc File desc: Date/time : 14/05/2015 09:18:23 Size: 326 KB
23	Report for Mapping Exercise CSO Type A	9.1.1		No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2014)	9.2.4		No file loaded
25	External audit report for CSO Type B (Fiscal Year 2014)	9.2.4		No file loaded
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 2014 on (i) 1st January 2014 and (ii) 31st December 2014	0		Financial statement report.docx File desc: Date/time : 14/05/2015 12:46:36 Size: 13 KB
27	Minutes ICC meeting endorsing change of vaccine presentation	7.7		No file loaded
28	Justification for changes in target population	5.1		No file loaded

	Other		X	Gavi Report 2007-2010- final pdf[1].pdf File desc: Gavi summary report used to report on the HSS 2010. Date/time : 14/05/2015 12:17:26 Size: 759 KB
				Kenya Demographic Health Survey KIR 2014.pdf File desc: Kenya demographic survey results for 2014 showing the latest national coverages for all the antigens. Date/time : 14/05/2015 09:02:18 Size: 2 MB

