

*GAVI Alliance*

**Application Form for Country Proposals**

*For Support to New and Under-Used Vaccines (NVS)*

Submitted by

The Government of

***Kenya***

Date of submission: **Not submitted yet**

**Deadline for submission: 1 Jun 2011**

Select Start and End Year of your Comprehensive Multi-Year Plan (cMYP)

|  |  |  |  |
| --- | --- | --- | --- |
| Start Year | 2011 | End Year | 2015 |

**Revised in January 2011**

**(To be used with Guidelines of December 2010)**

Please submit the Proposal using the online platform [https://AppsPortal.gavialliance.org/PDExtranet](https://appsportal.gavialliance.org/PDExtranet).

Enquiries to: [proposals@gavialliance.org](mailto:proposals@gavialliance.org) or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

**Note:** Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

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.

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| --- |
| **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 IRC processes and the availability of funds.  **AMENDMENT TO THE APPLICATION**  The Country will notify the GAVI Alliance in its Annual Progress Report 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 Annual Progress Report, 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 language of the arbitration will be English.  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. |

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| **Application Specification** |
| Please specify for which type of GAVI support you would like to apply to. |

**Important note**: To enable proper functioning of the form, please first select the cMYP years on the previous page.

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Type of Support** | **Vaccine** | **Start Year** | **End Year** | **Preferred second presentation[1]** | **Action** |
| --- | --- | --- | --- | --- | --- |
| New Vaccines Support | Rotavirus 2-dose schedule | 2013 | 2015 | Rotavirus 3-dose schedule |  |

**[1]** This "***Preferred second presentation***" will be used in case there is no supply available for the preferred presentation of the selected vaccine ("**Vaccine**" column). If left blank, it will be assumed that the country will prefer waiting until the selected vaccine becomes available.

# **Table of Contents**

**Sections**

*Main*

*Cover Page*

*GAVI Alliance Grants Terms and Conditions*

*1. Application Specification*

*2. Table of Contents*

*3. Executive Summary*

*4. Signatures*

*4.1. Signatures of the Government and National Coordinating Bodies*

*4.1.1. Government and the Inter-Agency Coordinating Committee for Immunisation*

*4.1.2. National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation*

*4.1.3. The Inter-Agency Coordinating Committee for Immunisation*

*4.2. National Immunization Technical Advisory Group for Immunisation*

*4.2.1. The NITAG Group for Immunisation*

*5. Immunisation* *Programme Data*

*5.1. Basic facts*

*5.2. Current vaccination schedule*

*5.3. Trends of immunisation coverage and disease burden*

*5.4. Baseline and Annual Targets*

***Table 1:*** *baseline figures*

*5.5. Summary of current and future immunisation budget*

*5.6. Summary of current and future financing and sources of funds*

*6. NVS*

*6.1. Capacity and cost (for positive storage)*

*6.2. Assessment of burden of relevant diseases (if available)*

*6.3.1. Requested vaccine ( Rotavirus 2-dose schedule )*

*6.3.2. Co-financing information*

*6.3.3. Wastage factor*

*6.3.4. Specifications of vaccinations with new vaccine*

*6.3.5. Portion of supply to be procured by the country (and cost estimate, US$)*

*6.3.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)*

*6.3.7. New and Under-Used Vaccine Introduction Grant*

*7. Procurement and Management of New and Under-Used Vaccines*

*7.1. Vaccine management (EVSM/EVM/VMA)*

*8. Additional Comments and Recommendations*

*9. Annexes*

*Annex 1*

***Annex 1.1*** *- Rotavirus 2-dose schedule*

***Table 1.1 A*** *- Rounded up portion of supply that is procured by the country and estimate of related cost in US$*

***Table 1.1 B*** *- Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.*

***Table 1.1 C*** *- Summary table for vaccine Rotavirus 2-dose schedule*

***Table 1.1 D*** *- Estimated number of doses for vaccine Rotavirus 2-dose schedule associated injection safety material and related co-financing budget*

*Annex 2*

*10. Attachments*

*10.1 Documents required for NVS support*

*10.2 Attachments*

*Banking Form*

# **Executive Summary**

The Kenya Expanded Programme for Immunization was launched in 1980 and progressed well for the first 15 years, but then stagnated and declined in the late 1990s. Following injection of new capital by the Global Alliance for Vaccines & Immunization, the Government of Kenya and other development partners, the immunization programme recovered and the immunization coverage improved. The national immunization coverage for fully immunized child increased from 47% in 2002 to 82% in 2010.  
This improved immunization coverage together with other child health initiatives and an improvement in the country’s economic indicators impacted positively to reduce child mortality from 115 deaths per 1,000 live births to 74 child deaths per 1,000 live births and infant mortality from 77 infant deaths per 1,000 live births to 52 infant deaths per 1,000 live births.  
The main causes of infant and child mortality in Kenya are neonatal sepsis, malaria, pneumonia, , diarrhoeal diseases and malnutrition. The Government of Kenya successfully introduced 10-valent pneumococcal conjugate vaccine in the first quarter of 2011 and childhood mortality is expected to significantly decline further. Moreover, the Government of Kenya is implementing innovative approaches to further improve childhood survival indicators in order to achieve the national goals outlined in Kenya’s Vision 2030 strategic plan, and to achieve the Millennium Development Goals.  
It is in line with this goal that the Ministry of Public Health & Sanitation, through the Division of Vaccines and Immunization is applying for support from the GAVI for the introduction rotavirus vaccine (the third new vaccine since 2001) into the national infant immunization schedule to address the burden of rotavirus diarrhea among infants This request has been informed by the need to reduce the burden of rotavirus diarrhoea. Other considerations include availability of adequate cold chain capacity of the national immunization programme to absorb rotavirus vaccine large storage capacity requirements, the preparatory period required for training and updating the documentation tools, the feasible time frame for accommodating the co-financing requirements outlined by GAVI, and the willingness of Kenya’s Development Partners in Health to support the process.  
The Ministry of Public Health & Sanitation envisages that the country would be ready to introduce a vaccine against rotavirus diarrhoea nationwide in January 2013 and targets to vaccinate 1,478, 156 infants and attain 90% coverage. Commitment by the Ministry and its development partners is supported by minutes of the interagency coordinating committee. It is acknowledged that the available vaccines against rotavirus diarrhoea are packaged in single doses making them bulky to store for the mass market especially at high volume immunizing facilities. Specifically, the Ministry is applying for a fully liquid vaccine preparation with a vaccine vial monitor (VVM). The proposal outlines the measures that will be taken to accommodate the introduction of rotavirus vaccine at facility level. The national and regional storage capacities and the routine distribution mechanisms are adequate to accommodate four annual shipments of the new vaccine.  
Details of the application are elaborated further in the proposal and the attached supporting documents specifically rotavirus introduction plan, cMYP, costing tool and the EPI logistics forecast tool .  
Kenya looks forward to the approval of this proposal by GAVI. The Ministry of Public Health & Sanitation would appreciate a timely communication before the end of 2011, so that Kenya can effect the introductory preparations in line with the suggested timelines as stipulated in the introduction plan.

# **Signatures**

# **Signatures of the Government and National Coordinating Bodies**

# **Government and the Inter-Agency Coordinating Committee for Immunisation**

The Government of Kenya would like to expand the existing partnership with the GAVI Alliance for the improvement of the infants routine immunisation programme of the country, and specifically hereby requests for GAVI support for Rotavirus 2-dose schedule introduction.

The Government of Kenya commits itself to developing national immunisation services on a sustainable basis in accordance with the Comprehensive Multi-Year Plan (cMYP) presented with this document. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of children as outlined in this application.

Tables 6.(n).5. (where (n) depends on the vaccine) in the NVS section of this application shows the amount of support in either supply or cash that is required from the GAVI Alliance. Tables 6.(n).4. of this application shows the Government financial commitment for the procurement of this new vaccine (NVS support only).

Following the regulations of the internal budgeting and financing cycles the Government will annually release its portion of the co-financing funds in the month of October.

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

Enter the family name in capital letters.

| **Minister of Health (or delegated authority)** | | **Minister of Finance (or delegated authority)** | |
| --- | --- | --- | --- |
| **Name** | Hon. Beth MUGO, EGS. MP | **Name** | Hon Uhuru KENYATTA, EGS. MP |
| **Date** |  | **Date** |  |
| **Signature** |  | **Signature** |  |

*This report has been compiled by*

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Full name** | **Position** | **Telephone** | **Email** | **Action** |
| --- | --- | --- | --- | --- |
| Dr Tatu KAMAU | Head Division of Vaccines and Immunization, Ministry of Public Health and Sanitation | +254 20 2013370 | tatun@wananchi.com |  |

# **National Coordinating Body - Inter-Agency Coordinating Committee for Immunisation**

We the members of the ICC, HSCC, or equivalent committee**[1]** met on the 29.04.2011 to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

**[1]** Inter-agency Coordinating Committee or Health Sector Coordinating Committee, or equivalent committee which has the authority to endorse this application in the country in question.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: .

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Name/Title** | **Agency/Organisation** | **Signature** | **Action** |
| --- | --- | --- | --- |
| DR S K SHARIF | Director of Public Health and Sanitation |  |  |
| Dr Annah WAMAE | Head Family Department, Ministry of Public Health and Sanitation |  |  |
| Dr Santau MIGIRO | Head, Child Health division, Ministry of Public Health and Sanitation |  |  |
| Dr Tatu KAMAU | Head Division of Vaccines and Immunization, Ministry of Public Health and Sanitation |  |  |
| Dr. Abdoulie JACK | WHO Representative, Kenya |  |  |
| Dr. Olivia YAMBI | Country Director, UNICEF |  |  |
| M/s Lynn ADRIAN | Director, Population and Social Section, USAID |  |  |
| Gerald MACHARIA | Regional Director East Africa & Nigeria, Clinton Health Access Initiative |  |  |
|  |  |  |  |
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|  |  |  |  |

In case the GAVI Secretariat has queries on this submission, please contact

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Dr Tatu KAMAU | **Title** | Head Division of Vaccines and Immunisation |
| **Tel no** | +254 20 2013370, +254 722 276016 |
| **Fax no** |  | **Address** | P. O. box 43319 -00100 Nairobi, Kenya |
| **Email** | tatun@wananchi.com |

# **The Inter-Agency Coordinating Committee for Immunisation**

Agencies and partners (including development partners and NGOs) supporting immunisation services are co-ordinated and organised through an inter-agency coordinating mechanism (ICC, HSCC, or equivalent committee). The ICC, HSCC, or equivalent committee is responsible for coordinating and guiding the use of the GAVI NVS support. Please provide information about the ICC, HSCC, or equivalent committee in your country in the table below.

**Profile of the ICC, HSCC, or equivalent committee**

|  |  |
| --- | --- |
| **Name of the committee** | Child Health ICC |
| **Year of constitution of the current committee** | 2006 |
| **Organisational structure (e.g., sub-committee, stand-alone)** | Stand alone |
| **Frequency of meetings** | Quarterly |

**Composition**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** | Director MOPHS | Dr S. K. Sharif |
| **Secretary** | Head Division of Child and Adolescent Health-MOPHS | Dr Santau Migiro |
| **Members** | Head Division of Vaccines and Immunisation | Dr Tatu Kamau | **Action** |
|  | Head division of reproductive health | Dr. Shiphrah KURIA |  |
|  | Head division of nutrition | Terry WEFWAFWA |  |
|  | Department of Primary health services | Dr. John ODONDI |  |
|  | WHO | Dr. Abdoullie JACK |  |
|  | UNICEF | Dr. Olivia YAMBI |  |
|  | USAID-MCHIP | M/s Lynn ADRIAN |  |
|  | Micronutrient initiative | Dr. Chris WANYOIKE |  |
|  | JICA | Nakahara |  |
|  | GIZ | Yvonne ARUNGA |  |
|  | Health network for NGOs in Kenya | Mette Kjaer |  |
|  | Professional associations e.g. Kenya paediatric association | Prof. Fred WERE |  |
|  | Teaching institutions e.g. Universities, medical colleges | Prof. Aggrey WASSUNA |  |
|  | Clinton Health Access Inititive (CHAI) | Gerald MACHARIA |  |

Major functions and responsibilities of the committee

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| --- |
| **1)Provide a forum for coordination of child and neonatal health services 2)Facilitate formation of working groups or task forces as required to address key issues and tasks that relate to child health 3)Coordinate with and oversee work of appointed working groups and task forces 4)Support management of key action points as identified by the health sector coordinating committee steering committee 5)Resource mobilisation** |

Three major strategies to enhance the committee's role and functions in the next 12 months

|  |  |
| --- | --- |
| **1.** | **Guarantee participation from Ministry of Finance and Ministry of Education.** |
| **2.** | **Strengthen the functions of the secretariat to ensure that TWGs meet regularly and ICC recommendations are taken up to HSSC for endorsement and approval** |
| **3.** | **Having a standing agenda for Immunisation in the ICC** |

# **National Immunization Technical Advisory Group for Immunisation**

(If it has been established in the country)

We the members of the NITAG met on the to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER: .

In case the GAVI Secretariat has queries on this submission, please contact

Enter the family name in capital letters.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Title** |  |
| **Tel no** |  |
| **Fax no** |  | **Address** |  |
| **Email** |  |

# **The NITAG Group for Immunisation**

**Profile of the NITAG**

|  |  |
| --- | --- |
| **Name of the NITAG** |  |
| **Year of constitution of the current NITAG** |  |
| **Organisational structure (e.g., sub-committee, stand-alone)** |  |
| **Frequency of meetings** |  |

**Composition**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

Enter the family name in capital letters.

| **Function** | **Title / Organisation** | **Name** |
| --- | --- | --- |
| **Chair** |  |  |
| **Secretary** |  |  |
| **Members** |  |  | **Action** |
|  |  |  |  |

Major functions and responsibilities of the NITAG

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| --- |
|  |

Three major strategies to enhance the NITAG’s role and functions in the next 12 months

|  |  |
| --- | --- |
| **1.** |  |
| **2.** |  |
| **3.** |  |

# **Immunisation Programme Data**

Please complete the tables below, using data from available sources. Please identify the source of the data, and the date. Where possible use the most recent data and attach the source document.

* Please refer to the Comprehensive Multi-Year Plan for Immunisation (cMYP) (or equivalent plan) and attach a complete copy (with an Executive Summary) as DOCUMENT NUMBER
* Please refer to the two most recent annual WHO/UNICEF Joint Reporting Forms (JRF) on Vaccine Preventable Diseases.
* Please refer to Health Sector Strategy documents, budgetary documents, and other reports, surveys etc, as appropriate.

# **Basic facts**

For the year 2010 (most recent; specify dates of data provided)

|  | **Figure** | | **Year** | **Source** |
| --- | --- | --- | --- | --- |
| Total population | 39,785,950 |  | 2010 | Kenya National Bureau of Statistics (KNBS) |
| Infant mortality rate (per 1000) | 52 |  | 2009 | Kenya Demographic Health Survey (KDHS) |
| Surviving Infants**[1]** | 1,278,594 |  | 2010 | Kenya National Bureau of Statistics (KNBS) |
| GNI per capita (US$) | 770 |  | 2009 | World bank |
| Total Health Expenditure (THE) as a percentage of GDP | 4.30 | % | 2009 | National Health Accounts |
| General government expenditure on health (GGHE) as % of General government expenditure | 5.40 | % | 2009 | National Health Accounts |

**[1]** Surviving infants = Infants surviving the first 12 months of life

Please provide some additional information on the planning and budgeting context in your country; also indicate the name and date of the relevant planning document for health

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| --- |
| **The fiscal year in Kenya is July/June of every year. The government of Kenya has a three year rolling plan - The Medium Term Expenditure Framework (MTEF)which is a multi year expenditure planning exercise to assess the resource implications for policies and programs and align it to the government development agenda which is stated in the Vison 2030.  The health sector is also guided by the National Health Sector Strategic Plan II (NHSSP) 2005-2010 with an extension to 2012 to align it with the strategic plans of the Ministries of Health.  The Ministry of Public Health and Sanitation has a strategic plan spanning the period of 2008 - 2012. Every year each department/program in the Ministry prepares its Annual Operational Plan (AOP)that articulates the program priorities for the year.** |

Is the cMYP (or updated Multi-Year Plan) aligned with this document (timing, content, etc.)?

|  |
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| **The cMYP time frame is not aligned in terms years. However it is aligned in content to the priorities stated in the planning documents - Vision 2030,MTEF, NHSSP II and Ministry strategic Plan. The cMYP borrows heavily from the strategic plan of the Ministry and the priorities stated in the it are operationalised annually in the AOP.** |

Please indicate the national planning budgeting cycle for health

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| **The Government of Kenya financial year runs from July to June every year. The following are the steps of the budgeting cycle.   Review of Ministerial Public Expenditure by September to look at how expenditures are linked to sector policies and the absorption levels Development of Budget Outlook Paper (BOPA) by October looking at the revenue projection BOPA presented to Cabinet for approval by Oct/Nov Submission of Initial Sector reports to Treasury by Oct  Sector Hearings held by December to inform the public on concrete deliverables for next year and gather comments Finalization of sector reports by January Submission of Supplementary Budget Proposals by January Review of Supplementary Budget Proposals by February Submission Supplementary Budget Proposals to Parliament by February Prepare the Budget Strategy Paper (BSP) and present to Parliament by February where ceilings for Ministries are set Finalization of Ministerial itemized and Programme Based budget by April Submission of Budget Estimates to Cabinet for approval by May  Presentation of Budget to Parliament by June Beginning of Financial Year in July** |

Please indicate the national planning cycle for immunisation

|  |
| --- |
| **- The immunisation program submists an itemised budget to the Ministry in May every year to be considered in the final estimates of the national budget.   -June – July every year funded items in the printed estimates are rolled out by the program in line with the AOP.  -January – December for WHO/UNICEF/GAVI funded projects. -Respective budget cycles for all other donor funded activities.** |

Please indicate if sex disaggregated data (SDD) is used in immunisation routine reporting systems

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| --- |
| **Data on immunization is not disaggregated by sex. This is because there is no data or indications to suggest any gender bias in access and utilization of immunization services by Kenyan children.** |

Please indicate if gender aspects relating to introduction of a new vaccine have been addressed in the introduction plan

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| --- |
| **Not applicable. There is no evidence or indication to suggest that there is a gender disparity in accessing vaccination.** |

# **Current vaccination schedule**

Traditional, New Vaccines and Vitamin A supplement (refer to cMYP pages)

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Vaccine**  **(do not use trade name)** | **Ages of administration**  **(by routine immunisation services)** | **Given in**  **entire country** | **Comments** | **Action** |
| --- | --- | --- | --- | --- |
| BCG | At birth | Yes |  |  |
| Polio | 6,10,14 weeks | Yes |  |  |
| Penta | 6,10,14 weeks | Yes |  |  |
| Measles | 9 months | Yes |  |  |
| Yellow Fewer | 9 months | No | Provided in 4 districts: Keiyo, Marakwet, Baringo and Koibatek |  |
| TT+ | 5 dose pregnancy schedule | Yes |  |  |
| Other | PCV 10 given at 6,10,14 weeks | Yes | Introduced in January 2011. |  |
| **Vitamin A** | 6 months, and every six months subsiquently upto 59 months | Yes |  |

# **Trends of immunisation coverage and disease burden**

(as per last two annual WHO/UNICEF Joint Reporting Form on Vaccine Preventable Diseases)

| **Trends of immunisation coverage (percentage)** | | | | | | **Vaccine preventable disease burden** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | | **Reported** | | **Survey** | | **Disease** | **Number of reported cases** | |
|  | | 2009 | 2010 | 2009 |  |  | **2009** | **2010** |
| **BCG** | | 83 | 99 | 96 |  | **Tuberculosis** | 110,065 | 106,080 |
| **DTP** | **DTP1** | 83 | 93 | 96 |  | **Diphtheria** |  |  |
| **DTP3** | 72 | 83 | 86 |  | **Pertussis** |  |  |
| **Polio 3** | | 74 | 83 | 88 |  | **Polio** | 19 | 0 |
| **Measles (first dose)** | | 76 | 86 | 85 |  | **Measles** | 18 | 39 |
| **TT2+ (Pregnant women)** | | 71 | 72 | 56 |  | **NN Tetanus** | 30 | 0 |
| **Hib3** | | 72 | 83 | 86 |  | **Hib[2]** | 4 | 1 |
| **Yellow Fever** | | 44 | 36 |  |  | **Yellow fever** | 0 | 0 |
| **HepB3** | | 72 | 83 | 86 |  | **HepBsero-prevalence[1]** |  |  |
| **Vitamin A supplement**  **Mothers (< 6 weeks post-delivery)** | |  |  | 49 |  |  | | |
| **Vitamin A supplement**  **Infants (>6 months)** | | 17 | 18 | 30 |  |

**[1]** If available

**[2]** **Note**: JRF asks for Hib meningitis

If survey data is included in the table above, please indicate the years the surveys were conducted, the full title and if available, the age groups the data refers to

|  |
| --- |
| **-The survey results presented in the table above are for Kenya Demographic Health survey (KDHS) which is conducted every five years. The last survey was conducted in 2008/2009. The age group of children reflected in the survey report is age 12-23 months.  -The coverage of Vitamin A for 2009 was updated by adjusting the denominator from <1year (reflected in JRF)to children <5 years old. -The denominators used in 2010 was based on the 2009 national housing and population census results that were released in August 2010** |

# **Baseline and Annual Targets**

(refer to cMYP pages)

**Table 1:** baseline figures

| **Number** | **Base Year** | **Baseline and Targets** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2010** | **2013** | **2014** | **2015** |  |  |  |
| **Total births** | 1,353,782 | 1,478,156 | 1,522,501 | 1,568,176 |  |  |  |
| **Total infants' deaths** | 75,188 | 86,950 | 89,559 | 92,246 |  |  |  |
| **Total surviving infants** | 1,278,594 | 1,391,206 | 1,432,942 | 1,475,930 |  |  |  |
| **Total pregnant women** | 1,353,782 | 1,478,156 | 1,522,501 | 1,568,176 |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with BCG** | 1,333,991 | 1,463,375 | 1,507,276 | 1,552,494 |  |  |  |
| **BCG coverage (%)[1]** | 99% | 99% | 99% | 99% |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with OPV3** | 1,056,904 | 1,252,085 | 1,289,648 | 1,328,337 |  |  |  |
| **OPV3 coverage (%)[2]** | 83% | 90% | 90% | 90% |  |  |  |
| **Number of infants vaccinated (or to be vaccinated) with DTP1[3]** | 1,189,315 | 1,321,646 | 1,361,295 | 1,402,134 |  |  |  |
| **Number of infants vaccinated (to be vaccinated) with DTP3[3]** | 1,055,827 | 1,252,085 | 1,289,648 | 1,328,337 |  |  |  |
| **DTP3 coverage (%)[2]** | 83% | 90% | 90% | 90% |  |  |  |
| **Wastage[1] rate in base-year and planned thereafter for DTP (%)** | 10% | 10% | 10% | 10% |  |  |  |
| **Wastage[1] factor in base-year and planned thereafter for DTP** | 1.11 | 1.11 | 1.11 | 1.11 |  |  |  |
| **Target population vaccinated with 1st dose of Rotavirus** | 0 | 876,459 | 977,983 | 1,084,809 |  |  |  |
| **Target population vaccinated with last dose of Rotavirus** |  | 834,723 | 931,412 | 1,033,151 |  |  |  |
| **Rotavirus coverage (%)[2]** | 0% | 60% | 65% | 70% |  |  |  |
| **Infants vaccinated (to be vaccinated) with 1st dose of Measles** | 1,100,374 | 1,252,085 | 1,289,648 | 1,328,337 |  |  |  |
| **Measles coverage (%)[2]** | 86% | 90% | 90% | 90% |  |  |  |
| **Pregnant women vaccinated with TT+** | 993,904 | 1,182,525 | 1,218,001 | 1,254,541 |  |  |  |
| **TT+ coverage (%)[4]** | 73% | 80% | 80% | 80% |  |  |  |
| **Vit A supplement to mothers within 6 weeks from delivery** |  |  |  |  |  |  |  |
| **Vit A supplement to infants after 6 months** | 1,081,376 |  |  |  |  |  |  |
| **Annual DTP Drop-out rate[ ( DTP1 - DTP3 ) / DTP1 ] x 100[5]** | 11% | 5% | 5% | 5% |  |  |  |

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

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

# **Summary of current and future immunisation budget**

(or refer to cMYP pages)

|  | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** | |
| 2010 | 2013 | 2014 | 2015 |  |  |  |  |  | |
| **Routine Recurrent Cost** | | | | | | | | | | |
| **Vaccines (routine vaccines only)** | **14,209,361** | **65,763,788** | **69,018,266** | **77,637,517** |  |  |  |  |  | |
| **Traditional vaccines** | 2,769,526 | 3,306,279 | 3,718,510 | 4,182,338 |  |  |  |  |  | |
| **New and underused vaccines** | 11,439,835 | 62,457,509 | 65,299,756 | 73,455,179 |  |  |  |  |  | |
| **Injection supplies** | 731,224 | 1,361,354 | 1,530,654 | 1,721,908 |  |  |  |  |  | |
| **Personnel** | **3,386,172** | **4,053,275** | **4,170,710** | **4,480,802** |  |  |  |  |  | |
| **Salaries of full-time NIP health workers (immunisation specific)** | 1,682,400 | 2,153,403 | 2,196,471 | 2,240,401 |  |  |  |  |  | |
| **Per-diems for outreach vaccinators / mobile teams** | 1,703,772 | 1,899,872 | 1,974,239 | 2,240,401 |  |  |  |  |  | |
| **Transportation** | 117,600 | 49,919 | 22,277 | 25,968 |  |  |  |  |  | |
| **Maintenance and overheads** | 878,322 | 941,280 | 960,231 | 995,124 |  |  |  |  |  | |
| **Training** | 541,089 | 627,452 | 659,202 | 692,557 |  |  |  |  |  | |
| **Social mobilisation and IEC** | 641,190 | 949,395 | 991,240 | 1,033,708 |  |  |  |  |  | |
| **Disease surveillance** | 851,501 | 1,519,031 | 1,586,598 | 1,653,933 |  |  |  |  |  | |
| **Program management** | 1,217,450 | 1,708,910 | 1,784,923 | 1,860,675 |  |  |  |  |  | |
| **Other** |  |  |  |  |  |  |  |  |  | |
| ***Subtotal Recurrent Costs*** | ***22,573,909*** | ***76,974,404*** | ***80,724,101*** | ***90,102,192*** |  |  |  |  |  | |
|  | | | | | | | | | | |
| **Routine Capital Costs** | | | | | | | | | | |
| **Vehicle** | 0 | 0 | 0 | 0 |  |  |  |  |  | |
| **Cold chain equipment** | 0 | 2,400,000 | 0 | 130,126 |  |  |  |  |  | |
| **Other capital equipment** | 0 | 3,502 | 3,572 | 3,643 |  |  |  |  |  | |
| ***Subtotal Capital Costs*** | ***0*** | ***2,403,502*** | ***3,572*** | ***133,769*** |  |  |  |  |  | |
|  | | | | | | | | | | |
| **Campaigns** | | | | | | | | | | |
| **Polio** | 0 | 0 | 0 | 0 |  |  |  |  | |  |
| **Measles** | 0 | 0 | 0 | 9,204,211 |  |  |  |  | |  |
| **Yellow Fever** | 0 | 0 | 0 | 0 |  |  |  |  | |  |
| **MNT campaigns** | 0 | 0 | 0 | 0 |  |  |  |  | |  |
| **Other campaigns** | 12,230 | 186,080 | 78,000 | 78,000 |  |  |  |  | |  |
| ***Subtotal Campaign Costs*** | ***12,230*** | ***186,080*** | ***78,000*** | ***9,282,211*** |  |  |  |  | |  |
| **GRAND TOTAL** | **22,586,139** | **79,563,986** | **80,805,673** | **99,518,172** |  |  |  |  | |  |

# **Summary of current and future financing and sources of funds**

Please list in the tables below the funding sources for each type of cost category (if known). Please try and indicate which immunisation program costs are covered from the Government budget, and which costs are covered by development partners (or the GAVI Alliance), and name the partners (or refer to cMYP).

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

|  | | **Estimated costs per annum in US$ (in thousand US$)** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost category** | **Funding source** | **Base Year** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| **2010** | **2013** | **2014** | **2015** |  |  |  |  |  |
| **Routine Recurrent Cost** | | | | | | | | | | |
| Vaccines and injections | Goverment of Kenya | 3,268,479 | 6,163,836 | 6,640,951 | 7,210,574 |  |  |  |  |  |  |
| Personel costs | Goverment of Kenya | 1,998,735 | 5,278,512 | 5,420,452 | 5,570,595 |  |  |  |  |  |  |
| Transportation | Goverment of Kenya | 81,600 | 49,919 | 22,277 | 22,629 |  |  |  |  |  |  |
| Maintenance and overhead of cold chain equipments | Goverment of Kenya | 878,322 | 941,280 | 960,231 | 982,691 |  |  |  |  |  |  |
| IEC,training, | Goverment of Kenya | 393,779 | 840,530 | 882,557 | 926,685 |  |  |  |  |  |  |
| disease surveillance | Goverment of Kenya |  | 154,043 | 161,745 | 169,832 |  |  |  |  |  |  |
| programme management | Goverment of Kenya | 1,009,421 | 1,384,853 | 1,454,096 | 1,526,800 |  |  |  |  |  |  |
| Vaccines and injections supplies | GAVI | 9,458,234 | 60,728,262 | 63,645,907 | 71,854,102 |  |  |  |  |  |  |
| Short term training | GAVI | 0 | 117,000 | 0 | 0 |  |  |  |  |  |  |
| IEC social mobilization | GAVI | 0 | 300,000 | 0 | 0 |  |  |  |  |  |  |
| Personnel(per diems for outreach and supervision monitoring) | WHO | 990,198 | 990,198 | 812,000 | 990,198 |  |  |  |  |  |  |
| Surveillance | WHO | 812,000 | 812,000 | 812,000 | 812,000 |  |  |  |  |  |  |
| Short term training | WHO | 332,302 | 332,302 | 332,302 | 332,302 |  |  |  |  |  |  |
| Personnel cost(per diem outreach and supervision monitoring) | UNICEF | 1,097,564 | 500,000 | 500,000 | 0 |  |  |  |  |  |  |
| Short term training | MCHIP | 50,000 | 50,000 | 50,000 | 50,000 |  |  |  |  |  |  |
| Progamme management | Clinton health access | 50,000 | 50,000 | 50,000 | 50,000 |  |  |  |  |  |  |
| Programme management | GSK | 50,000 | 50,000 | 10,000 | 50,000 |  |  |  |  |  |  |
| Training and social mobilization | GSK | 0 | 0 | 50,000 | 0 |  |  |  |  |  |  |
| Programme management | MERCK | 50,000 | 50,000 | 50,000 | 50,000 |  |  |  |  |  |  |
| Programme management | SABIN, AMP, MICRONUTRIENT | 50,000 | 50,000 | 50,000 | 50,000 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Routine Capital Costs** | | | | | | | | | | |  |
| Total routine Cost | Government of Kenya | 3,600 | 3,503 | 3,572 | 133,770 |  |  |  |  |  |  |
| Total routine Cost | JICA | 0 | 24,000,000 | 0 | 0 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | |  |
| **Campaigns** | | | | | | | | | | |  |
| Polio | UNICEF | 0 | 0 | 0 | 0 |  |  |  |  |  |  |
| Measles | UNICEF | 0 | 0 | 0 | 5,068,392 |  |  |  |  |  |  |
| Polio | WHO | 0 | 0 | 0 | 0 |  |  |  |  |  |  |
| Measles | WHO | 0 | 0 | 0 | 5,450,000 |  |  |  |  |  |  |
| Tetanus | UNICEF | 0 | 0 | 0 | 0 |  |  |  |  |  |  |
| Hepatitis B | Government of Kenya | 0 | 106,080 | 62,400 | 62,400 |  |  |  |  |  |  |
| Typhoid | Government of Kenya | 12,230 | 78,000 | 15,600 | 15,600 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| **GRAND TOTAL** | | **20,586,464** | **103,030,318** | **81,986,090** | **101,378,570** |  |  |  |  |  |  |

# **New and Under-Used Vaccines (NVS)**

Please summarise the cold chain capacity and readiness to accommodate new vaccines, stating how the cold chain expansion (if required) will be financed, and when it will be in place. Please indicate the additional cost, if capacity is not available and the source of funding to close the gap.

|  |
| --- |
| **Kenya performed a national cold chain inventory in 2011 at all facility levels. The inventory showed that there is adequate cold chain capacity to handle pneumococcal vaccine and rotavirus vacccine. Using the WHO forecasting tool the capacity is adequate till the year 2015 where they will be a slight shortage of 960 litres at the national level. With the introduction of rotavirus vaccine the annual net requirement will be 43m3 with 3 shipments per year against a current capacity of 44m3. The regional stores also have adequate cold chain capacity to handle pneumococcal vaccine and rotavirus vaccine introduction. Kenya is expanding its cold chain space at the national and regional stores with support of JICA despite the adequate capacity. The current vaccine stores do not have room for expansion and ability to introduce mechanized equipment such as forklifts. The Kenyan government is therefore building new national stores. Construction will begin in 2012 and will become operational in 2013. Regional stores will also receive new cold rooms to increase capacity as cold chain requirement increase with new antigens and growing population.** |

Please give a summary of the cMYP sections that refer to the introduction of new and under-used vaccines. Outline the key points that informed the decision-making process (data considered etc)

|  |
| --- |
| **2011-2015 cMYP stipulates that Kenya will apply for introduction of rotavirus vaccine (section 3.2 on goal of immunization). The details on the introduction of rota vaccine is presented in detail in chapter 6,table 6;National objectives and milestones. In table 6, rotavirus is planned for introduction in 2013. The objective on financial sustainability also states the strategies for accessing funds for rotavirus introduction. Chapter 7 on implementation plan highlights key activities that will be carried out so that rotavirus is introduced in 2013. Such activities include planning for introduction, resource mobilization, logistics, human resource capacity, advocacy/communication and monitoring and evaluation. The costs for introduction are also reflected in the costing that will be required for introduction as stated in chapter 8.7.** |

# **Capacity and cost (for positive storage)**

|  |  | **Formula** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** |  |  |  |  |  |
| **A** | **Annual positive volume requirement, including new vaccine (litres or m3)**  **Litres** | **Sum-product of total vaccine doses multiplied by unit packed volume of the vaccine** | 129,999 | 133,894 | 137,904 |  |  |  |  |  |
| **B** | **Existing net positive cold chain capacity (litres or m3)**  **Litres** | **#** | 45,000 | 45,000 | 45,000 |  |  |  |  |  |
| **C** | **Estimated minimum number of shipments per year required for the actual cold chain capacity** | **A / B** | **3** | **3** | **4** |  |  |  |  |  |
| **D** | **Number of consignments /**  **shipments per year** | **Based on national vaccine shipment plan** | 3 | 3 | 3 |  |  |  |  |  |
| **E** | **Gap (if any)** | **((A / D) - B)** | -1,667 | -369 | 968 |  |  |  |  |  |
| **F** | **Estimated additional cost of cold chain** | **US$** | **0** | **0** | **5,980** |  |  |  |  |  |

Please briefly describe how your country plans to move towards attaining financial sustainability for the new vaccines you intend to introduce, how the country will meet the co-financing payments, and any other issues regarding financial sustainability you have considered (refer to the cMYP)

|  |
| --- |
| **According to cMYP 2011-2015 the National Immunisation Program objective is to increase and ring fence financial allocation from 550 million to 830 million for immunisation activities by 2015 and include in the government recurring budget funding to support introduction of new vaccines (Pneumo and Rota).  The ministry intends to engage parliamentarians to advocate for increased funding to support immunisation.  Cost cutting measures to improve on efficient use of resources available (e.g. changing from 2 dose penta to 10 dose liquid presentation)will be implemented.  Through the ICC the ministry will advocate for increased participation and funding of immunisation services from non–traditional partner for immunisation e.g. JICA.** |

# **Assessment of burden of relevant diseases (if available)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Disease** | **Title of the assessment** | **Date** | **Results** |
| --- | --- | --- | --- |
| Rota Virus Diarrhoea | Rota Virus Surveillance – Kenyatta National Hospital (KNH) sentinel site | August 2006 - 2010 | Over 41% of watery diarhhoea cases among under fives admitted in KNH were due to rotavirus |  |
| Rota Virus Diarrhoea | Rota Virus Surveillance – Embu Provincial Hospital Sentinel site | September 2009 – March 2011 | Prevalence of Rota Virus among under fives presenting with watery diarhhoea - 111/334 = 33.2% |  |
| Rota Virus Diarrhoea | Rota Virus Surveillance – Maua Methodist Hospital Meru | April 2004 – September 2005 | Prevalence of Rota Virus among under fives presenting with watery diarhhoea – 17.8% |  |

If new or under-used vaccines have already been introduced in your country, please give details of the lessons learned from storage capacity, protection from accidental freezing, staff training, cold chain, logistics, drop-out rate, wastage rate etc., and suggest action points to address them

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Lessons Learned** | **Action Points** |
| --- | --- |
| There is need for a long term solution for delayed clearances of vaccines at the airport | MOPHS is negotiating for a single import waivers exemption code for EPI vaccines arriving through the UNICEF procurement mechanisms. |  |
| Training provided an opportunity to revisit and address the VMA recommendations on vaccine management at all levels | Early preparation of training materials to address region specific programmatic gaps. |  |
| The high demand for pneumo vaccine provided an opportunity to track defaulters for the other vaccines. | Ensuring enough stocks for the other vaccines |  |

Please list the vaccines to be introduced with support from the GAVI Alliance (and presentation)

|  |
| --- |
| **First choice - Rotarix - Monovalent fully liquid vaccine with a VVM. Second choice – Rotateq – Human Bovine Pentavalent fully liquid vaccine in (subject to inclusion of a VVM by January 2013).** |

# **6.****3.1. Requested vaccine ( Rotavirus 2-dose schedule )**

As reported in the cMYP, the country plans to introduce Rotavirus 2-dose schedule vaccine.

# **6.****3.2. Co-financing information**

If you would like to co-finance higher amount than minimum, please overwrite information in the “*Your co-financing*” row.

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  |  |
| --- | --- |
| **Country group** | Low |

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2013 | 2014 | 2015 |  |  |  |  |  |
| **Minimum co-financing** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |
| **Your co-financing (please change if higher)** | 0.20 | 0.20 | 0.20 |  |  |  |  |  |

# **6.****3.3. Wastage factor**

Please indicate wastage rate:

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

**Note:** Selection of this field has direct impact on automatic calculations of support you are requesting and should not be left empty.

|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2013 | 2014 | 2015 |  |  |  |  |  |
| **Vaccine wastage rate in %** | 5% | 5% | 5% |  |  |  |  |  |
| **Equivalent wastage factor** | 1.05 | 1.05 | 1.05 |  |  |  |  |  |

# **6.3.4. Specifications of vaccinations with new vaccine**

|  | **Data from** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | Table 1 | # | 876,459 | 977,983 | 1,084,809 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | Table 1 | # | 834,723 | 931,412 | 1,033,151 |  |  |  |  |  |
| **Immunisation coverage with the third dose** | Table 1 | # | 60.00% | 65.00% | 70.00% |  |  |  |  |  |
| **Estimated vaccine wastage factor** | Table 6.(n).3**[3]** | # | 1.05 | 1.05 | 1.05 |  |  |  |  |  |
| **Country co-financing per dose[2]** | Table 6.(n).2**[3]** | $ | 0.20 | 0.20 | 0.20 |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Total price per-dose includes vaccine cost, plus freight, supplies, insurance, visa costs etc.

**[3]** Where (n) depends on the vaccine

# **6.3.5. Portion of supply to be procured by the country (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** |  |  |  |  |  |
| **Number of vaccine doses** | # | 87,600 | 100,200 | 123,300 |  |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 975 | 1,125 | 1,375 |  |  |  |  |  |
| **Total value to be co-financed by country** | $ | **460,500** | **421,500** | **467,000** |  |  |  |  |  |

# **6.3.6. Portion of supply to be procured by the GAVI Alliance (and cost estimate, US$)**

|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | **Year 6** | **Year 7** | **Year 8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2013** | **2014** | **2015** |  |  |  |  |  |
| **Number of vaccine doses** | # | 2,213,200 | 2,007,000 | 2,211,000 |  |  |  |  |  |
| **Number of AD syringes** | # |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | # |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | # | 24,575 | 22,300 | 24,550 |  |  |  |  |  |
| **Total value to be co-financed by GAVI** | $ | **11,637,000** | **8,445,000** | **8,375,000** |  |  |  |  |  |

# **6.3.7. New and Under-Used Vaccine Introduction Grant**

Please indicate in the tables below how the one-time Introduction Grant**[1]** will be used to support the costs of vaccine introduction and critical pre-introduction activities (refer to the cMYP).

**Calculation of lump-sum for the Rotavirus 2-dose schedule**

If the total is lower than US$100,000, it is automatically rounded up to US$100,000

| **Year of New Vaccine Introduction** | **Births (from Table 1)** | **Share per Birth in US$** | **Total in US$** |
| --- | --- | --- | --- |
| 2013 | 1,478,156 | 0.30 | 443,500 |

**[1]** The Grant will be based on a maximum award of $0.30 per infant in the birth cohort with a minimum starting grant award of $100,000

**Cost (and finance) to introduce the Rotavirus 2-dose schedule (US$)**

**Note:** To add new lines click on the ***New item*** icon in the ***Action*** column. Use the ***Delete item*** icon to delete a line.

| **Cost Category** | **Full needs for new vaccine introduction in US$** | **Funded with new vaccine introduction grant in US$** |
| --- | --- | --- |
| **Training** | 461,752 | 209,915 |
| **Social Mobilization, IEC and Advocacy** | 500,119 | 100,000 |
| **Cold Chain Equipment & Maintenance** |  |  |
| **Vehicles and Transportation** | 33,585 | 33,585 |
| **Programme Management** |  |  |
| **Surveillance and Monitoring** | 198,062 | 100,000 |
| **Human Resources** |  |  |
| **Waste Management** |  |  |
| **Technical assistance** |  |  |
|  |  |  |  |
| **Totals** | 1,193,518 | 443,500 |

# **Procurement and Management of New and Under-Used Vaccines**

**Note:** The PCV vaccine must be procured through UNICEF

1. Please show how the support will operate and be managed including procurement of vaccines (GAVI expects that most countries will procure vaccine and injection supplies through UNICEF)

|  |
| --- |
| The government of Kenya uses the services of UNICEF Kenya to facilitate procurement of vaccines and devises through UNICEF Copenhagen Office. UNICEF Copenhagen office is mandated to undertake procurement of the vaccines and devices and delivers the consignments at the port of entry in Kenya. After a consignment arrives at port of entry (the Jomo Kenyatta International Airport-JKIA or for devices at the port of Mombasa), the Government is responsible for clearance. At the port of Mombasa for clearance of devices, the government uses its clearing agent, while at the JKIA, for vaccines UNICEF through its clearing agent-Khuene and Nagel using the government obtained waiver facilitates clearance of the vaccines, and delivers to the DVI Central Vaccine Stores.  The procurement of vaccines and related devices through UNICEF is facilitated by an annual agreement known as the Vaccine Independence Initiative (VII)agreement. The pentavalent, yellow fever and Pneumococcal Conjugate Vaccines ten valent (PCV-10) are procured through a GAVI decision letter. |

1. If an alternative mechanism for procurement and delivery of supply (financed by the country or the GAVI Alliance) is requested, please document

* Other vaccines or immunisation commodities procured by the country and descriptions of the mechanism used.
* The functions of the National Regulatory Authority (as evaluated by WHO) to show they comply with WHO requirements for procurement of vaccines and supply of assured quality.

|  |
| --- |
|  |

1. Please describe the introduction of the vaccines (refer to cMYP)

|  |
| --- |
| Expected introduction of the Rota Virus vaccine in January 2013 nationally, administered to all children within the eligible age group (6 weeks to 32 weeks) at the time of introduction. There will be no catch up vaccination in line with WHO recommendation. Health worker training will be done prior to the introduction and an emphasis on age restrictions will be made. The training will deal with how to administer the vaccine, how to communicate risk and how to handle children outside the recommended age group. Social mobilization will be conducted prior to the introduction and the benefits of early immunization will be emphasized while encouraging increased interaction of clients with immunization services.  Surveillance systems for serotype replacement and adverse events following immunization especially intussuception will be established prior to introduction of rotavirus vaccine.  Revision and updating of monitoring tools will be done taking into account a 2 dose vaccination schedule within the restricted age limit.   (Please refer to introduction plan for details) |

1. Please indicate how funds should be transferred by the GAVI Alliance (if applicable)

|  |
| --- |
| Funds from GAVI to be disbursed to the national treasury – Pay Master General account. DVI then calls up for the funds from PMG to MOPHS account. The funds can either be utilised from this account or transferred to a special GAVI MOH account. |

1. Please indicate how the co-financing amounts will be paid (and who is responsible for this)

|  |
| --- |
| Co-financing for the rota virus vaccine will be factored in the 2012-2013 annual budget at the rate of $0.20 per dose of the Rotarix vaccine. This will be paid by the government of Kenya through allocated funds in line with previous agreements for the Pentavalent vaccine and Pneumo vaccines in the month of October of every financial year. |

1. Please outline how coverage of the new vaccine will be monitored and reported (refer to cMYP)

|  |
| --- |
| Kenya has a comprehensive and elaborate reporting system that captures and tracks data on vaccine use and the number of eligible children vaccinated at different levels of service delivery. Reporting of immunisation data is done on a monthly basis using File Transfer Protocol (FTP) from all immunising health facilities to national level. Regular quarterly EPI review meetings at district, regional and national levels will be used to monitor coverage. In addition, periodic coverage surveys and KDHS will be used to validate the reported coverage data. |

# **Vaccine Management (EVSM/EVM/VMA)**

When was the last Effective Vaccine Store Management (EVSM) conducted? -

When was the last Effective Vaccine Management (EVM) or Vaccine Management Assessment (VMA) conducted?November - 2009

If your country conducted either EVSM, EVM, or VMA in the past three years, please attach relevant reports. (Document N°2)

A VMA report must be attached from those countries which have introduced a New and Underused Vaccine with GAVI support before 2008.

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

For countries which conducted EVSM, VMA or EVM in the past, please report on activities carried out as part of either action plan or improvement plan prepared after the EVSM/VMA/EVM.

|  |
| --- |
| Installation of SMT tool to monitor vaccine stocks at national level. Plans are underway to scale this up to the regional level and build capacity for use to generate weekly vaccine stock status reports.  The MOPHS is negotiating for a single import waivers exemption code for EPI vaccines arriving through the UNICEF procurement mechanisms.  Training of health workers on cold chain management during the RED and PCV introduction trainings.  Procurement of 2 cold rooms, 30 freezers, 20 vertical refrigerators, 30 facility refrigerators, 2000 gas cylinders & 2000 thermometers Cold Chain Inventory conducted and the analysis is currently ongoing.  The bundling policy is being implemented at all levels. Timely release of funds for operational activities. |

When is the next Effective Vaccine Management (EVM) Assessment planned? November - 2011

*Under new guidelines, it will be mandatory for the countries to conduct an EVM prior to an application for introduction of new vaccine.*

# **Additional Comments and Recommendations**

Comments and Recommendations from the National Coordinating Body (ICC/HSCC)

|  |
| --- |
|  |

# **Annexes**

# **Annex 1**

# **Annex 1.1 – Rotavirus 2-dose schedule**

**Table 1.1 A** - Rounded up portion of supply that is procured by the country and estimate of related cost in US$

| **Required supply item** |  | **2013** | **2014** | **2015** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 87,600 | 100,200 | 123,300 |  |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 975 | 1,125 | 1,375 |  |  |  |  |  |
| **Total value to be co-financed by the country** | *$* | 460,500 | 421,500 | 467,000 |  |  |  |  |  |

**Table 1.1 B** - Rounded up portion of supply that is procured by GAVI and estimate of related cost in US$.

| **Required supply item** |  | **2013** | **2014** | **2015** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of vaccine doses** | *#* | 2,213,200 | 2,007,000 | 2,211,000 |  |  |  |  |  |
| **Number of AD syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of re-constitution syringes** | *#* |  |  |  |  |  |  |  |  |
| **Number of safety boxes** | *#* | 24,575 | 22,300 | 24,550 |  |  |  |  |  |
| **Total value to be co-financed by the country** | ***$*** | **11,637,000** | **8,445,000** | **8,375,000** |  |  |  |  |  |

**Table 1.1 C** - Summary table for Rotavirus 2-dose schedule

|  | **Data from** |  | **2013** | **2014** | **2015** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Surviving infants** | *Table 1* | # | 1,391,206 | 1,432,942 | 1,475,930 |  |  |  |  |  |
| **Number of children to be vaccinated with the third dose[1]** | *Table 1* | # | 834,723 | 931,412 | 1,033,151 |  |  |  |  |  |
| **Immunisation coverage with the last dose** | *Table 1* | # | 60.00% | 65.00% | 70.00% |  |  |  |  |  |
| **Number of children to be vaccinated with the first dose** | *Table 1* | # | 876,459 | 977,983 | 1,084,809 |  |  |  |  |  |
| **Number of doses per child** |  | # | 2 | 2 | 2 |  |  |  |  |  |
| **Estimated vaccine wastage factor** | *Table 6.(n).3***[2]** | # | 1.05 | 1.05 | 1.05 |  |  |  |  |  |
| **Number of doses per vial** |  | # | 1 | 1 | 1 |  |  |  |  |  |
| **AD syringes required** |  | # | No | No | No |  |  |  |  |  |
| **Reconstitution syringes required** |  | # | No | No | No |  |  |  |  |  |
| **Safety boxes required** |  | # | Yes | Yes | Yes |  |  |  |  |  |
| **Vaccine price per dose** |  | $ | 5.000 | 4.000 | 3.600 |  |  |  |  |  |
| **Country co-financing per dose** | *Table 6.(n).2***[2]** | $ | 0.20 | 0.20 | 0.20 |  |  |  |  |  |
| **AD syringe price per unit** |  | $ | 0.053 | 0.053 | 0.053 |  |  |  |  |  |
| **Reconstitution syringe price per unit** |  | $ |  |  |  |  |  |  |  |  |
| **Safety box price per unit** |  | $ | 0.640 | 0.640 | 0.640 |  |  |  |  |  |
| **Freight cost as % of vaccines value** |  | % | 5.00 | 5.00 | 5.00 |  |  |  |  |  |
| **Freight cost as % of devices value** |  | % | 10.00 | 10.00 | 10.00 |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.1 D** - Estimated number of doses for Rotavirus 2-dose schedule associated injection safety material and related co-financing budget (page 1)

|  |  | **Formula** | **2013** | | | **2014** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 3.80% |  |  | 4.75% |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 876,459 | 33,340 | 843,119 | 977,983 | 46,485 | 931,498 |
| C | **Number of doses per child** | Vaccine parameter | 2 | 2 | 2 | 2 | 2 | 2 |
| D | **Number of doses needed** | B \* C | 1,752,918 | 66,679 | 1,686,239 | 1,955,966 | 92,969 | 1,862,997 |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 | 1.05 |
| F | **Number of doses needed including wastage** | D \* E | 1,840,564 | 70,013 | 1,770,551 | 2,053,765 | 97,617 | 1,956,148 |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 460,141 | 17,504 | 442,637 | 53,301 | 2,534 | 50,767 |
| I | **Total vaccine doses needed** | F + G | 2,300,705 | 87,516 | 2,213,189 | 2,107,066 | 100,151 | 2,006,915 |
| J | **Number of doses per vial** | Vaccine parameter | 1 | 1 | 1 | 1 | 1 | 1 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 |  |  |  |  |  |  |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | I / 100 x 1.11 | 25,538 | 972 | 24,566 | 23,389 | 1,112 | 22,277 |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 11,503,525 | 437,579 | 11,065,946 | 8,428,264 | 400,602 | 8,027,662 |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit |  |  |  |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 16,345 | 622 | 15,723 | 14,969 | 712 | 14,257 |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 575,177 | 21,879 | 553,298 | 421,414 | 20,031 | 401,383 |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 1,635 | 63 | 1,572 | 1,497 | 72 | 1,425 |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 12,096,682 | 460,141 | 11,636,541 | 8,866,144 | 421,414 | 8,444,730 |
| U | **Total country co-financing** | I \* country co-financing per dose | 460,141 |  |  | 421,414 |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 3.80% |  |  | 4.75% |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Table 1.1 D -** Estimated number of doses for Rotavirus 2-dose schedule associated injection safety material and related co-financing budget (page 2)

|  |  | **Formula** | **2015** | | |  | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Total** | **Government** | **GAVI** | **Total** | **Government** | **GAVI** |
| A | **Country Co-finance** |  | 5.28% |  |  |  |  |  |
| B | **Number of children to be vaccinated with the first dose[1]** | Table 1 (baseline & annual targets) | 1,084,809 | 57,279 | 1,027,530 |  |  |  |
| C | **Number of doses per child** | Vaccine parameter (schedule) | 2 | 2 | 2 | 2 | 2 | 2 |
| D | **Number of doses needed** | B \* C | 2,169,618 | 114,558 | 2,055,060 |  |  |  |
| E | **Estimated vaccine wastage factor** | Table 6.(n).3. in NVS section**[2]** | 1.05 | 1.05 | 1.05 |  |  |  |
| F | **Number of doses needed including wastage** | D \* E | 2,278,099 | 120,286 | 2,157,813 |  |  |  |
| G | **Vaccines buffer stock** | (F - F of previous year) \* 0.25 | 56,084 | 2,962 | 53,122 |  |  |  |
| I | **Total vaccine doses needed** | F + G | 2,334,183 | 123,248 | 2,210,935 |  |  |  |
| J | **Number of doses per vial** | Vaccine parameter | 1 | 1 | 1 | 1 | 1 | 1 |
| K | **Number of AD syringes (+ 10% wastage) needed** | (D + G) \* 1.11 |  |  |  |  |  |  |
| L | **Reconstitution syringes (+ 10% wastage) needed** | I / J \* 1.11 |  |  |  |  |  |  |
| M | **Total of safety boxes (+ 10% of extra need) needed** | I / 100 x 1.11 | 25,910 | 1,369 | 24,541 |  |  |  |
| N | **Cost of vaccines needed** | I \* vaccine price per dose | 8,403,059 | 443,690 | 7,959,369 |  |  |  |
| O | **Cost of AD syringes needed** | K \* AD syringe price per unit |  |  |  |  |  |  |
| P | **Cost of reconstitution syringes needed** | L \* reconstitution price per unit |  |  |  |  |  |  |
| Q | **Cost of safety boxes needed** | M \* safety box price per unit | 16,583 | 876 | 15,707 |  |  |  |
| R | **Freight cost for vaccines needed** | N \* freight cost as % of vaccines value | 420,153 | 22,185 | 397,968 |  |  |  |
| S | **Freight cost for devices needed** | (O + P + Q) \* freight cost as % of devices value | 1,659 | 88 | 1,571 |  |  |  |
| T | **Total fund needed** | (N + O + P + Q + R + S) | 8,841,454 | 466,837 | 8,374,617 |  |  |  |
| U | **Total country co-financing** | I \* country co-financing per dose | 466,837 |  |  |  |  |  |
| V | **Country co-financing % of GAVI supported proportion** | U / T | 5.28% |  |  |  |  |  |

**[1]** 2nd dose if Measles vaccine or Rotavirus 2-dose schedule

**[2]** Where (n) depends on the vaccine

# **Annex 2**

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

**Table A -** Commodities Cost

| **Vaccine** | **Presentation** | **2011** | **2012** | **2013** | **2014** | **2015** | **2016** | **2017** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AD syringe | 0 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 | 0.053 |
| DTP-HepB | 2 | 1.600 |  |  |  |  |  |  |
| DTP-HepB | 10 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 | 0.620 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-HepB-Hib | WAP | 2.580 | 2.470 | 2.320 | 2.030 | 1.850 | 1.850 | 1.850 |
| DTP-Hib | 10 | 3.400 | 3.400 | 3.400 | 3.400 | 3.400 | 3.200 | 3.200 |
| HepB monoval | 1 |  |  |  |  |  |  |  |
| HepB monoval | 2 |  |  |  |  |  |  |  |
| Hib monoval | 1 | 3.400 |  |  |  |  |  |  |
| Measles | 10 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 | 0.240 |
| Pneumococcal(PCV10) | 2 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |
| Pneumococcal(PCV13) | 1 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 | 3.500 |
| Reconstit syringe for Pentaval (2ml) | 0 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 | 0.032 |
| Reconstit syringe for YF | 0 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 | 0.038 |
| Rotavirus 2-dose schedule | 1 | 7.500 | 6.000 | 5.000 | 4.000 | 3.600 | 3.600 | 3.600 |
| Rotavirus 3-dose schedule | 1 | 5.500 | 4.000 | 3.333 | 2.667 | 2.400 | 2.400 | 2.400 |
| Safety box | 0 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 | 0.640 |
| Yellow Fever | WAP | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 |
| Yellow Fever | WAP | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 | 0.856 |

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

**Table B -** Commodities Freight Cost

| **Vaccines** | **Group** | **No Threshold** | **200’000 $** | | **250’000 $** | | **2’000’000 $** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **<=** | **>** | **<=** | **>** | **<=** | **>** |
| Yellow Fever | Yellow Fever |  | 20% |  |  |  | 10% | 5% |
| DTP+HepB | HepB and or Hib | 2% |  |  |  |  |  |  |
| DTP-HepB-Hib | HepB and or Hib |  |  |  | 15% | 3,50% |  |  |
| Pneumococcal vaccine (PCV10) | Pneumococcal | 5% |  |  |  |  |  |  |
| Pneumococcal vaccine (PCV13) | Pneumococcal | 5% |  |  |  |  |  |  |
| Rotavirus | Rotavirus | 5% |  |  |  |  |  |  |
| Measles | Measles | 10% |  |  |  |  |  |  |

**Table C -** **Low** - Minimum country's co-payment per dose of co-financed vaccine.

| **vaccine** | **2013** | **2014** | **2015** |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Rotavirus 2-dose schedule** | 0.20 | 0.20 | 0.20 |  |  |  |  |

**Table D -** Wastage rates and factors

Countries are expected to plan for a maximal wastage rate of:

* 50% - for a lyophilised vaccine in 10 or 20-dose vial,
* 25% - for a liquid vaccine in 10 or 20-dose vial or a lyophilised vaccine in 5-dose vial,
* 10% - for a lyophilised/liquid vaccine in 2-dose vial, and
* 5% - for a liquid vaccine in 1-dose vial

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vaccine wastage rate | 5% | 10% | 15% | 20% | 25% | 30% | 35% | 40% | 45% | 50% | 55% | 60% |
| Equivalent wastage factor | 1.05 | 1.11 | 1.18 | 1.25 | 1.33 | 1.43 | 1.54 | 1.67 | 1.82 | 2 | 2.22 | 2.5 |

WHO International shipping guidelines: maximum packed volumes of vaccines

**Table E -** Vaccine maximum packed volumes

| **Vaccine product** | **Designation** | **Vaccine formulation** | **Admin route** | **No. Of doses in the schedule** | **Presentation (doses/vial, prefilled)** | **Packed volume vaccine (cm3/dose)** | **Packed volume diluents (cm3/dose)** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| BCG | BCG | lyophilized | ID | 1 | 20 | 1.2 | 0.7 |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 20 | 2.5 |  |
| Diphtheria-Tetanus-Pertussis | DTP | liquid | IM | 3 | 10 | 3.0 |  |
| Diphtheria-Tetanus | DT | liquid | IM | 3 | 10 | 3.0 |  |
| Tetanus-Diphtheria | Td | liquid | IM | 2 | 10 | 3.0 |  |
| Tetanus Toxoid | TT | liquid | IM | 2 | 10 | 3.0 |  |
| Tetanus Toxoid | TT | liquid | IM | 2 | 20 | 2.5 |  |
| Tetanus Toxoid UniJect | TT | liquid | IM | 2 | Uniject | 12.0 |  |
| Measles | Measles | lyophilized | SC | 1 | 1 | 26.1 | 20.0 |
| Measles | Measles | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles | Measles | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles | Measles | lyophilized | SC | 1 | 10 | 3.5 | 4.0 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles-Rubella freeze dried | MR | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 1 | 26.1 | 26.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 2 | 13.1 | 13.1 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 5 | 5.2 | 7.0 |
| Measles-Mumps-Rubella freeze dried | MMR | lyophilized | SC | 1 | 10 | 3.0 | 4.0 |
| Polio | OPV | liquid | Oral | 4 | 10 | 2.0 |  |
| Polio | OPV | liquid | Oral | 4 | 20 | 1.0 |  |
| Yellow fever | YF | lyophilized | SC | 1 | 5 | 6.5 | 7.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 10 | 2.5 | 3.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 20 | 1.5 | 2.0 |
| Yellow fever | YF | lyophilized | SC | 1 | 50 | 0.7 | 1.0 |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 1 | 9.7 |  |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 2 | 6.0 |  |
| DTP-HepB combined | DTP-HepB | liquid | IM | 3 | 10 | 3.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 1 | 18.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 2 | 13.0 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 6 | 4.5 |  |
| Hepatitis B | HepB | liquid | IM | 3 | 10 | 4.0 |  |
| Hepatitis B UniJect | HepB | liquid | IM | 3 | Uniject | 12.0 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 1 | 15.0 |  |
| Hib liquid | Hib\_liq | liquid | IM | 3 | 10 | 2.5 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 1 | 13.0 | 35.0 |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 2 | 6.0 |  |
| Hib freeze-dried | Hib\_lyo | lyophilized | IM | 3 | 10 | 2.5 | 3.0 |
| DTP liquid + Hib freeze-dried | DTP+Hib | liquid+lyop. | IM | 3 | 1 | 45.0 |  |
| DTP-Hib combined liquid | DTP+Hib | liquid+lyop. | IM | 3 | 10 | 12.0 |  |
| DTP-Hib combined liquid | DTP-Hib | liquid | IM | 3 | 1 | 32.3 |  |
| DTP-HepB liquid + Hib freeze-dried | DTP-Hib | liquid | IM | 3 | 10 | 2.5 |  |
| DTP-HepB liquid + Hib freeze-dried | DTP-HepB+Hib | liquid+lyop. | IM | 3 | 1 | 22.0 |  |
| DTP-HepB-Hib liquid | DTP-HepB+Hib | liquid+lyop. | IM | 3 | 2 | 11.0 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 10 | 4.4 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 2 | 13.1 |  |
| DTP-HepB-Hib liquid | DTP-HepB-Hib | liquid | IM | 3 | 1 | 19.2 |  |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis A/C | MV\_A/C | lyophilized | SC | 1 | 50 | 1.5 | 3.0 |
| Meningococcal A/C/W/ | MV\_A/C/W | lyophilized | SC | 1 | 50 | 1.5 | 3.0 |
| Meningococcal A/C/W/Y | MV\_A/C/W/Y | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis W135 | MV\_W135 | lyophilized | SC | 1 | 10 | 2.5 | 4.0 |
| Meningitis A conjugate | Men\_A | lyophilized | SC | 2 | 10 | 2.6 | 4.0 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 15.0 |  |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 10 | 8.1 | 8.1 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 5 | 2.5 | 2.9 |
| Japanese Encephalitis | JE\_lyo | lyophilized | SC | 3 | 1 | 12.6 | 11.5 |
| Japanese Encephalitis | JE\_liq | liquid | SC | 3 | 10 | 3.4 |  |
| Rota vaccine | Rota\_lyo | lyophilized | Oral | 2 | 1 | 156.0 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 2 | 1 | 17.1 |  |
| Rota vaccine | Rota\_liq | liquid | Oral | 3 | 1 | 45.9 |  |
| Pneumo. conjugate vaccine 7-valent | PCV-7 | liquid | IM | 3 | PFS | 55.9 |  |
| Pneumo. conjugate vaccine 7-valent | PCV-7 | liquid | IM | 3 | 1 | 21.0 |  |
| Pneumo. conjugate vaccine 10-valent | PCV-10 | liquid | IM | 3 | 1 | 11.5 |  |
| Pneumo. conjugate vaccine 10-valent | PCV-10 | liquid | IM | 3 | 2 | 4.8 |  |
| Pneumo. conjugate vaccine 13-valent | PCV-13 | liquid | IM | 3 | 1 | 12.0 |  |
| Polio inactivated | IPV | liquid | IM | 3 | PFS | 107.4 |  |
| Polio inactivated | IPV | liquid | IM | 3 | 10 | 2.5 |  |
| Polio inactivated | IPV | liquid | IM | 3 | 1 | 15.7 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 1 | 15.0 |  |
| Human Papilomavirus vaccine | HPV | liquid | IM | 3 | 2 | 5.7 |  |
| Monovalent OPV-1 | mOPV1 | liquid | Oral |  | 20 | 1.5 |  |
| Monovalent OPV-3 | mOPV3 | liquid | Oral |  | 20 | 1.5 |  |

# **Attachments**

# **List of Supporting Documents Attached to this Proposal**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document** | **Section** | **Document Number** | **Mandatory[1]** |
| **MoH Signature (or delegated authority) of Proposal** |  | **1(No file loaded)** | **Yes** |
| **MoF Signature (or delegated authority) of Proposal** |  | **Missing** | **Yes** |
| **Signatures of ICC or HSCC or equivalent in Proposal** |  | **Missing** | **Yes** |
| **Minutes of ICC/HSCC meeting endorsing Proposal** |  | **11** | **Yes** |
| **comprehensive Multi Year Plan - cMYP** |  | **4** | **Yes** |
| **cMYP Costing tool for financial analysis** |  | **5** | **Yes** |
| **Minutes of last three ICC/HSCC meetings** |  | **6, 7, 8, 9, 10** | **Yes** |
| **Improvement plan based on EVM** |  | **Missing** | **Yes** |
| **WHO/UNICEF Joint Reporting Form (JRF)** |  | **12** |  |
| **ICC/HSCC workplan for forthcoming 12 months** |  |  |  |
| **National policy on injection safety** |  |  |  |
| **Action plans for improving injection safety** |  |  |  |
| **Plan for NVS introduction (if not part of cMYP)** |  | **3** |  |
| **Banking details** |  |  |  |

**[1]** Please indicate the duration of the plan / assessment / document where appropriate

# **Attachments**

List of all the mandatory and optional documents attached to this form

**Note:** Use the ***Upload file*** arrow icon to upload the document. Use the ***Delete item*** icon to delete a line. To add new lines click on the ***New item*** icon in the ***Action*** column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **File type** | **File name** | | **New file** | **Actions** |
| **Description** | **Date and Time** | **Size** |
| 1 | **File Type:**  MoH Signature (or delegated authority) of Proposal \*  **File Desc:** | **File name:**  **Date/Time:**  **Size:** | |  |  |
| 2 | **File Type:**  other  **File Desc:**  Kenya VMA report 2009 | **File name:**  [F:\KEN VMA Report Nov 2009.doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b1%5d.FileData)  **Date/Time:**  06.05.2011 15:39:27  **Size:**  342 KB | |  |  |
| 3 | **File Type:**  Plan for NVS introduction (if not part of cMYP)  **File Desc:** | **File name:**  [KENYA Rotavirus vaccine Intro Plan.docx](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b2%5d.FileData)  **Date/Time:**  13.05.2011 16:19:36  **Size:**  1 MB | |  |  |
| 4 | **File Type:**  comprehensive Multi Year Plan - cMYP \*  **File Desc:** | **File name:**  [cMYP Kenya 2011\_2015 - update 11\_5\_2011.doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b3%5d.FileData)  **Date/Time:**  13.05.2011 16:21:22  **Size:**  3 MB | |  |  |
| 5 | **File Type:**  cMYP Costing tool for financial analysis \*  **File Desc:** | **File name:**  [Kenya cMYP Costing Tool Vs 6\_5\_10.xls](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b4%5d.FileData)  **Date/Time:**  13.05.2011 16:24:51  **Size:**  3 MB | |  |  |
| 6 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:** | **File name:**  [CHICC JANUARY 2010[1].doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b5%5d.FileData)  **Date/Time:**  13.05.2011 16:28:42  **Size:**  79 KB | |  |  |
| 7 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:** | **File name:**  [CHICC July 2010 [2].doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b6%5d.FileData)  **Date/Time:**  13.05.2011 16:28:55  **Size:**  60 KB | |  |  |
| 8 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:** | **File name:**  [CHICC SEPTEMBER 2010[3].doc](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b7%5d.FileData)  **Date/Time:**  13.05.2011 16:30:14  **Size:**  225 KB | |  |  |
| 9 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:** | **File name:**  [CH-ICC Nov 2010[4].docx](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b8%5d.FileData)  **Date/Time:**  13.05.2011 16:31:00  **Size:**  19 KB | |  |  |
| 10 | **File Type:**  Minutes of last three ICC/HSCC meetings \*  **File Desc:** | **File name:**  [CHICC Dec\_ 2010 [5].docx](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b9%5d.FileData)  **Date/Time:**  13.05.2011 16:31:36  **Size:**  593 KB | |  |  |
| 11 | **File Type:**  Minutes of ICC/HSCC meeting endorsing Proposal \*  **File Desc:**  Child Healthy ICC endorsing proposal | **File name:**  [C:\SPECIAL CHILD HEALTH ICC APRIL 2011[1].docm](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b10%5d.FileData)  **Date/Time:**  16.05.2011 16:29:32  **Size:**  24 KB | |  |  |
| 12 | **File Type:**  WHO/UNICEF Joint Reporting Form (JRF)  **File Desc:** | **File name:**  [JRF\_data\_for\_2010\_english\_Kenya updated\_March 14th.xls](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b11%5d.FileData)  **Date/Time:**  23.05.2011 11:36:52  **Size:**  429 KB | |  |  |
| 13 | **File Type:**  other  **File Desc:**  Strategic Plan 2008 to 2012 | **File name:**  [Strategic Plan 2008-2012.pdf](/PDExtranet_Dev/ObjectEditor/OpenFileItem?editedObjectId=24971170&propertyName=FormAttachments%5b12%5d.FileData)  **Date/Time:**  25.05.2011 16:24:18  **Size:**  1 MB | |  |  |

Banking Form

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In accordance with the decision on financial support made by the GAVI Alliance, the Government of Kenya hereby requests that a payment be made via electronic bank transfer as detailed below: | | | | |  |
|  |  | | |  | |
| **Name of Institution (Account Holder):** |  | | |  | |
|  |  | | |  | |
| **Address:** |  | | |  | |
| **City Country:** |  | | |  | |
| **Telephone no.:** |  | **Fax no.:** |  |  | |
| **Currency of the bank account:** | | |  |  | |
| **For credit to:** | | | | |  |
| **Bank account's title:** |  | | |  | |
| **Bank account no.:** |  | | |  | |
| **Bank's name:** |  | | |  | |
|  | | | | |  |

Is the bank account exclusively to be used by this program?

By who is the account audited?

Signature of Government’s authorizing official

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Seal** |
|  |
| **Title:** |  |
| **Signature:** |  |
| **Date:** |  |

| **FINANCIAL INSTITUTION** | | **CORRESPONDENT BANK**  **(In the United States)** | |
| --- | --- | --- | --- |
| **Bank Name:** |  |  |  |
| **Branch Name:** |  |  |  |
| **Address:** |  |  |  |
| **City Country:** |  |  |  |
| **Swift Code:** |  |  |  |
| **Sort Code:** |  |  |  |
| **ABA No.:** |  |  |  |
| **Telephone No.:** |  |  |  |
| **FAX No.:** |  |  |  |
|  | |  | |

I certify that the account no is held by (Institution name) at this banking institution.

|  |  |  |
| --- | --- | --- |
| The account is to be signed jointly by at least 0 (number of signatories) of the following authorized signatories: | | |
| **1** |  | |
| **Name:** |  |
| **Title:** |  |
| **2** |  | |
| **Name:** |  |
| **Title:** |  |
| **3** |  | |
| **Name:** |  |
| **Title:** |  |
| **4** |  | |
| **Name:** |  |
| **Title:** |  |

|  |
| --- |
| **Name of bank’s authorizing official** |
|  |
| **Signature:** |
|  |
| **Date:** |
|  |
| **Seal:** |
|  |