GAVI Alliance

Annual Progress Report 2013

Submitted by

The Government of

Kenya

Reporting on year: **2013**
Requesting for support year: **2015**
Date of submission: **16/05/2014**

Deadline for submission: 22/05/2014

Please submit the APR 2013 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

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

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

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

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

FUNDING USED SOLELY FOR APPROVED PROGRAMMES

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

AMENDMENT TO THE APPLICATION

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

RETURN OF FUNDS

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

SUSPENSION/ TERMINATION

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

ANTICORRUPTION

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

AUDITS AND RECORDS

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

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

CONFIRMATION OF LEGAL VALIDITY

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

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

USE OF COMMERCIAL BANK ACCOUNTS

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

ARBITRATION

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

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

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

By filling this APR the country will inform GAVI about:

Accomplishments using GAVI resources in the past year

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

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

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

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

1. Application Specification

Reporting on year: **2013**

Requesting for support year: **2015**

1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
Routine New Vaccines Support	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	2015
Routine New Vaccines Support	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
NVS Demo	HPV quadrivalent, 1 dose(s) per vial, LIQUID		2014

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

1.2. Programme extension

No NVS support eligible to extension this year

1.3. ISS, HSS, CSO support

Type of Support	Reporting fund utilisation in 2013	Request for Approval of	Eligible For 2013 ISS reward
ISS	Yes	next tranche: N/A	N/A
HSS	No	next tranche of HSS Grant No	N/A
VIG	No	Not applicable	N/A

VIG: Vaccine Introduction Grant; COS: Campaign Operational Support

1.4. Previous Monitoring IRC Report

APR Monitoring IRC Report for year 2012 is available here.

2. Signatures

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

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

For the Government of Kenya

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

Minister of Health (or delegated authority)		Minister of Finance (or delegated authority)	
Name	Prof. Fred H.K. Segor	**Name**	Dr. Kamau Thuge
Date		**Date**	
Signature		**Signature**	

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

Full name	Position	Telephone	Email
Dr. William Maina	Head of Directorate Preventive and Promotive Health Services	+254722334365	drwilliammaina@yahoo.co.uk
Dr. Patrick Amoth	Head Division of Family Health	+254721518918	patamoth@yahoo.com
Dr. Ephantus Maree	Head, Unitv of Vaccines and Immunisation Services	+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 Cushtodia Mandlhate, Country Rep	WHO		

Dr Marcel Rudasingwa, Country Rep	UNICEF		
Dr Gerald Macharia, Country Director	CHAI		
Dr Chris Wanyoike, Country Director	MicroNutrient Initiative		
Dr Sheila Macharia, Health Manager,	USAID		
Ms Pauline Irungu, Health Coordinator	PATH		
Brezhnev Otieno, Health Coordinator	World Vision Kenya		
Dr Ephantus Maree, Head, UVIS	MOH		
Dr Patrick Amoth, Head DFH	MOH		
Dr R. Nyamai, Head, CAHU	MOH		
Dr Muthoni Kariuki, Director	MCHIP		
Prof. Fred Were, Chairman	UoN, Kenya Pediatric Association		
Mr Zaddock Otieno, Coordinator	HENNET		

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

All comments will be treated confidentially

Comments from Partners:

Comments from the Regional Working Group:

2.3. HSCC signatures page

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

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

Kenya is not reporting on CSO (Type A & B) fund utilisation in 2014

3. Table of Contents

This APR reports on Kenya's activities between January – December 2013 and specifies the requests for the period of January – December 2015

Sections

4. Baseline & annual targets

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

Number	Achievements as per JRF		Targets (preferred presentation)			
	2013		2014		2015	
	Original approved target according to Decision Letter	Reported	Original approved target according to Decision Letter	Current estimation	Previous estimates in 2013	Current estimation
Total births	1,479,310	1,533,072	1,524,362	1,568,176	1,570,785	1,615,221
Total infants' deaths	101,580	89,741	104,673	81,545	107,861	83,992
Total surviving infants	1377730	1,443,331	1,419,689	1,486,631	1,462,924	1,531,229
Total pregnant women	1,479,310	1,533,072	1,524,362	1,568,176	1,570,785	1,615,221
Number of infants vaccinated (to be vaccinated) with BCG	1,464,517	1,276,848	1,509,118	1,568,176	1,555,077	1,615,221
BCG coverage	99 %	83 %	99 %	100 %	99 %	100 %
Number of infants vaccinated (to be vaccinated) with OPV3	1,239,957	1,097,558	1,277,719	1,337,968	1,316,632	1,378,107
OPV3 coverage	90 %	76 %	90 %	90 %	90 %	90 %
Number of infants vaccinated (to be vaccinated) with DTP1	0	0	0	0	0	0
Number of infants vaccinated (to be vaccinated) with DTP3	0	0	0	0	0	0
DTP3 coverage	0 %	0 %	0 %	0 %	0 %	0 %
Wastage*[1]* rate in base-year and planned thereafter (%) for DTP	0	0	0	0	0	0
Wastage*[1]* factor in base-year and planned thereafter for DTP	1.00	1.00	1.00	1.00	1.00	1.00
Number of infants vaccinated (to be vaccinated) with 1 dose of DTP-HepB-Hib	1,308,844	1,187,926	1,348,704	1,412,299	1,389,778	1,454,668
Number of infants vaccinated (to be vaccinated) with 3 dose of DTP-HepB-Hib	1,308,844	1,097,558	1,348,704	1,337,968	1,316,632	1,378,107
DTP-HepB-Hib coverage	95 %	76 %	95 %	90 %	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%) *[2]*	10	8	10	10	10	10
Wastage*[1]* factor in base-year and planned thereafter (%)	1.11	1.09	1.11	1.11	1.11	1.11
Maximum wastage rate value for DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	25 %	0 %	25 %	25 %	25 %	25 %
Number of infants vaccinated (to be vaccinated) with Yellow Fever	36,117	21,298	37,200	37,200	38,316	38,316
Yellow Fever coverage	3 %	1 %	3 %	3 %	3 %	3 %
Wastage*[1]* rate in base-year and planned thereafter (%)	50	40	40	40	50	40

Wastage*[1]* factor in base-year and planned thereafter (%)	2	1.67	1.67	1.67	2	1.67
Maximum wastage rate value for Yellow Fever, 10 dose(s) per vial, LYOPHILISED	40 %	40 %	40 %	40 %	50 %	40 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Pneumococcal (PCV10)	1,308,844	1,178,988	1,348,704	1,412,299	1,389,778	1,454,668
Number of infants vaccinated (to be vaccinated) with 3 dose of Pneumococcal (PCV10)	1,308,844	1,089,011	1,348,704	1,337,968	1,316,632	1,378,107
Pneumococcal (PCV10) coverage	95 %	75 %	95 %	90 %	90 %	90 %
Wastage*[1]* rate in base-year and planned thereafter (%)	10	10	10	10	10	10
Wastage*[1]* factor in base-year and planned thereafter (%)	1.11	1.11	1.11	1.11	1.11	1.11
Maximum wastage rate value for Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	10 %	10 %	10 %	10 %	10 %	10 %
Number of infants vaccinated (to be vaccinated) with 1 dose of Rotavirus		0	977,983	706,150		1,454,668
Number of infants vaccinated (to be vaccinated) with 2 dose of Rotavirus		0	977,983	706,150		1,378,107
Rotavirus coverage		0 %	69 %	48 %		90 %
Wastage*[1]* rate in base-year and planned thereafter (%)		0	5	5		5
Wastage*[1]* factor in base-year and planned thereafter (%)		1	1.05	1.05		1.05
Maximum wastage rate value for Rotavirus, 2-dose schedule	0 %	5 %	5 %	5 %	0 %	5 %
Number of infants vaccinated (to be vaccinated) with 1st dose of Measles	1,239,957	1,089,011	1,277,719	1,412,299	1,316,632	1,454,668
Measles coverage	90 %	75 %	90 %	95 %	90 %	95 %
Pregnant women vaccinated with TT+	1,183,448	830,491	1,219,489	1,254,541	1,256,628	1,292,177
TT+ coverage	80 %	54 %	80 %	80 %	80 %	80 %
Vit A supplement to mothers within 6 weeks from delivery	0	644,000	0	0	0	0
Vit A supplement to infants after 6 months	1,039,017	1,016,801	1,051,535	1,412,299	1,173,118	1,454,668
Annual DTP Drop out rate [(DTP1 – DTP3) / DTP1] x 100	0 %	0 %	0 %	0 %	0 %	0 %

** Number of infants vaccinated out of total surviving infants

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

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

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

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

5. General Programme Management Component

5.1. Updated baseline and annual targets

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

The numbers for 2013 must be consistent with those that the country reported in the **WHO/UNICEF Joint Reporting Form (JRF) for 2013.** The numbers for 2014 - 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**

We acknowledge the difference in the data reported in 2013 APR compared to 2013 JRF and 2012 APR. A revised JRF for 2013 will be re-submitted after review of the data. The projection used in the previous 2012 APR to provide the expected number of births for 2013 was incorrect. The number we provide here is a more accurate projected birth rate which accounts for this higher estimate of total births in 2013. This also follows a National and County Consultative forum earlier in the year and an Immunization data harmonization workshop that reviewed this. The Kenya National Bureau of Statistics will provide the official figures when the monograph for 2013 is released (date unknown due to legal procedural issues arising from the Census). <!--?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" /--><!--?xml:namespace prefix = "o" /--><!--?xml:namespace prefix = "o" /--><o:p></o:p>

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

We acknowledge the difference in the data reported in 2013 APR compared to 2013 JRF and 2012 APR. A revised JRF for 2013 will be re-submitted after review of the data. The projection used in the previous 2012 APR to provide the expected number of births for 2013 was incorrect. The number we provide here is a more accurate projected birth rate which accounts for this higher estimate of total births in 2013. This also follows a National and County Consultative forum earlier in the year and an Immunization data harmonization workshop that reviewed this. The Kenya National Bureau of Statistics will provide the official figures when the monograph for 2013 is released (date unknown due to legal procedural issues arising from the Census).

- 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 the year 2014 and 2015, the target for BCG is 100% while the targets for penta vaccine, pneumo, measles and rota virus vaccine is at 95%. The target for TT is 90% while vitamin for infants>6months is 80%.

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

No Changes in Wastages

5.2. Immunisation achievements in 2013

5.2.1. Please comment on the achievements of immunisation programme against targets (as stated in last year APR), the key major activities conducted and the challenges faced in 2013 and how these were addressed:

<font size="2"><font face="Times New Roman"> Overall, during the year 2013, all the targets for the immunization programme were not met. Kenya experienced drop in coverage of vaccines. This is attributable to multiple factors within and outside the health sector. In 2013, the country carried out a successful general elections for presidential, parliamentary and Counties. Hence most of the resources and attention was diverted to electioneering rather than service delivery. After the elections, a new Government was constituted under a new constitutional dispensation and in which health was devolved (Decentralized). The devolved health services brought a lot of uncertainties for health workers which resulted in periods of industrial action by health workers (About 3 months in the year- cumulative). There was an accompanying massive staff movements and redeployment with new staff at most levels of service delivery as they tried to align with the devolved system. The devolution health resources with a delayed road map for the same also lead to disruptions in service delivery.
 Moreover, the Ministry of Health was formed which was a merger of previous two Ministries of Health (Ministry of Public Health and Sanitation and Ministry of Medical Services). The merger and the reorganization of the National level MOH was a major event that resulted in movement of staff from one unit to another.   Key major activities in 2013 Introduction of Measles Second Dose into routine immunization in July 2013<!--?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" /--><!--?xml:namespace prefix = "o" /--><!--?xml:namespace prefix = "o" /--><o:p></o:p> Preparations for rotavirus introduction in 2014 Conduct of HPV demonstration Conduct of 8 rounds of polio vaccination supplemental immunization vaccination in response to confirmed wild polio virus outbreak in North Eastern part of Kenya where 14 cases were confirmed Conduct of EVMA in November 2013 <o:p> </o:p>

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

 Targets were not attained for the following reasons <li> 2013 General elections interfered with service delivery Devolution: Under the new constitution, each county became responsible for planning and implementation of health services. Structures were not in place to transition smoothly to decentralized immunisations, and coverage dipped as a result. Uncertainities on the fate of health workers leading to movement by health workers to new areas informed by personal preferences Reallocation of resources leading to underperformance in health service delivery Devolution of financial resources for health to Counties including funds for purchase of traditional vaccines, operations and maintenance <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-

serif"'>Shortage in supply of documentation tools for immunization leading to possible under-reporting <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"'>Based on this challenge, the national government and devolved local governments agreed to consolidate immunization programming to remain at the central level in the interim <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"'>Reorganization of National Ministry of Health which was a merger of the previous 2 Ministries responsible for Health Health Workers' Strike:<span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"'> Kenya experienced 2 HCW strikes in early 2013, which lasted 2 months in total. Immunizations resumed after the government intervened.

5.3. Monitoring the Implementation of GAVI Gender Policy

5.3.1. At any point in the past five years, were sex-disaggregated data on DTP3 coverage available in your country fr 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	DTP
KDHS 2008-2009	2008-09	82.9

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

No deliberate action was carried out to reach boys, because in Kenya, there are no social, cultural and economic fact discriminate either gender to access and utilize immunization services. Thus both genders have similar likelihood for The reasons for the discrepancy are not clear, although this was found not to be statistically significant from the surve reports.
 <span style="FONT-SIZE: 9pt; FONT-FAMILY serif"'>More girls survive the first year of life compared to boys leading to more girls being capture immunization system. <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"'>The Kenya D Health Survey of 2008-09 showed that the neonatal, post- neonatal and infant mortality rates are all higher for boys t mortality was 38/1000 live births for boys vs. 28/1000 live births for girls. The Postneonatal mortality rate was 27/100 boys vs. 26/1000 live births for girls. the infant mortality rate was 65/1000 live births fro boys vs. 53/100 live births for ?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" /--><!--?xml:namespace prefix = "o" /--> ?xml:namespace prefix = "o" /--><o:p></o:p> <span SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"'><o:p> </o:p> <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"'>Check ref: <a href="http://www.measuredhs.com/pubs/pdf/FR229/FR229.pdf">www.measuredhs.com/pubs/pdf/FR229/FR229.pdf< class="MsoNormal" style="MARGIN: 0in 0in 0pt"><span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"'>

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

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

<span style="FONT-SIZE: 9pt; FONT-F 'Arial','sans-serif'; mso-fareast-font-family: 'Times New Roman'"'>Programmatically, Kenya does not consider gender& to access and utilization of immunization services. While little data exists to demonstrate gender-related discre immunization coverage, the program in Kenya has focused to reach the unreached through outreach services for&nb reach populations (such as men and women in nomadic communities) and women caretakers, particularly during rou Vaccination through house to house strategy has provided an opportunity to identify those not previously reached wit well as refusals and objectors.

5.4. Data assessments

5.4.1. Please comment on any discrepancies between immunisation coverage data from different sources (for

example, if survey data indicate coverage levels that are different than those measured through the administrative data system, or if the WHO/UNICEF Estimate of National Immunisation Coverage and the official country estimate are different)

WHO/UNICEF estimates are comparable to administrative coverage. <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Discrepancy exists between KDHS (2008-2009), Post measles Coverage survey (2012) and Administrative Data (2013): 82%/80%/75%<!--?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" /--><!--?xml:namespace prefix = "o" /--><!--?xml:namespace prefix = "o" /--><o:p></o:p> <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">The last KDHS was carried out in 2008-09 hence we may not be able to make comparison with 2013 data. A 7% difference in fully immunized child between highest and lowest results is possibly because of poor performance in 2013 resulting from challenges listed in 5.2.1<o:p></o:p>   KDHS will be conducted in 2014 and this will provide updated coverage data for immunization programme

* Please note that the WHO UNICEF estimates for 2013 will only be available in July 2014 and can have retrospective changes on the time series.

5.4.2. Have any assessments of administrative data systems been conducted from 2012 to the present? **No**

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

5.4.3. Please describe any major activities undertaken to improve administrative data systems from 2011 to the present.

 <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Commissioning of a web-based Kenya District Health Information System (DHIS) (www.hiskenya.org) for data reporting from districts. <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Capacity building on data management: data quality self assessment, target setting, data analysis and use was conducted for county data managers <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Efforts to institutionalize data quality self-assessment at the sub-county level <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif""><!--?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" /--><!--?xml:namespace prefix = "o" /--><!--?xml:namespace prefix = "o" /--><o:p>Support supervision</o:p> Monthly data review and feedback on performance to sub-national levels

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

 <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Continuous capacity building focusing on data quality, completeness and timeliness of reports <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif""> <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Institutionalization of structured and systematic feedback on performance <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif""> <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Regular and standardized feedback on performance by Sub-County <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif""> <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Monthly and quarterly review meetings to be conducted between national and county teams to review performance on routine immunization, discuss challenges <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif""><span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Supportive supervision <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif""><span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Printing of data collection tools after review to capture new vaccines (MSD and rotavirus) and printing the tools <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif""><span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Continuous capacity on data management and

use

5.5. Overall Expenditures and Financing for Immunisation

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

Exchange rate used	1 US$ = 86	Enter the rate only; Please do not enter local currency name

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

Expenditure by category	Expenditure Year 2013	Source of funding						
		Country	GAVI	UNICEF	WHO	USAID & USAID's MCHIP	CHAI	Micronutrien Initiative
Traditional Vaccines*	4,491,625	3,546,512	0	411,980	0	533,133	0	0
New and underused Vaccines**	36,187,172	2,548,500	33,516,000	0	122,672	0	0	0
Injection supplies (both AD syringes and syringes other than ADs)	581,395	581,395	0	0	0	0	0	0
Cold Chain equipment	97,512	46,512	0	0	51,000	0	0	0
Personnel	1,542,524	256,158	0	135,366	1,151,000	0	0	0
Other routine recurrent costs	1,332,132	1,104,651	0	46,511	10,000	170,970	0	0
Other Capital Costs	0	0	0	0	0	0	0	0
Campaigns costs	21,440,018	0	0	2,502,775	18,937,243	0	0	0
VPD surveillance (WHO); Training on routine immunization (MCHIP) Immunization and Vitamin A Data Review (National, County and Subcounty)		0	0	0	1,097,310	170,970	176,000	388,23
Total Expenditures for Immunisation	65,672,378							
Total Government Health		8,083,728	33,516,000	3,096,632	21,369,225	875,073	176,000	388,23

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

5.5.1. If there are no government funding allocated to traditional vaccines, please state the reasons and plans for the expected sources of funding for 2014 and 2015

Not applicable

5.6. Financial Management

5.6.1. Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2012 calendar year? **Not selected**

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

Action plan from Aide Mémoire	Implemented?

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

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

5.7. Interagency Coordinating Committee (ICC)

How many times did the ICC meet in 2013? **4**

Please attach the minutes **(Document nº 4)** from the ICC meeting in 2014 endorsing this report.

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

Concerns about the high targets especially for BCG
Concerns on Annual review of Immunization targets (Number of Children to be vaccinated) which results in changes in targets--the called for consistency
Some members raised concern about their contributions to the immunization program not being reflected--Amendments were made
Members also called for a follow up of the audit reports to unlock cash support to the program

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

If Yes, which ones?

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

5.8. Priority actions in 2014 to 2015

What are the country's main objectives and priority actions for its EPI programme for 2014 to 2015

 <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">GAVI HSS proposal application <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Introduction of new vaccines - Introduction of Rotavirus vaccine, IPV <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Improvement of routine immunization coverage through implementation of reach every child (RED) and reach every child (REC) strategy <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Implementation of EVMA recommendations <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Address Vaccine Logistics – Review of DHL performance in airport clearance and distribution outsourcing/ Roll out of Kenya SMT to subcounty level<!--?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" /--><!--?xml:namespace prefix = "o" /--><!--?xml:namespace prefix = "o" /--><o:p></o:p> <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Cold Chain expansion– Dissemination of maintenance, replacement and expansion plan/ roll out of FT2/Distribution of 600 new fridges <o:p></o:p> <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Improvement of data management <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Addressing bottlenecks related to devolution of health services <span style="FONT-SIZE: 9pt; FONT-FAMILY: 'Arial','sans-serif"">Administration – transfer of Central vaccine store to Kitengela store<o:p></o:p>

5.9. Progress of transition plan for injection safety

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

Please report what types of syringes are used and the funding sources of Injection Safety material in 2013

Vaccine	Types of syringe used in 2013 routine EPI	Funding sources of 2013
BCG	0.05ml AD syringes; 0.1ml AD syringes & 2.0ml syri	Government of Kenya
Measles	0.5ml AD syringes & 5.0ml reconstitution syringes	Government of Kenya
TT	0.5ml AD syringes	Government of Kenya
DTP-containing vaccine	0.5ml AD syringes	Government of Kenya and GAVI
PCV 10	0.5ml AD syringes	Government of Kenya and GAVI
Yellow fever	0.5ml AD syringes	Government of Kenya and GAVI
Other vaccines: Typhoid fever, HepB	0.5ml AD syringes	Government of Kenya

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

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

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

Various obstacles exist: Financing to implement the policy
Capacity gaps among health workers

Please explain in 2013 how sharps waste is being disposed of, problems encountered, etc.

Sharps waste are disposed into safety boxes during the vaccination. The safety boxes are then burnt & buried at a designated pit within the facility compound or incinerated where there are incinerators However a number of health facilities are able to incinerate the used safety boxes.<!--?xml:namespace prefix = "o" ns = "urn:schemas-microsoft-com:office:office" /--><!--?xml:namespace prefix = "o" /--><!--?xml:namespace prefix = "o" /--><o:p></o:p> Main problem encountered is the lack of waste segregation as per the colour codes recommended by WHO leading to poor waste disposal practices requiring training updates. To address these gaps the Ministry of Health in collaboration with Health Partners/stakeholders constituted the National Health Care Waste Management Technical Working Group which meets regularly. About fifteen (15) high Temperature incinerators have also been constructed regionally in the recent past.<o:p></o:p>

6. Immunisation Services Support (ISS)

6.1. Report on the use of ISS funds in 2013

	Amount US$	Amount local currency
Funds received during 2013 *(A)*	0	0
Remaining funds (carry over) from 2012 *(B)*	0	0
Total funds available in 2013 *(C=A+B)*	0	0
Total Expenditures in 2013 *(D)*	0	0
Balance carried over to 2014 *(E=C-D)*	0	0

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

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

6.1.3. Please report on major activities conducted to strengthen immunisation using ISS funds in 2013

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

6.2. Detailed expenditure of ISS funds during the 2013 calendar year

6.2.1. Please attach a detailed financial statement for the use of ISS funds during the 2013 calendar year (Document Number 7) (Terms of reference for this financial statement are attached in Annexe 2). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

6.2.2. Has an external audit been conducted? **Not selected**

6.2.3. External audit reports for ISS, HSS, CSO Type B programmes are due to the GAVI Secretariat six months following the close of your governments fiscal year. If an external audit report is available for your ISS programme during your governments most recent fiscal year, this must also be attached (Document Number 8).

6.3. Request for ISS reward

Request for ISS reward achievement in Kenya is not applicable for 2013

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

7.1. Receipt of new & under-used vaccines for 2013 vaccine programme

7.1.1. Did you receive the approved amount of vaccine doses for 2013 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in table below

Table 7.1: Vaccines received for 2013 vaccinations against approvals for 2013

	[A]	[B]		
Vaccine type	**Total doses for 2013 in Decision Letter**	**Total doses received by 31 December 2013**	**Total doses of postponed deliveries in 2013**	**Did the country experience any stockouts at any level in 2013?**
DTP-HepB-Hib	4,358,500	4,416,000	775,000	No
Pneumococcal (PCV10)	4,395,200	4,151,200	244,400	No
Rotavirus		0	0	No
Yellow Fever	48,300	47,800	12,500	No

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

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

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

  The difference between column A and B is because of additional vaccine supplies that were to be delivered in 2012, but were delivered in 2013 and some vaccines that were to be delivered in 2013 were not supplied and have been carried forward to 2014.

  Kenya expected to receive 4,358,500 doses of DPT-HepB-Hib in 2013, but a total of 4,416,00 doses of DPT HepB-Hib were received. This was a total of 3,583,500 doses for 2013 and 832,500 carried forward from 2012. 12,000 doses of yellow fever expected to be delivered in 2012 as per Decision letter were received in 2013. Delivery of 775,000 doses of DPT HepB-Hib, 244,400 doses of PCV 10, 12,500 doses of yellow fever were postponed to 2014 rather 2013 as stipulated. Delivery of all co-financed doses for 2013 postponed to 2014 due to late payment to GAVI.

  No stock outs were experienced due to high stock balances from previous year and coverages lower than targets

- 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.

  Kenya has recently completed an EVMA. Make reference to the EVM section below and the attachments (EVMA report and Improvement plan). Kenya has not made a decision on multiple pentavalent presentation and will continue with the 10 dose vial in the mean time<?xml:namespace prefix = o />

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

7.2. Introduction of a New Vaccine in 2013

7.2.1. If you have been approved by GAVI to introduce a new vaccine in 2013, please refer to the vaccine introduction plan in the proposal approved and report on achievements:

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

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

Rotavirus, 1 dose(s) per vial, ORAL		
Phased introduction	No	
Nationwide introduction	No	
The time and scale of introduction was as planned in the proposal? If No, Why ?	No	Vaccine being introduced in July 2014

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

7.2.2. When is the Post Introduction Evaluation (PIE) planned? **December 2012**

If your country conducted a PIE in the past two years, please attach relevant reports and provide a summary on the status of implementation of the recommendations following the PIE. (Document N° 9))

The PIE report is as attached. The Country plans to introduce the Rota Virus Vaccine in July 2014, Preparatory activities are ongoing. Some of the recommendations from the 2012 PIE following PCV 10 Introduction relate to New vaccine introduction while others relate to Routine Immunization in General.

The status of implementation of recommendations is as follows:

Pre-implementation Planning and Training:
Community structures involvement is planned for during rota virus introduction through proposed budget

support for stakeholders involvement at all levels and CSO participation in the trainings.
The Rota virus introduction training has a practical demonstration component, already carried out during the National level training for all key areas (Vaccine management, Documentation and Role play for ACSM). The same is to be cascaded to all levels.
Target populations are more clearly spelt out in the training packages thus--The vaccine targeting children under 1 year of age, with no catch up and that at introduction, these children will recieve the vaccine as they present themselves for Penta-valent vaccinations.
Training guides and job aides have been developed for the rota virus vaccine introduction training
The introduction plans have not yet been adapted for the lower levels but micro plans to facilitate this have been developed

Advocacy, Social Mobilization
Adequate quantities of IEC Materials are planned for, with MoH resource mobilizing from in country partners to fill in the deficit in the VIG
To sustain the momentum of Media advocacy, the MoH has adapted the communication plans for EPI to lower levels as well as leverage on the momentum created by the Polio Eradication Initiative to do this (For instance, the Polio Eradication Champion, speak on all of Immunization, The First Ladies 'Beyond Zero' campaign has an immunization component and institutionalization of the child health days (Malezi Bora)

Coverage and Reporting
Most districts are now using vaccine monitoring charts to monitor performance, while immunization and vitamin A data review meetings have now been institutionalized at all levels- Quarterly at National and County levels and Monthly at Sub-County levels

AEFI Monitoring
AEFI Protocols have been developed with most health facilities equiped with emergency kits, however, the country is yet to undertake a full scale refresher training course on AEFI Monitoring and reporting

Cold Chain capacity and management
Refrigerator temperatures are now being monitored on weekends and public holidays. The country is in the process of introducing 30 day temperature log tags though.

Vaccine management, storage and wastage
Stock management tool is being rolled out to Subcounty levels, the delay in review of stock management procedures and institutionalization of contigency plans as a result of the transition from National to County systems of governance

Waste mangement and Injection safety
The suspended the supply of Revital Syringes, their safety and use is under review.

7.2.3. Adverse Event Following Immunization (AEFI)

Is there a national dedicated vaccine pharmacovigilance capacity? **No**

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

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

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

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

Does your country have a risk communication strategy with preparedness plans to address vaccine crises? **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? **Yes**

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? **Yes**

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.

Rota virus incidence 19%

PBM Pneumococcal 5.9%, Meningococcal 0%, HI 0%

Kenya commissioned intussusception studies to determine the incidence, pathology and patient characteristics in 2013. The study is ongoing and results have not been concluded for presentation to the ICC<?xml:namespace prefix = o />

7.3. New Vaccine Introduction Grant lump sums 2013

7.3.1. Financial Management Reporting

	Amount US$	Amount local currency
Funds received during 2013 (A)	0	0
Remaining funds (carry over) from 2012 (B)	0	0
Total funds available in 2013 (C=A+B)	0	0
Total Expenditures in 2013 (D)	0	0
Balance carried over to 2014 (E=C-D)	0	0

Detailed expenditure of New Vaccines Introduction Grant funds during the 2013 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2013 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

Not applicable

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

Not applicable

Please describe the activities that will be undertaken with any remaining balance of funds for 2014 onwards

Not applicable

7.4. Report on country co-financing in 2013

Table 7.4 : Five questions on country co-financing

	Q.1: What were the actual co-financed amounts and doses in 2013?	
Co-Financed Payments	**Total Amount in US$**	**Total Amount in Doses**
Awarded Vaccine #1: DTP-HepB-Hib, 10 dose(s) per vial, LIQUID	1,656,500	775,000
Awarded Vaccine #2: Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID	879,500	244,000
Awarded Vaccine #3: Rotavirus, 1 dose(s) per vial, ORAL		
Awarded Vaccine #4: Yellow Fever, 10 dose(s) per vial, LYOPHILISED	12,500	12,500
	Q.2: Which were the amounts of funding for country co-financing in reporting year 2013 from the following sources?	
Government	2,548,500	
Donor	0	
Other	0	
	Q.3: Did you procure related injections supplies for the co-financing vaccines? What were the amounts in US$ 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 2015 and what is the expected source of this funding	
Schedule of Co-Financing Payments	Proposed Payment Date for 2015	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	

	Technical support to conduct Immunization financial review in 2014<?xml:namespace prefix = o />

If the country is in default, please describe and explain the steps the country is planning to take to meet its co-financing requirements. For more information, please see the GAVI Alliance Default Policy: http://www.gavialliance.org/about/governance/programme-policies/co-financing/

Many changes within the government structure in 2013 occurred in line with implementation of 2010 Constitution that provided for devolution of health services. Health funds were devolved including funds for vaccine procurement. This led to delays for Kenya to fulfill its co-financing obligations before the end of 2013. Funds have since been disbursed to UNICEF

The Ministry of Health undertakes to meet its financial obligations in the subsequent years since arrangements between National and County Governments are being resolved on immunization funding

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

7.5. Vaccine Management (EVSM/VMA/EVM)

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

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

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

EVMA was concluded early in 2014 and hence it is too early to report on status of implementation.

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

7.6. Monitoring GAVI Support for Preventive Campaigns in 2013

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 2014

Renewal of multi-year vaccines support for Kenya is not available in 2014

7.9. Request for continued support for vaccines for 2015 vaccination programme

In order to request NVS support for 2015 vaccination do the following

Confirm here below that your request for 2015 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 Antigens	VaccineTypes	No Threshold	200,000$		250,000$	
			<=	>	<=	>
DTP-HepB	HEPBHIB	2.00 %				
HPV bivalent	HPV	3.50 %				
HPV quadrivalent	HPV	3.50 %				
Measles second dose	MEASLES	14.00 %				
Meningococcal type A	MENINACONJUGATE	10.20 %				
MR	MR	13.20 %				
Pneumococcal (PCV10)	PNEUMO	3.00 %				
Pneumococcal (PCV13)	PNEUMO	6.00 %				
Rotavirus	ROTA	5.00 %				
Yellow Fever	YF	7.80 %				

Vaccine Antigens	VaccineTypes	500,000$		2,000,000$	
		<=	>	<=	>
DTP-HepB	HEPBHIB				
DTP-HepB-Hib	HEPBHIB	25.50 %	6.40 %		
HPV bivalent	HPV				
HPV quadrivalent	HPV				
Measles second dose	MEASLES				
Meningococcal type A	MENINACONJUGATE				
MR	MR				
Pneumococcal (PCV10)	PNEUMO				
Pneumococcal (PCV13)	PNEUMO				
Rotavirus	ROTA				
Yellow Fever	YF				

7.11. Calculation of requirements

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,377,730	1,419,689	1,531,229	4,328,648
	Number of children to be vaccinated with the first dose	Table 4	#	1,308,844	1,348,704	1,454,668	4,112,216
	Number of children to be vaccinated with the third dose	Table 4	#	1,308,844	1,348,704	1,378,107	4,035,655
	Immunisation coverage	Table 4	%	95.00 %	95.00 %	90.00 %	

	with the third dose						
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	2,600,000			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	2,600,000			
	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**	Co-financing table	$		0.40	0.40	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		6.40 %	6.40 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

NO

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

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

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

		2014	2015
Number of vaccine doses	#	3,654,200	4,835,900
Number of AD syringes	#	4,505,500	6,075,300

Number of re-constitution syringes	#	0	0
Number of safety boxes	#	49,575	66,850
Total value to be co-financed by GAVI	$	7,687,500	10,302,000

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

		2014	**2015**
Number of vaccine doses	#	886,900	1,155,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	1,816,500	2,397,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	19.53 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,308,844	1,348,704	263,394	1,085,310
B1	Number of children to be vaccinated with the third dose	*Table 4*	1,308,844	1,348,704	263,394	1,085,310
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B + B1 + Target for the 2nd dose ((B -0.41 x (B - B1))*	3,926,532	4,046,112	790,180	3,255,932
E	Estimated vaccine wastage factor	*Table 4*	1.11	1.11		
F	Number of doses needed including wastage	*D X E*		4,491,185	877,099	3,614,086
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*		49,776	9,721	40,055
H	Stock to be deducted	*H1 - F of previous year x 0.375*				
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*				
H2	Reported stock on January 1st	*Table 7.11.1*	0	2,600,000		
H3	Shipment plan	*UNICEF shipment report*		2,527,100		
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		4,541,000	886,828	3,654,172
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		4,505,477	0	4,505,477
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		49,561	0	49,561
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		8,741,425	1,707,143	7,034,282
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		202,747	0	202,747
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)*		248	0	248
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		559,452	109,258	450,194
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		0	0	0
T	Total fund needed	*(N+O+P+Q+R+S)*		9,503,872	1,816,400	7,687,472
U	Total country co-financing	*I x country co-financing per dose (cc)*		1,816,400		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		19.53 %		

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	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	19.29 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,454,668	280,589	1,174,079
B1	Number of children to be vaccinated with the third dose	*Table 4*	1,378,107	265,822	1,112,285
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 x (B - B1))*	4,256,053	820,944	3,435,109
E	Estimated vaccine wastage factor	*Table 4*	1.11		
F	Number of doses needed including wastage	*D X E*	4,724,219	911,248	3,812,971
G	Vaccines buffer stock	*((D - D of previous year) x 0.375) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.375)*	87,388	16,857	70,531
H	Stock to be deducted	*H1 - F of previous year x 0.375*	- 1,179,504	- 227,512	- 951,992
H1	Calculated opening stock	*H2 (2014) + H3 (2014) - F (2014)*	540,479	104,253	436,226
H2	Reported stock on January 1st	*Table 7.11.1*			
H3	Shipment plan	*UNICEF shipment report*			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*	5,991,500	1,155,692	4,835,808
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	6,075,239	0	6,075,239
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	66,828	0	66,828
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	11,677,434	2,252,444	9,424,990
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	273,386	0	273,386
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)*	335	0	335
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	747,356	144,157	603,199
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)*	12,698,511	2,396,600	10,301,911
U	Total country co-financing	*I x country co-financing per dose (cc)*	2,396,600		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	19.29 %		

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.

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

No Difference

The calculated stock which is the stock level estimated by the end of year is negative. A negative calculated stock means that the consumption of the buffer stock would be needed to reach your planned target. Please explain the main reason(s) for replenishment of buffer stocks, such as higher than expected coverage, open vial wastage, other.

No Difference

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,377,730	1,419,689	1,531,229	4,328,648
	Number of children to be vaccinated with the first dose	Table 4	#	1,308,844	1,348,704	1,454,668	4,112,216
	Number of children to be vaccinated with the third dose	Table 4	#	1,308,844	1,348,704	1,378,107	4,035,655
	Immunisation coverage with the third dose	Table 4	%	95.00 %	95.00 %	90.00 %	
	Number of doses per child	Parameter	#	3	3	3	
	Estimated vaccine wastage factor	Table 4	#	1.11	1.11	1.11	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	1,224,000			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	1,224,000			
	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**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		3.00 %	3.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

No difference

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

Co-financing group	Low

	2013	2014	2015
Minimum co-financing	0.20	0.20	0.20
Recommended co-financing as per APR 2012			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
Number of vaccine doses	#	3,111,500	4,552,900
Number of AD syringes	#	3,140,900	4,786,200
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	34,550	52,650
Total value to be co-financed by GAVI	$	11,009,000	16,019,000

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

		2014	2015
Number of vaccine doses	#	189,000	278,400
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	660,500	966,500

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	5.73 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,308,844	1,348,704	77,230	1,271,474
C	Number of doses per child	*Vaccine parameter (schedule)*	3	3		
D	Number of doses needed	*B x C*	3,926,532	4,046,112	231,688	3,814,424
E	Estimated vaccine wastage factor	*Table 4*	1.11	1.11		
F	Number of doses needed including wastage	*D X E*		4,491,185	257,174	4,234,011
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		33,184	1,901	31,283
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		3,300,400	188,987	3,111,413
J	Number of doses per vial	*Vaccine Parameter*		2		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		3,140,826	0	3,140,826
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		0	0	0
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		34,550	0	34,550
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		11,191,657	640,855	10,550,802
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		141,338	0	141,338
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)*		173	0	173
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		335,750	19,226	316,524
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)*		11,668,918	660,080	11,008,838
U	Total country co-financing	*I x country co-financing per dose (cc)*		660,080		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		5.73 %		

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

		Formula	2015		
			Total	Government	GAVI
A	**Country co-finance**	*V*	5.76 %		
B	**Number of children to be vaccinated with the first dose**	*Table 4*	1,454,668	83,816	1,370,852
C	**Number of doses per child**	*Vaccine parameter (schedule)*	3		
D	**Number of doses needed**	*B x C*	4,364,004	251,448	4,112,556
E	**Estimated vaccine wastage factor**	*Table 4*	1.11		
F	**Number of doses needed including wastage**	*D X E*	4,844,045	279,108	4,564,937
G	**Vaccines buffer stock**	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	88,216	5,083	83,133
H	**Stock to be deducted**	*H2 of previous year - 0.25 x F of previous year*	101,204	5,832	95,372
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*	4,831,200	278,368	4,552,832
J	**Number of doses per vial**	*Vaccine Parameter*	2		
K	**Number of AD syringes (+ 10% wastage) needed**	*(D + G – H) x 1.10*	4,786,118	0	4,786,118
L	**Reconstitution syringes (+ 10% wastage) needed**	*(I / J) x 1.10*	0	0	0
M	**Total of safety boxes (+ 10% of extra need) needed**	*(K + L) / 100 x 1.10*	52,648	0	52,648
N	**Cost of vaccines needed**	*I x vaccine price per dose (g)*	16,281,144	938,098	15,343,046
O	**Cost of AD syringes needed**	*K x AD syringe price per unit (ca)*	215,376	0	215,376
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)*	264	0	264
R	**Freight cost for vaccines needed**	*N x freight cost as of % of vaccines value (fv)*	488,435	28,143	460,292
S	**Freight cost for devices needed**	*(O+P+Q) x freight cost as % of devices value (fd)*	0	0	0
T	**Total fund needed**	*(N+O+P+Q+R+S)*	16,985,219	966,241	16,018,978
U	**Total country co-financing**	*I x country co-financing per dose (cc)*	966,240		
V	**Country co-financing % of GAVI supported proportion**	*U / (N + R)*	5.76 %		

Table 7.11.1: Specifications for Rotavirus, 1 dose(s) per vial, ORAL

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,377,730	1,419,689	1,531,229	4,328,648
	Number of children to be vaccinated with the first dose	Table 4	#	0	977,983	1,454,668	2,432,651
	Number of children to be vaccinated with the second dose	Table 4	#		977,983	1,378,107	2,356,090
	Immunisation coverage with the second dose	Table 4	%	0.00 %	68.89 %	90.00 %	
	Number of doses per child	Parameter	#	2	2	2	
	Estimated vaccine wastage factor	Table 4	#	1.00	1.05	1.05	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	0			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	0			
	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**	Co-financing table	$		0.20	0.20	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		5.00 %	5.00 %	
fd	**Freight cost as % of devices value**	Parameter	%		0.00 %	0.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

No Difference

Co-financing tables for Rotavirus, 1 dose(s) per vial, ORAL

Co-financing group	Low

	2013	2014	2015
Minimum co-financing	0.00	0.20	0.20
Your co-financing		0.20	0.20

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

		2014	2015
Number of vaccine doses	#	2,377,100	3,059,400
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by GAVI	$	6,392,000	8,201,500

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

		2014	2015
Number of vaccine doses	#	191,000	246,700
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	514,000	661,500

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 1)

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	7.44 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	0	977,983	72,739	905,244
C	Number of doses per child	*Vaccine parameter (schedule)*	2	2		
D	Number of doses needed	*B x C*	0	1,955,966	145,477	1,810,489
E	Estimated vaccine wastage factor	*Table 4*	1.00	1.05		
F	Number of doses needed including wastage	*D X E*		2,053,765	152,751	1,901,014
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		513,442	38,188	475,254
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		2,568,000	190,997	2,377,003
J	Number of doses per vial	*Vaccine Parameter*		1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		0	0	0
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*		0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		6,576,648	489,143	6,087,505
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		0	0	0
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)*		0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		328,833	24,458	304,375
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)*		6,905,481	513,600	6,391,881
U	Total country co-financing	*I x country co-financing per dose (cc)*		513,600		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		7.44 %		

Table 7.11.4: Calculation of requirements for Rotavirus, 1 dose(s) per vial, ORAL (part 2)

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	7.46 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	1,454,668	108,531	1,346,137
C	Number of doses per child	*Vaccine parameter (schedule)*	2		
D	Number of doses needed	*B x C*	2,909,336	217,062	2,692,274
E	Estimated vaccine wastage factor	*Table 4*	1.05		
F	Number of doses needed including wastage	*D X E*	3,054,803	227,916	2,826,887
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	250,260	18,672	231,588
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*	3,306,000	246,657	3,059,343
J	Number of doses per vial	*Vaccine Parameter*	1		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	0	0	0
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*	0	0	0
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	8,440,218	629,715	7,810,503
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	0	0	0
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)*	0	0	0
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	422,011	31,486	390,525
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)*	8,862,229	661,200	8,201,029
U	Total country co-financing	*I x country co-financing per dose (cc)*	661,200		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	7.46 %		

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

ID		Source		2013	2014	2015	TOTAL
	Number of surviving infants	Table 4	#	1,377,730	1,419,689	1,531,229	4,328,648
	Number of children to be vaccinated with the first dose	Table 4	#	36,117	37,200	38,316	111,633
	Number of doses per child	Parameter	#	1	1	1	
	Estimated vaccine wastage factor	Table 4	#	2.00	1.67	1.67	
	Vaccine stock on 31st December 2013 * (see explanation footnote)		#	32,600			
	Vaccine stock on 1 January 2014 ** (see explanation footnote)		#	32,600			
	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**	Co-financing table	$		0.50	0.50	
ca	**AD syringe price per unit**	Table 7.10.1	$		0.0450	0.0450	
cr	**Reconstitution syringe price per unit**	Table 7.10.1	$		0	0	
cs	**Safety box price per unit**	Table 7.10.1	$		0.0050	0.0050	
fv	**Freight cost as % of vaccines value**	Table 7.10.2	%		7.80 %	7.80 %	
fd	**Freight cost as % of devices value**	Parameter	%		10.00 %	10.00 %	

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

** Countries are requested to provide their opening stock for 1st January 2014; if there is a difference between the stock on 31st December 2013 and 1st January 2014, please explain why in the box below.

No Difference

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

Co-financing group	Low

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

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

		2014	2015
Number of vaccine doses	#	17,200	26,000
Number of AD syringes	#	5,400	23,900
Number of re-constitution syringes	#	3,300	5,300
Number of safety boxes	#	100	325
Total value to be co-financed by GAVI	$	21,000	30,000

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

		2014	2015
Number of vaccine doses	#	12,700	21,500
Number of AD syringes	#	0	0
Number of re-constitution syringes	#	0	0
Number of safety boxes	#	0	0
Total value to be co-financed by the Country [1]	$	15,000	24,000

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

		Formula	2013	2014		
				Total	Government	GAVI
A	Country co-finance	*V*	0.00 %	42.40 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	36,117	37,200	15,772	21,428
C	Number of doses per child	*Vaccine parameter (schedule)*	1	1		
D	Number of doses needed	*B x C*	36,117	37,200	15,772	21,428
E	Estimated vaccine wastage factor	*Table 4*	2.00	1.67		
F	Number of doses needed including wastage	*D X E*		62,124	26,338	35,786
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*		271	115	156
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*				
H2	Reported stock on January 1st	*Table 7.11.1*	0			
I	Total vaccine doses needed	*Round up((F + G - H) / vaccine package size) x vaccine package size*		29,800	12,634	17,166
J	Number of doses per vial	*Vaccine Parameter*		10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*		5,359	0	5,359
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*		3,279	0	3,279
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*		96	0	96
N	Cost of vaccines needed	*I x vaccine price per dose (g)*		32,602	13,822	18,780
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*		242	0	242
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*		14	0	14
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*		1	0	1
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*		2,543	1,079	1,464
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*		26	0	26
T	Total fund needed	*(N+O+P+Q+R+S)*		35,428	14,900	20,528
U	Total country co-financing	*I x country co-financing per dose (cc)*		14,900		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*		42.40 %		

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

		Formula	2015		
			Total	Government	GAVI
A	Country co-finance	*V*	45.25 %		
B	Number of children to be vaccinated with the first dose	*Table 4*	38,316	17,339	20,977
C	Number of doses per child	*Vaccine parameter (schedule)*	1		
D	Number of doses needed	*B x C*	38,316	17,339	20,977
E	Estimated vaccine wastage factor	*Table 4*	1.67		
F	Number of doses needed including wastage	*D X E*	63,988	28,955	35,033
G	Vaccines buffer stock	*((D - D of previous year) x 0.25) + (((D x E - D) - (D of previous year x E of previous year - D of previous year)) x 0.25)*	466	211	255
H	Stock to be deducted	*H2 of previous year - 0.25 x F of previous year*	17,069	7,724	9,345
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*	47,400	21,449	25,951
J	Number of doses per vial	*Vaccine Parameter*	10		
K	Number of AD syringes (+ 10% wastage) needed	*(D + G – H) x 1.10*	23,885	0	23,885
L	Reconstitution syringes (+ 10% wastage) needed	*(I / J) x 1.10*	5,214	0	5,214
M	Total of safety boxes (+ 10% of extra need) needed	*(K + L) / 100 x 1.10*	321	0	321
N	Cost of vaccines needed	*I x vaccine price per dose (g)*	48,585	21,986	26,599
O	Cost of AD syringes needed	*K x AD syringe price per unit (ca)*	1,075	0	1,075
P	Cost of reconstitution syringes needed	*L x reconstitution price per unit (cr)*	21	0	21
Q	Cost of safety boxes needed	*M x safety box price per unit (cs)*	2	0	2
R	Freight cost for vaccines needed	*N x freight cost as of % of vaccines value (fv)*	3,790	1,715	2,075
S	Freight cost for devices needed	*(O+P+Q) x freight cost as % of devices value (fd)*	110	0	110
T	Total fund needed	*(N+O+P+Q+R+S)*	53,583	23,700	29,883
U	Total country co-financing	*I x country co-financing per dose (cc)*	23,700		
V	Country co-financing % of GAVI supported proportion	*U / (N + R)*	45.25 %		

8. Injection Safety Support (INS)

This window of support is no longer available

9. Health Systems Strengthening Support (HSS)

Kenya is not reporting on Health Systems Strengthening (HSS) fund utilisation in 2014

Please complete and attach the HSS Reporting Form to report on the implementation of the new HSS grant which was approved in 2012 or 2013.

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

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

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

Kenya is not reporting on GAVI TYPE A CSO support for 2013

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

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

Kenya is not reporting on GAVI TYPE B CSO support for 2013

11. Comments from ICC/HSCC Chairs

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

12. Annexes

12.1. Annex 1 – Terms of reference ISS

TERMS OF REFERENCE:

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

I. All countries that have received ISS /new vaccine introduction grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.2. Annex 2 – Example income & expenditure ISS

MINIMUM REQUIREMENTS FOR **ISS** AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS *1*

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.3. Annex 3 – Terms of reference HSS

TERMS OF REFERENCE:

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

I. All countries that have received HSS grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.4. Annex 4 – Example income & expenditure HSS

MINIMUM REQUIREMENTS FOR **HSS** FINANCIAL STATEMENTS:

An example statement of income & expenditure

Summary of income and expenditure – GAVI HSS		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

12.5. Annex 5 – Terms of reference CSO

TERMS OF REFERENCE:

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

I. All countries that have received CSO 'Type B' grants during the 2013 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2013, 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 2013 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 2012 calendar year (opening balance as of 1 January 2013)

b. Income received from GAVI during 2013

c. Other income received during 2013 (interest, fees, etc)

d. Total expenditure during the calendar year

e. Closing balance as of 31 December 2013

f. A detailed analysis of expenditures during 2013, 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 2013 (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 2013 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

12.6. Annex 6 – Example income & expenditure CSO

MINIMUM REQUIREMENTS FOR **CSO 'Type B'** FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI CSO		
	Local currency (CFA)	**Value in USD ***
Balance brought forward from 2012 (balance as of *31Decembre 2012*)	25,392,830	53,000
Summary of income received during 2013		
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 2013	30,592,132	63,852
Balance as of 31 December 2013 (balance carried forward to 2014)	60,139,325	125,523

* Indicate the exchange rate at opening 01.01.2013, the exchange rate at closing 31.12.2013, 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						
Wages & 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 2013	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

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

13. Attachments

Document Number	Document	Section	Mandatory	File
1	Signature of Minister of Health (or delegated authority)	2.1	✓	Signature of Minister of Health or Delegated Authority.docx **File desc:** This document is still pending. **Date/time :** 16/05/2014 05:54:39 **Size:** 12 KB
2	Signature of Minister of Finance (or delegated authority)	2.1	✓	Signature of Minister of Finance or Delegated Authority.docx **File desc:** This document is still pending. **Date/time :** 16/05/2014 05:57:48 **Size:** 12 KB
3	Signatures of members of ICC	2.2	✓	Signature of ICC members.docx **File desc:** **Date/time :** 16/05/2014 06:48:10 **Size:** 12 KB
4	Minutes of ICC meeting in 2014 endorsing the APR 2013	5.7	✓	Minutes and List of Attendance CH-ICC 15.05.2014.zip **File desc:** Minutes of ICC meeting in 2014 endorsing the APR 2013 **Date/time :** 16/05/2014 06:05:58 **Size:** 3 MB
5	Signatures of members of HSCC	2.3	✗	No file loaded
6	Minutes of HSCC meeting in 2014 endorsing the APR 2013	9.9.3	✓	Not applicable document.docx **File desc:** HSCC had not met for 2013. **Date/time :** 16/05/2014 07:33:00 **Size:** 14 KB
7	Financial statement for ISS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	6.2.1	✓	Not applicable document.docx **File desc:** No ISS grant received in 2013 **Date/time :** 16/05/2014 07:45:25 **Size:** 14 KB
8	External audit report for ISS grant (Fiscal Year 2013)	6.2.3	✓	Not applicable document.docx **File desc:** No ISS grant received in 2013 **Date/time :** 16/05/2014 07:52:57 **Size:** 14 KB

9	Post Introduction Evaluation Report	7.2.2	✓	PCV 10 PIE REPORT KENYA.pdf **File desc:** Report of PCV 10 post introduction evaluation, 2012 **Date/time :** 08/05/2014 04:28:26 **Size:** 819 KB
10	Financial statement for NVS introduction grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	7.3.1	✓	Not applicable document.docx **File desc:** No NVS grant received for 2013 **Date/time :** 16/05/2014 07:42:10 **Size:** 14 KB
11	External audit report for NVS introduction grant (Fiscal year 2013) if total expenditures in 2013 is greater than US$ 250,000	7.3.1	✓	Not applicable document.docx **File desc:** No NVS received for 2013 **Date/time :** 16/05/2014 07:49:05 **Size:** 14 KB
12	Latest EVSM/VMA/EVM report	7.5	✓	KE-EVM-Report-17-Dec-13.pdf **File desc:** EVMA report for Kenya carried out in December 2013 **Date/time :** 08/05/2014 04:25:55 **Size:** 2 MB
13	Latest EVSM/VMA/EVM improvement plan	7.5	✓	KE-EVMA improvement plan Dec 2013.pdf **File desc:** Kenya EVMA improvement plan Dec 2013 **Date/time :** 08/05/2014 04:34:13 **Size:** 124 KB
14	EVSM/VMA/EVM improvement plan implementation status	7.5	✓	Status of implementation of EVMA improvement plan.docx **File desc:** Not applicable. One year review of improvement plan is not due till December 2014. **Date/time :** 16/05/2014 06:05:31 **Size:** 12 KB
16	Valid cMYP if requesting extension of support	7.8	✗	cMYP Kenya_2014.pdf **File desc:** comprehensive multi year plan 2014 **Date/time :** 08/05/2014 04:38:42 **Size:** 2 MB
17	Valid cMYP costing tool if requesting extension of support	7.8	✗	cMYP_V3 4_4_12_13_Kenya costing tool.xlsm **File desc:** Costing tool for immunization programme Kenya **Date/time :** 08/05/2014 06:54:58 **Size:** 1 MB

18	Minutes of ICC meeting endorsing extension of vaccine support if applicable	7.8	✗	No file loaded
19	Financial statement for HSS grant (Fiscal year 2013) signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	No file loaded
20	Financial statement for HSS grant for January-April 2014 signed by the Chief Accountant or Permanent Secretary in the Ministry of Health	9.1.3	✗	No file loaded
21	External audit report for HSS grant (Fiscal Year 2013)	9.1.3	✗	No file loaded
22	HSS Health Sector review report	9.9.3	✗	No file loaded
23	Report for Mapping Exercise CSO Type A	10.1.1	✗	No file loaded
24	Financial statement for CSO Type B grant (Fiscal year 2013)	10.2.4	✗	No file loaded
25	External audit report for CSO Type B (Fiscal Year 2013)	10.2.4	✗	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 2013 on (i) 1st January 2013 and (ii) 31st December 2013	0	✓	Pending document.docx **File desc:** This document will provided together with the KENAO audit report. **Date/time :** 16/05/2014 08:01:31 **Size:** 14 KB

27	Minutes ICC meeting endorsing change of vaccine prensentation	7.7	✕	No file loaded
	Other		✕	No file loaded