

#### **GAVI Alliance**

# **Annual Progress Report 2010**

# The Government of Kenya

Reporting on year: 2010
Requesting for support year: 2012
Date of submission: 31.05.2011 10:16:13

Deadline for submission: 1 Jun 2011

Please submit the APR 2010 using the online platform https://AppsPortal.gavialliance.org/PDExtranet

Enquiries to: <a href="mailto:apr@gavialliance.org">apr@gavialliance.org</a> or representatives of a GAVI partner agency. The documents can be shared with GAVI 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/performance/country\_results/index.php

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 IRC processes and the availability of funds.

#### AMENDMENT TO THE APPLICATION

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

#### **RETURN OF FUNDS**

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

#### SUSPENSION/ TERMINATION

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

#### **ANTICORRUPTION**

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

#### **AUDITS AND RECORDS**

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

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

#### **CONFIRMATION OF LEGAL VALIDITY**

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

#### CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARANCY AND ACCOUNTABILITY POLICY

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

#### **USE OF COMMERCIAL BANK ACCOUNTS**

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

#### **ARBITRATION**

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

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

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

#### 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: 2010
Requesting for support year: 2012

# 1.1. NVS & INS support

Type of Support	Current Vaccine	Preferred presentation	Active until
NVS	DTP-HepB-Hib, 2 doses/vial, Lyophilised	DTP-HepB-Hib, 10 doses/vial, Liquid	2015
NVS	Pneumococcal (PCV10), 2 doses/vial, Liquid	Pneumococcal (PCV10), 2 doses/vial, Liquid	2015
NVS	Yellow Fever, 10 doses/vial, Lyophilised	Yellow Fever, 10 doses/vial, Lyophilised	2015

# **Programme extension**

No NVS support eligible to extension this year.

# 1.2. ISS, HSS, CSO support

Type of Support	Active until
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ISS	2010
HSS	2010

# 2. Signatures

Please fill in all the fields highlighted in blue. Afterwards, please print this page, have relevant people dated and signed, then upload the scanned signature documents in Section 13 "Attachments".

#### 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.

Enter the family name in capital letters.

Minister of Health (or delegated authority):		Minister of Finance (or delegated authority)		
Name	Hon. Beth MUGO EGH MP	Name	Hon. Uhuru M KENYATTA EGH MP	
Date		Date		
Signature		Signature		

#### This report has been compiled by

**Note:** To add new lines click on the *New item* icon in the *Action* column.

Enter the family name in capital letters.

Full name	Position	Telephone	Email	Action
Dr Tatu KAMAU	Head, Division of Vaccines and Immunization	: +254 722276016 or + 254 020 2013370	tatun@wananchi.com	
Dr James MWITARI	Head, , Division of Community Health Services,	+254 721743502	jmwitari@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

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.

**Note:** To add new lines click on the **New item** icon in the **Action** column.

Enter the family name		Γ	_	T
Name/Title	Agency/Organisation	Signature	Date	Action
DR S K SHARIF	Director of Public Health and Sanitation			
Dr. Annah WAMAE, Chairperson CH-ICC	Head Family Department, Ministry of Public Health and Sanitation			
Dr Santau MIGIRO, Secretary CH-ICC	Head, Child Health division, Ministry of Public Health and Sanitation			
Dr Tatu KAMAU	Division of Vaccines and Immunization, Ministry of Public Health and Sanitation			
Dr. Abdoulie JACK	WHO Representative, Kenya			
Dr. Olivia YAMBI	Country Director, UNICEF			
M/s Lynn ADRIAN, Director, Population and Social Section	USAID			

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

All comments will be treated confidentially

Comments from Partners:

The signature provided above is provided in our capacity solely as an informal member of the Child Health ICC. It does not represent a contractual commitment of enforceable clause, nor is it being provided in the context of any fiduciary responsibility for GAVI Alliance funds or otherwise. This signature should not be viewed as having any legal effect, not should any reliance be placed on any confirmations made above, which are not legally or operationally within the purview of our role or capacity as a committee member.

Comments from the Regional Working Group:	

#### 2.3. HSCC Signatures Page

If the country is reporting on HSS

The GAVI Alliance Transparency and Accountability Policy is an integral part of GAVI Alliance monitoring of country performance. By signing this form the HSCC members confirm that the funds received from the GAVI Alliance have been used for purposes stated within the approved application and managed in a transparent manner, in accordance with government rules and regulations for financial management. Furthermore, the HSCC confirms that the content of this report has been based upon accurate and verifiable financial reporting.

#### 2.3.1. HSS report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee (HSCC) - 28, endorse this report on the Health Systems Strengthening Programme. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

**Note:** To add new lines click on the *New item* icon in the *Action* column. *Action*.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action
Mr Mark BOR,CBS Permanent Secretary,	Ministry of Public Health and Sanitation			
Mary NGARI, CBS Permanent Secretary,	Ministry of Medical services			
Dr S K SHARIF	Director of Public Health and Sanitation			
Abdoulie JACK - WHO Country Representative	WHO, Kenya			
Olivia YAMBI - Country Director	, UNICEF Kenya			
Mr. Klaus HORNETZ, Team Leader Health Development Program	GDC - GIZ			
Mike MILLS - Lead Economist and Health and Development Sector leader	World Bank, Kenya			
Dr John ODONDI - Head, Department - Primary Health Care Secretary to HSCC	Ministry of Public Health and Sanitation			
Dr. Nduku KILONZO, Chairperson	Health NGOs Network (HENNET)			
M/s Lynn ADRIAN, Director, Population and Social Section	USAID			
Dr. Samuel WERE, Head Department of Technical Planning/ Secretary to HSCC	Ministry of Public Health and Sanitation			

Name/Title	Agency/Organisation	Signature	Date	Action

HSCC may wish to send informal comments to: <a href="mailto:apr@gavialliance.org">apr@gavialliance.org</a>

All comments will be treated confidentially

Comments from Partners:

The signature provided above is provided in our capacity solely as an informal member of the HSCC. It does not represent a contractual commitment of enforceable clause, nor is it being provided in the context of any fiduciary responsibility for GAVI Alliance funds or otherwise. This signature should not be viewed as having any legal effect, not should any reliance be placed on any confirmations made above, which are not legally or operationally within the purview of our role or capacity as a committee member.

Comments from the Regional Working Group:

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

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance to help implement the GAVI HSS proposal or cMYP (for Type B funding).

## 2.4.1. CSO report editors

This report on the GAVI Alliance CSO Support has been completed by

**Note:** To add new lines click on the *New item* icon in the *Action* column. Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

#### 2.4.2. CSO report endorsement

We, the undersigned members of the National Health Sector Coordinating Committee - 28, endorse this report on the GAVI Alliance CSO Support.

Note: To add new lines click on the New item icon in the Action column.

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature	Date	Action

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

#### 3. Table of Contents

This APR reports on Kenya's activities between January - December 2010 and specifies the requests for the period of January - December 2012

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# **4. Baseline and Annual Targets**

Table 1: baseline figures

Number	Achievements as per JRF		Targets				
	2010	2011	2012	2013	2014	2015	
Total births	1,353,782	1,393,304	1,435,103	1,478,156	1,522,501	1,568,176	
Total infants' deaths	79,572	81,959	84,418	86,950	89,559	92,246	
Total surviving infants	1,274,210	1,311,345	1,350,685	1,391,206	1,432,942	1,475,930	
Total pregnant women	1,353,782	1,393,304	1,435,103	1,478,156	1,522,501	1,568,176	
# of infants vaccinated (to be vaccinated) with BCG	1,333,991	1,379,371	1,420,752	1,463,375	1,507,276	1,552,494	
BCG coverage (%) *	99%	99%	99%	99%	99%	99%	
# of infants vaccinated (to be vaccinated) with OPV3	1,056,904	1,180,210	1,215,617	1,252,085	1,289,648	1,328,337	
OPV3 coverage (%) **	83%	90%	90%	90%	90%	90%	
# of infants vaccinated (or to be vaccinated) with DTP1 ***	1,185,197	1,245,778	1,283,151	1,321,646	1,361,295	1,402,134	
# of infants vaccinated (to be vaccinated) with DTP3 ***	1,055,827	1,180,210	1,215,617	1,252,085	1,289,648	1,328,337	
DTP3 coverage (%) **	83%	90%	90%	90%	90%	90%	
Wastage <sup>11</sup> rate in base-year and planned thereafter (%)	10%	10%	5%	5%	5%	5%	
Wastage <sup>11</sup> factor in base-year and planned thereafter	1.11	1.11	1.05	1.05	1.05	1.05	
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of HepB and/or Hib	1,185,197	1,245,778	1,283,151	1,321,646	1,361,295	1,402,134	
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of HepB and/or Hib	1,055,827	1,180,210	1,215,617	1,252,085	1,289,648	1,328,337	
3 <sup>rd</sup> dose coverage (%) **	83%	90%	90%	90%	90%	90%	
Wastage <sup>[1]</sup> rate in base-year and planned thereafter (%)	10%	10%	5%	5%	5%	5%	
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1.11	1.11	1.05	1.05	1.05	1.05	

Number	Achievements as per JRF		Targets				
	2010	2011	2012	2013	2014	2015	
Infants vaccinated (to be vaccinated) with one dose of Yellow Fever	12,100	31,916	35,065	36,117	37,200	38,316	
Yellow Fever coverage (%) **	1%	2%	3%	3%	3%	3%	
Wastage <sup>11</sup> rate in base-year and planned thereafter (%)	50%	40%	35%	30%	30%	30%	
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	2	1.67	1.54	1.43	1.43	1.43	
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Pneumococcal	0	1,245,778	1,283,151	1,321,646	1,361,295	1,402,134	
Infants vaccinated (to be vaccinated) with 3 <sup>rd</sup> dose of Pneumococcal	0	1,180,210	1,215,617	1,252,085	1,289,648	1,328,337	
Pneumococcal coverage (%) **	0%	90%	90%	90%	90%	90%	
Wastage <sup>11</sup> rate in base-year and planned thereafter (%)	0%	10%	10%	10%	10%	10%	
Wastage <sup>[1]</sup> factor in base-year and planned thereafter	1	1.11	1.11	1.11	1.11	1.11	
Infants vaccinated (to be vaccinated) with 1 <sup>st</sup> dose of Measles	1,100,374	1,180,210	1,215,617	1,252,085	1,289,648	1,328,337	
Measles coverage (%) **	86%	90%	90%	90%	90%	90%	
Pregnant women vaccinated with TT+	993,904	1,114,643	1,148,082	1,182,525	1,218,001	1,254,541	
TT+ coverage (%) ****	73%	80%	80%	80%	80%	80%	
Vit A supplement to mothers within 6 weeks from delivery							
Vit A supplement to infants after 6 months	1,081,376	1,135,444	1,192,215	1,251,827	1,314,418	1,380,139	
Annual DTP Drop-out rate [( DTP1 - DTP3 ) / DTP1 ] x 100	11%	5%	5%	5%	5%	5%	

<sup>\*</sup> Number of infants vaccinated out of total births

<sup>\*\*</sup> Number of infants vaccinated out of total surviving infants

\*\*\* 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.

# 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 2010 must be consistent with those that the country reported in the WHO/UNICEF Joint Reporting Form (JRF) for 2010. The numbers for 2011 to 2015 in the table on section 4 <u>Baseline and Annual Targets</u> should be consistent with those that the country provided to GAVI in the previous APR or in the new application for GAVI support or in cMYP.

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

Provide justification for any changes in births

The figures in this APR are consistent with figures in the rota virus application form and the cMYP 2011 - 2015. However, there are variations in the target population from the previous APR following the release of the Kenya National Population and Housing Census result for 2009. These results were published and launched in August 2010.

Provide justification for any changes in surviving infants

The figures in this APR are consistent with figures in the rota virus application form and the cMYP 2011 - 2015. However, there are variations in the target population from the previous APR following the release of the Kenya National Population and Housing Census result for 2009. These results were published and launched in August 2010.

Provide justification for any changes in targets by vaccine

The figures in this APR are consistent with figures in the rota virus application form and the cMYP 2011 - 2015. The targets for 2012 is based on the 2009 surviving infants and application is being made this year 2011 with variation following publication 2009 census results.

Regarding the downward revision of our denominators for all our EPI antigens, this resulted from the findings of the national census that was concluded in 2009.

The census results showed that the overall population growth had slowed and was not as high as had been earlier projected using the population growth rates from the 1999 census.

The correction on the projected target populations of live birth & surviving infants was coputed for us by officers from the Central Bureau of Statistics.

Provide justification for any changes in wastage by vaccine

There are no changes in vaccine wastage. Kenya has been using the standardized vaccine wastage rates.

#### 5.2. Immunisation achievements in 2010

#### 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 2010 and how these were addressed

The improvement in 2010 EPI performance can be attributed to the following activities; •Review and harmonization of performance targets based on the 2009 census figures. The number of surviving

reduced 1,543,525 1,272,256 with regional infants (national) from to · With support from UNICEF and USAID-MCHIP, 102 lower performing districts with high numbers of unvaccinated children implemented the RED/DQS approach. Priority was also given to districts considered at high risk for polio and measles importation. With this support, districts were able to reduce the numbers of unvaccinated children by increasing the frequency of conducting outreach services to hard to reach areas, conducting supportive supervision, and engagement of communities that encouraged ownership and utilization of EPI services. Institutionalization of improved the quality of Considering the multiple challenges districts faced with the use of the computerised FTP system to report EPI data, districts were encouraged to submit parallel EPI reports to DVI. This improved the reporting rate. . The GAVI HSS support has also contributed to the improved coverage through the recruitment of 260 health workers in 2008 and the establishment of 424 community units in 2010 with 2 Community Health Extension Workers (848) unit

#### Challenges:

- Preparations for PCV 10 vaccine introduction were intense and added additional workload for routine immunization
- The polio SIAs in response to the polio threat from eastern Uganda diverted attention from routine immunization
- · Occasional stock outs of Pentavalent vaccine occasioned by the global supply constraints of DPT HepB- Hib.

#### 5.2.2.

If targets were not reached, please comment on the reasons for not reaching the targets All targets were achieved.

#### 5.2.3.

Do males and females have equal access to the immunisation services? Yes

**If No**, please describe how you plan to improve the equal access of males and females to the immunisation services.

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

If Yes, please give a brief description on how you have achieved the equal access.

Equal access to immunization has never been a problem in Kenya. Repeated KDHS have not shown any gender disparities in uptake of immunization services. The reasons for this observation are probably cultural.

#### 5.2.4.

Please comment on the achievements and challenges in 2010 on ensuring males and females having equal access to the immunisation services

#### 5.3. Data assessments

#### **5.3.1.**

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)\*.

Discrepancies between administrative immunization coverage, 2009 and 2010 and the Kenya Demographic and Health survey immunization coverage exist because of the following reasons; In 2009, the projected population data and the immunization targets were exaggerated (as confirmed by the census report) giving a wrong impression of under performance for all the antigens. In addition, the change of the reporting system from paper based to the FTP (File Transfer Protocol), resulted in delayed reporting and hence under reporting translating to under performance. In 2010, the margin of the discrepancies between administrative coverage and the

KDHS coverage was minimal because accurate population data from the 2009 census were applied.

\* Please note that the WHO UNICEF estimates for 2010 will only be available in July 2011 and can have retrospective changes on the time series.

#### 5.3.2.

Have any assessments of administrative data systems been conducted from 2009 to the present? Yes

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

The Kenya Demographic and Health survey is conducted after every 5 years. It is designed to provide data for monitoring the population and health situation in Kenya. A nationally representative sample of 8444 women aged 15 – 49 years and 3465 men aged 15 - 54 were interviewed with a response rate of 96% and 89% for women and men respectively. According to the 2008 KDHS, 77% of children aged between 12 and 23 months had received all recommended vaccines.

#### 5.3.3.

Please describe any activities undertaken to improve administrative data systems from 2008 to the present.

DQA: The national HMIS department as part of the AOP5 performance, conducted DQA in selected sites in 2010 with the main objectives of verifying the quality of reported data for key indicators at these sites; and assessing the ability of data management systems to collect and report quality data.

DQSA: All District Health Management Teams in Kenya were trained on the process of conducting Data Quality Self Assessment. DQSA integrated into Supervisory schedules at all levels. Regular (March, August, November) reporting of findings and recommendations to national level.

Supportive supervision: regular in-depth and integrated supportive supervision visits conducted quarterly at all levels and data issues addressed. DHMT advised to integrate and institutionalise DQSA into existing supervisory schedules.

Regular EPI review meetings: quarterly data review meetings at district and provincial levels to identify and address data issues.

#### 5.3.4.

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

DVI and HMIS will continue conducting all of the activities mentioned in 5.1 up to 5.3.3 above and addressing the previous recommendations findinas. from Additionally, the use of innovative systems to improve on the timeliness and completeness of reporting like SMS based reporting will be piloted and scaled where appropriate. uр

### 5.4. Overall Expenditures and Financing for Immunisation

The purpose of **Table 2a** and **Table 2b** below is to guide GAVI understanding of the broad trends in immunisation programme expenditures and financial flows. Please fill-in the table using US\$.

**Exchange rate used** 1 \$US = 80 Enter the rate only; no local currency name

Table 2a: Overall Expenditure and Financing for Immunisation from all sources (Government and donors) in US\$

**Note:** To add new lines click on the **New item** icon in the **Action** column.

		Sources of Funding						Actions	
Expenditures by Category	Expenditures Year 2010	Country	GAVI	UNICEF	WHO	Donor name MCHIP	Donor name CHAI	Donor name	
Traditional Vaccines*	2,950,000	2,950,000							
New Vaccines	23,281,626	1,582,637	21,698,989						
Injection supplies with AD syringes	1,128,000	1,128,000							
Injection supply with syringes other than ADs	72,000	72,000							
Cold Chain equipment	1,033,056	805,556		200,000	27,500				
Personnel									
Other operational costs	2,043,569	849,222		1,000,000	67,500	84,062	42,785		
Supplemental Immunisation Activities	681,250				680,000	1,250			
Total Expenditures for Immunisation	31,189,501								

		Sources of Funding						Actions	
Expenditures by Category	Expenditures Year 2010	Country	GAVI	UNICEF	WHO	Donor name MCHIP	Donor name CHAI	Donor name	
Total Government Health		7,387,415	21,698,989	1,200,000	775,000	85,312	42,785		

<sup>\*</sup> Traditional vaccines: BCG, DTP, OPV (or IPV), Measles 1<sup>st</sup> 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.

**Table 2b:** Overall Budgeted Expenditures for Immunisation from all sources (Government and donors) in US\$.

**Note:** To add new lines click on the **New item** icon in the **Action** column

Expenditures by Category	Budgeted Year 2012	Budgeted Year 2013	Action s
Traditional Vaccines*	2,947,864	3,306,279	
New Vaccines	28,817,234	62,457,509	
Injection supplies with AD syringes	1,209,996	1,361,354	
Injection supply with syringes other than ADs			
Cold Chain equipment	100,203	2,400,000	
Personnel	5,140,055	5,278,512	
Other operational costs			
Supplemental Immunisation Activities			
Total Expenditures for Immunisation	38,215,352	74,803,654	

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

Please describe trends in immunisation expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunisation program over the next three years; whether the funding gaps are manageable, challenging, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

The Governments allocations for the immunisation programme has been constant. There was a slight reduction as the cold chain expenditure for 2010 was reduced. In 2011 the cold chain equipment budget will increase the expenditure.

The Co financing requirement increased from GAVI 1.6 million USD in 2009 to 2.3 million in 2010. However the Government allocation for co financing shrunk and this required part of the funds allocated for traditional vaccines be used to offset the difference.

The Government in 2009/2010 gave 1.25 million US Dollars(100 million Kenya shillings) as part of Economic Stimulus Package(ESP). This helped to "cover" up the gap created by diverting funds from traditional vaccines to GAVI co payment. This is a risk in taking up new vaccines but the Government has budgeted to increase the funding of both traditional vaccines and New and under used vaccines co payment. The co financing allocation has been doubled to meet our commitments to GAVI and our traditional vaccine budget has also been increased.

The operational cost for the Immunisation programme have not changed over the past 2 years and are unlikely to increase. The Ministry of public health and sanitation has however rolled out a new initiative called the HSSF (Health sector services fund) where facilities will receive a significant direct financial grants from Government and partners. The funds will be used for operations which also include immunisation services. This funds will positively improve services.

#### 5.5. Inter-Agency Coordinating Committee (ICC)

How many times did the ICC meet in 2010? 4

Please attach the minutes ( Document number 8,9,10,11,12,13 ) from all the ICC meetings held in 2010, including those of the meeting endorsing this report.

List the key concerns or recommendations, if any, made by the ICC on sections <u>5.1 Updated</u> <u>baseline and annual targets</u> to <u>5.4 Overall Expenditures and Financing for Immunisation</u>

Are there any Civil Society Organisations (CSO) member of the ICC ?: Yes

#### If Yes, which ones?

Note: To add new lines click on the *New item* icon in the *Action* column.

List CSO member organisations:	Actions
HENNET - AMREF, CHAK, KEC, Afri Afya, JHPIEGO,	

#### **5.6.** Priority actions in **2011** to **2012**

What are the country's main objectives and priority actions for its EPI programme for 2011 to 2012? Are they linked with cMYP?

The Immunisation programme primary focus is to reach the unreached to achieve universal coverage for all antigens. Creating demand for immunization services through evidence-driven advocacy

Improving performance of routine Immunization

Improving the capacity of health workers

Accelerated VPD control

Supplemental Immunization

Improving financial flows

Strengthening surveillance

Attaining and maintaining polio free status

The priorities are linked to cMYP.

#### 5.7. 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 2010

Note: To add new lines click on the *New item* icon in the *Action* column.

Vaccine	Types of syringe used in 2010 routine EPI	Funding sources of 2010	Actions
BCG	0.05ml AD syringes	GoK	
Measles	0.5ml AD syringes	GoK	
тт	0.5ml AD syringes	GoK	
DTP-containing vaccine	0.5ml AD syringes	GOK	
Pneumococcal	0.5ml AD syringes	GOK	
Yellow Fever	0.5ml AD syringes	GOK	

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? (Please report in box below)

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

Yes	injection safety	policy has	been in	place	since	2009	covering	the	following	areas:
-	Where	appl	icable,	av	void		unnecessa	ry	in	jections.
-	[	Do	no	t		r	euse		5	syringes.
-	Discard	used	syring	es	into		а	safe	ety	box.

- All injection waste to be disposed/destroyed by burning and burying or incineration where available.

Obstacles encountered:

- The number of incinerators are insignificant for handling the current volume of injection waste generated.

Please explain in 2010 how sharps waste is being disposed of, problems encountered, etc.

All sharps are disposed into safety boxes at health facilities level. The safety boxes are disposed off by burn and burying and where applicable they are incinerated.

# 6. Immunisation Services Support (ISS)

#### 6.1. Report on the use of ISS funds in 2010

	Amount
Funds received during 2010	US\$ 0
Remaining funds (carry over) from 2009	US\$ 175,595
Balance carried over to 2011	US\$ 79,662

Please report on major activities conducted to strengthen immunisation using ISS funds in 2010

The opening balance combines the funds from the shilling and dollar accounts and is represented here in USD. In the shilling account is not specific to immunisation but the dollar account is specific to GAVI funds only. The 2009 APR closing balance was 180,529. The funds carried forward currently was due to depreciation of the shilling and hence the difference

-Reaching Every District (RED)approach was implemented in 102 districts - including 7 districts directly supported by the USAID-MCHIP project.

#### 6.2. Management of ISS Funds

Has a GAVI Financial Management Assessment (FMA) been conducted prior to, or during the 2010 calendar year? No

If Yes, please complete Part A below.

If No, please complete Part B below.

Part A: briefly describe progress against requirements and conditions which were agreed in any Aide Memoire concluded between GAVI and the country, as well as conditions not met in the management of ISS funds

ISS funds received in country

ISS funds declared to the Child Health ICC

Proposal prepared for use of the ISS funds by the Division of Vaccines and Immunization, WHO and UNICEF

Proposal tabled in a CH-ICC meeting for approval

(Proposal revised if required by the CH-ICC)

Approval for spending sought from the Accounting officer of the Ministry of Public Health and Sanitation Spending begins on approved activities.

**Part B:** 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.

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-

<sup>-</sup> Trainings and advocacy activities conducted during PCV10 introduction (which used GAVI new vaccine introduction grant and ISS funds.

national levels, financial reporting arrangements at both the sub-national and national levels, and the overall role of the ICC in this process

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

### 6.3. Detailed expenditure of ISS funds during the 2010 calendar year

Please attach a detailed financial statement for the use of ISS funds during the 2010 calendar year ( Document Number 6,7,14,16 ) (Terms of reference for this financial statement are attached in Annex 1). Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

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

#### 6.4. Request for ISS reward

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

- a) If the number of children vaccinated with DTP3 is higher than the previous year's achievement (or the original target set in the approved ISS proposal), and
- b) If the reported administrative coverage of DTP3 (reported in the JRF) is in line with the WHO/UNICEF coverage estimate for the same year, which will be published at <a href="http://apps.who.int/lmmunisation\_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm">http://apps.who.int/lmmunisation\_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm</a>.

If you qualify for ISS reward based on DTP3 achievements in 2010 immunisation programme, estimate the US\$ amount by filling **Table 3** below

**Note:** The Monitoring IRC will review the ISS section of the APR after the WHO/UNICEF coverage estimate is made available

<b>Table 3:</b> Calculation o	f expected ISS reward
-------------------------------	-----------------------

				2009	2010
				Α	В
1	Number of infants vaccinated with DTP3* (from JRF) specify			1,119,066	1,055,827
2	2 Number of additional infants that are reported to be vaccinated with DTP3				-63,239
3	Calculating	\$20 per additional child vaccinated with DTP3			-1,264,780
4 Rounded-up estimate of expected reward			of expected		-1,264,500

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

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

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

# 7.1. Receipt of new & under-used vaccines for 2010 vaccination programme

#### 7.1.1.

Did you receive the approved amount of vaccine doses for 2010 Immunisation Programme that GAVI communicated to you in its Decision Letter (DL)? Fill-in **Table 4** below.

Table 4: Received vaccine doses

Note: To add new lines click on the *New item* icon in the *Action* column.

	[A]	[B]		
Vaccine Type	Total doses for 2010 in DL	Total doses received by 31 December 2010 *	Total doses of postponed deliveries in 2011	Actions
DTP-HepB- Hib	4,407,600	3,481,200	855,600	
Pneumococcal	1,200,100	1,200,000	0	
Yellow Fever	54,400	50,500	0	

<sup>\*</sup> Please also include any deliveries from the previous year received against this DL

If numbers [A] and [B] above are different

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

DPT-HepB-Hib: Occasioned by global supply problem due to the reduction in the number of suppliers

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

The program is rationing supplies to lower levels and scheduling immunisation sessions (some facilities have reduced their vaccination days to one or two days a week). This is a temporary measure to deal with the reduced supplies available to the country.

#### 7.1.2.

For the vaccines in the Table 4 above, has your country faced stock-out situation in 2010? Yes

If Yes, how long did the stock-out last? 2 weeks

Please describe the reason and impact of stock-out

The antigen affected was pentavalent. This was due to delayed and often reduced supplies from UNICEF due to inability by vaccine manufacture to meet demand.

#### 7.2. Introduction of a New Vaccine in 2010

#### 7.2.1.

If you have been approved by GAVI to introduce a new vaccine in 2010, please refer to the vaccine introduction plan in the proposal approved and report on achievements

Vaccine introduced	Pneumococcal	Conjugate Vaccine
Phased introduction		Date of introduction
Nationwide introduction	Yes	Date of introduction 14.02.2011
The time and scale of introduction was as planned in the proposal?	No	If No, why?  The introduction had been planned for September 2010 and finally changed to January 2011.  The delay from September 2010 to January 2011 was to allow for development of training material and distribution of logistics.  The delay was also occasioned by a polio outbreak that required SIAs that conflicted with the original date of introduction.

#### 7.2.2.

When is the Post introduction Evaluation (PIE) planned? DECEMBER 2011

If your country conducted a PIE in the past two years, please attach relevant reports ( Document No )

#### 7.2.3.

Has any case of Adverse Event Following Immunisation (AEFI) been reported in 2010 calendar year? No

If AEFI cases were reported in 2010, please describe how the AEFI cases were dealt with and their impact on vaccine introduction

#### 7.2.4.

Use of new vaccines introduction grant (or lump-sum)

Funds of Vaccines Introduction Grant received in 2010

\$US	443,500
Receipt date	11.08.2010

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

Training - cascaded training from national level to regional, district and health facility

ACSM – design, production, and distribution of pneumo IEC materials

Logistic support – distribution of vaccine and other supplies from national level to regional, district and health facility Programmatic monitoring – engagement of research firm to conduct programmatic monitoring one month, six months and a year after introduction.

M&E - revision of tools to include pneumo.

Supportive supervision – conducted supervision pre introduction, intra-introduction and post introduction at national, regional, district and health facility levels for pneumo and all other vaccines

Launch – supported national launch on the 14th of February 2011 and subsequent regional and district launches thereafter.

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

Polio SIA in November, December and January in Western Kenya threatened to disrupt training activities for the introduction of PCV-10 in the region.

Delayed disbursement of funds from National to districts delayed introduction in some districts.

Is there a balance of the introduction grant that will be carried forward? Yes

If Yes, how much? US\$ 58,823

Please describe the activities that will be undertaken with the balance of funds

Subject to CH- ICC approval, the funds will be used to print additional copies of mother and child booklets (approximately 12000 copies).

#### 7.2.5.

Detailed expenditure of New Vaccines Introduction Grant funds during the 2010 calendar year

Please attach a detailed financial statement for the use of New Vaccines Introduction Grant funds in the 2010 calendar year ( Document No ). (Terms of reference for this financial statement are available in Annex 1.) Financial statements should be signed by the Chief Accountant or by the Permanent Secretary of Ministry of Health.

#### 7.3. Report on country co-financing in 2010 (if applicable)

Table 5: Four questions on country co-financing in 2010

Q. 1: What are the actual co-financed amounts and doses in 2010?								
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses						
1st Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, Lyophilised	539,500	1,667,731						
2nd Awarded Vaccine Pneumococcal (PCV10), 2 doses/vial, Liquid								
3rd Awarded Vaccine Yellow Fever, 10 doses/vial, Lyophilised	20,800	14,986						
Q. 2: Which are the soul	rces of funding for co-financing?							
Donor NA								
Other NA								
Q. 3: What factors have	accelerated, slowed, or hindered m	obilisation of resources for vaccine co-						

#### financing?

- 1. Accelerated Ongoing advocacy for increased allocation and protection of funding for immunization
- Slowed down Regression of the economy which has affected the growth and cash flows of the co-financing resources in the last two years.
- 3.
- 4.

# Q. 4: How have the proposed payment schedules and actual schedules differed in the reporting year?

Schedule of Co-Financing Payments	Proposed Payment Date for 2012
	(month number e.g. 8 for August)
1 <sup>st</sup> Awarded Vaccine DTP-HepB-Hib, 2 doses/vial, Lyophilised	10
2 <sup>nd</sup> Awarded Vaccine Pneumococcal (PCV10), 2 doses/vial, Liquid	10
3 <sup>rd</sup> Awarded Vaccine Yellow Fever, 10 doses/vial, Lyophilised	10

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: <a href="http://www.gavialliance.org/resources/9">http://www.gavialliance.org/resources/9</a> Co Financing Default Policy.pdf.

There was a partial payment made in December 2010. The balance of 2010 co-financing was cleared in March 2011. The Government of Kenya is committed to it obligation and has increased the budgetary allocation for co financing for the year 2011/2012.

Is GAVI's new vaccine support reported on the national health sector budget? No

#### 7.4. Vaccine Management (EVSM/VMA/EVM)

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

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

When was the last Vaccine Management Assessment (VMA) conducted? 17.11.2009

If your country conducted either EVSM or VMA in the past three years, please attach relevant reports. ( Document  $N^{\circ}$  5)

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

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

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

Installation of SMT tool to monitor vaccine stocks at national level. Plans are underway to scale this up to the regional level and build capacity for use to generate weekly vaccine stock status reports. The MOPHS is negotiating for a single import waivers exemption code for EPI vaccines arriving through the UNICEF procurement mechanisms. Training of health workers on cold chain management during the RED and PCV introduction trainings.

Procurement of 2 cold rooms, 30 freezers, 20 vertical refrigerators, 30 facility refrigerators, 2000 gas cylinders & 2000 thermometers

Cold Chain Inventory conducted and the analysis is currently ongoing. The bundling policy is being implemented at all levels. To reduce incidences of vaccine and diluents mismatch. Timely release of funds for operational activities.

When is the next Effective Vaccine Management (EVM) Assessment planned? 01.11.2011

#### 7.5. Change of vaccine presentation

If you would prefer, during 2012, to receive a vaccine presentation which differs from what you are currently being supplied (for instance the number of doses per vial, from one form (liquid/lyophilised) to the other, ...), please provide the vaccine specifications and refer to the minutes of the ICC meeting recommending the change of vaccine presentation. If supplied through UNICEF, planning for a switch in presentation should be initiated following the issuance of Decision Letter (DL) for next year, taking into account country activities needed in order to switch as well as supply availability.

Please specify below the new vaccine presentation

Pentavalent vaccine - two dose lyophilised to ten dose fully liquid

Please attach the minutes of the ICC and NITAG (if available) meeting ( Document No ) that has endorsed the requested change.

# 7.6. Renewal of multi-year vaccines support for those countries whose current support is ending in 2011

If 2011 is the last year of approved multiyear support for a certain vaccine and the country wishes to extend GAVI support, the country should request for an extension of the co-financing agreement with GAVI for vaccine support starting from 2012 and for the duration of a new Comprehensive Multi-Year Plan (cMYP).

The country hereby request for an extension of GAVI support for vaccine for the years 2012 to . At the same time it commits itself to co-finance the procurement of vaccine in accordance with the minimum GAVI co-financing levels as summarised in section 7.9 Calculation of requirements.

The multi-year extension of vaccine support is in line with the new cMYP for the years 2012 to which is attached to this APR ( Document No ).

The country ICC has endorsed this request for extended support of vaccine at the ICC meeting whose minutes are attached to this APR ( Document No ).

# 7.7. Request for continued support for vaccines for 2012 vaccination programme In order to request NVS support for 2012 vaccination do the following

Confirm here below that your request for 2012 vaccines support is as per section <u>7.9</u> Calculation of requirements: Yes

If you don't confirm, please explain

### 7.8. Weighted average prices of supply and related freight cost

Table 6.1: Commodities Cost

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

Vaccine	Presentation	2011	2012	2013	2014	2015
AD-SYRINGE	0	0.053	0.053	0.053	0.053	0.053
DTP-HepB, 2 doses/vial, Liquid	2	1.600				
DTP-HepB, 10 doses/vial, Liquid	10	0.620	0.620	0.620	0.620	0.620
DTP-HepB-Hib, 1 dose/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 2 doses/vial, Lyophilised	WAP	2.580	2.470	2.320	2.030	1.850
DTP-HepB-Hib, 10 doses/vial, Liquid	WAP	2.580	2.470	2.320	2.030	1.850
DTP-Hib, 10 doses/vial, Liquid	10	3.400	3.400	3.400	3.400	3.400
HepB monoval, 1 dose/vial, Liquid	1					
HepB monoval, 2 doses/vial, Liquid	2					
Hib monoval, 1 dose/vial, Lyophilised	1	3.400				
Measles, 10 doses/vial, Lyophilised	10	0.240	0.240	0.240	0.240	0.240
Pneumococcal (PCV10), 2 doses/vial, Liquid	2	3.500	3.500	3.500	3.500	3.500
Pneumococcal (PCV13), 1 doses/vial, Liquid	1	3.500	3.500	3.500	3.500	3.500
RECONSTIT-SYRINGE-PENTAVAL	0	0.032	0.032	0.032	0.032	0.032
RECONSTIT-SYRINGE-YF	0	0.038	0.038	0.038	0.038	0.038
Rotavirus 2-dose schedule	1	7.500	6.000	5.000	4.000	3.600
Rotavirus 3-dose schedule	1	5.500	4.000	3.333	2.667	2.400
SAFETY-BOX	0	0.640	0.640	0.640	0.640	0.640
Yellow Fever, 5 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856
Yellow Fever, 10 doses/vial, Lyophilised	WAP	0.856	0.856	0.856	0.856	0.856

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

Table 6.2: Freight Cost

			200'000 \$		250'000 \$		2'000'000 \$	
Vaccines	Group	No Threshold	<b>&lt;=</b>	>	<b>&lt;=</b>	^	<b>\</b> =	>
Yellow Fever	Yellow Fever		20%				10%	5%
DTP+HepB	HepB and or Hib	2%						
DTP-HepB-Hib	HepB and or Hib				15%	3,50%		
Pneumococcal vaccine (PCV10)	Pneumococcal	5%						
Pneumococcal vaccine (PCV13)	Pneumococcal	5%						
Rotavirus	Rotavirus	5%						
Measles	Measles	10%						

# 7.9. Calculation of requirements

Table 7.1.1: Specifications for DTP-HepB-Hib, 10 doses/vial, Liquid

	Instructions		2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	Table 1	#	1,311,345	1,350,685	1,391,206	1,432,942	1,475,930	6,962,108
Number of children to be vaccinated with the third dose	Table 1	#	1,180,210	1,215,617	1,252,085	1,289,648	1,328,337	6,265,897
Immunisation coverage with the third dose	Table 1	#	90%	90%	90%	90%	90%	
Number of children to be vaccinated with the first dose	Table 1	#	1,245,778	1,283,151	1,321,646	1,361,295	1,402,134	6,614,004
Number of doses per child		#	3	3	3	3	3	
Estimated vaccine wastage factor	Table 1	#	1.11	1.05	1.05	1.05	1.05	

	Instructions		2011	2012	2013	2014	2015	TOTAL
Vaccine stock on 1 January 2011		#		0				
Number of doses per vial		#	2	2	2	2	2	
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No	
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Vaccine price per dose	Table 6.1	\$	2.580	2.470	2.320	2.030	1.850	
Country co-financing per dose		\$	0.38	0.38	0.38	0.38	0.38	
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053	
Reconstitution syringe price per unit	Table 6.1	\$	0.032	0.032	0.032	0.032	0.032	
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640	
Freight cost as % of vaccines value	Table 6.2	%	3.50%	3.50%	3.50%	3.50%	3.50%	
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%	

# Co-financing tables for DTP-HepB-Hib, 10 doses/vial, Liquid

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

	2011	2012	2013	2014	2015
Minimum co-financing	0.38	0.20	0.20	0.20	0.20
Your co-financing	0.38	0.38	0.38	0.38	0.38

 Table 7.1.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement				
Required supply item		2011	2012	2013	2014	2015	TOTAL	
Number of vaccine doses	#		3,457,200	3,548,700	3,563,300	3,597,100	14,166,300	
Number of AD syringes	#		3,654,700	3,752,800	3,768,300	3,804,000	14,979,800	
Number of re-constitution syringes	#		0	0	0	0	0	
Number of safety boxes	#		40,575	41,675	41,850	42,225	166,325	

Supply that is procured by GAVI and related cost in US\$		For Approval						
Required supply item	2011	2012	2013 2014 2015 TOTAL					
Total value to be co-financed by GAVI	\$	9,080,000	8,769,500	7,736,000	7,139,000	32,724,500		

**Table 7.1.3:** Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement							
Required supply item		2011	2012	2013 2014 2015 TOTAL							
Number of vaccine doses	#		584,900	0 644,900 756,100 851,900 2,837,80							
Number of AD syringes	#		618,300	682,000	799,600	900,900	3,000,800				
Number of re-constitution syringes	#		0	0	0	0	0				
Number of safety boxes	#		6,875	5 7,575 8,875 10,000 33,325							
Total value to be co-financed by the country	\$		1,536,000	00 1,594,000 1,641,500 1,691,000 6,462,500							

Table 7.1.4: Calculation of requirements for DTP-HepB-Hib, 10 doses/vial, Liquid

		Formula	2011		2012			2013			2014		2015			
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
Α	Country Co- finance			14.47%			15.38%			17.50%			19.15%			
В	Number of children to be vaccinated with the first dose	Table 1	1,245,778	1,283,1 51	185,657	1,09 7,49 4	1,321,6 46	203,239	1,11 8,40 7	1,361,2 95	238,278	1,12 3,01 7	1,402,1 34	268,464	1,133, 670	
С	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3	

		Formula	2011	2012			2013			2014			2015			
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
D	Number of doses needed	ВхС	3,737,334	3,849,4 53	556,970	3,29 2,48 3	3,964,9 38	609,715	3,35 5,22 3	4,083,8 85	714,832	3,36 9,05 3	4,206,4 02	805,391	3,401, 011	
E	Estimated vaccine wastage factor	Wastage factor table	1.11	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	1.05	
F	Number of doses needed including wastage	DxE	4,148,441	4,041,9 26	584,818	3,45 7,10 8	4,163,1 85	640,201	3,52 2,98 4	4,288,0 80	750,574	3,53 7,50 6	4,416,7 23	845,661	3,571, 062	
G	Vaccines buffer stock	(F - F of previous year) * 0.25		0	0	0	30,315	4,662	25,6 53	31,224	5,466	25,7 58	32,161	6,158	26,003	
Н	Stock on 1 January 2011			0	0	0										
ı	Total vaccine doses needed	F+G-H		4,041,9 26	584,818	3,45 7,10 8	4,193,5 00	644,862	3,54 8,63 8	4,319,3 04	756,039	3,56 3,26 5	4,448,8 84	851,818	3,597, 066	
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2	
к	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		4,272,8 93	618,236	3,65 4,65 7	4,434,7 31	681,958	3,75 2,77 3	4,567,7 71	799,530	3,76 8,24 1	4,704,8 05	900,819	3,803, 986	
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11		0	0	0	0	0	0	0	0	0	0	0	0	
М	Total of safety boxes (+ 10% of extra need) needed	(K + L) /100 * 1.11		47,430	6,863	40,5 67	49,226	7,570	41,6 56	50,703	8,875	41,8 28	52,224	10,000	42,224	
N	Cost of vaccines	lxg		9,983,5	1,444,5	8,53	9,728,9	1,496,0	8,23	8,768,1	1,534,7	7,23	8,230,4	1,575,86	6,654,	

		Formula	2011		2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	needed			58	00	9,05 8	20	80	2,84 0	88	59	3,42 9	36	4	572	
0	Cost of AD syringes needed	K x ca		226,464	32,767	193, 697	235,041	36,144	198, 897	242,092	42,376	199, 716	249,355	47,744	201,61	
Р	Cost of reconstitution syringes needed	Lxcr		0	0	0	0	0	0	0	0	0	0	0	0	
Q	Cost of safety boxes needed	M x cs		30,356	4,393	25,9 63	31,505	4,845	26,6 60	32,450	5,680	26,7 70	33,424	6,400	27,024	
R	Freight cost for vaccines needed	N x fv		349,425	50,558	298, 867	340,513	52,363	288, 150	306,887	53,717	253, 170	288,066	55,156	232,91	
s	Freight cost for devices needed	(O+P+Q) x fd		25,682	3,716	21,9 66	26,655	4,099	22,5 56	27,455	4,806	22,6 49	28,278	5,415	22,863	
Т	Total fund needed	(N+O+P+Q +R+S)		10,615, 485	1,535,9 32	9,07 9,55 3	10,362, 634	1,593,5 30	8,76 9,10 4	9,377,0 72	1,641,3 36	7,73 5,73 6	8,829,5 59	1,690,57 6	7,138, 983	
U	Total country co-financing	1 3 cc		1,535,9 32			1,593,5 30			1,641,3 36			1,690,5 76			
v	Country co- financing % of GAVI supported proportion	U/T		14.47%			15.38%			17.50%			19.15%			

Table 7.2.1: Specifications for Pneumococcal (PCV10), 2 doses/vial, Liquid

Instructions		2011	2012	2013	2014	2015		TOTAL
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	Instructions		2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	Table 1	#	1,311,345	1,350,685	1,391,206	1,432,942	1,475,930	6,962,108
Number of children to be vaccinated with the third dose	Table 1	#	1,180,210	1,215,617	1,252,085	1,289,648	1,328,337	6,265,897
Immunisation coverage with the third dose	Table 1	#	90%	90%	90%	90%	90%	
Number of children to be vaccinated with the first dose	Table 1	#	1,245,778	1,283,151	1,321,646	1,361,295	1,402,134	6,614,004
Number of doses per child		#	3	3	3	3	3	
Estimated vaccine wastage factor	Table 1	#	1.11	1.11	1.11	1.11	1.11	
Vaccine stock on 1 January 2011		#		0				
Number of doses per vial		#	2	2	2	2	2	
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Reconstitution syringes required	Select YES or NO	#	No	No	No	No	No	
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Vaccine price per dose	Table 6.1	\$	3.500	3.500	3.500	3.500	3.500	
Country co-financing per dose		\$	0.20	0.20	0.20	0.20	0.20	
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053	
Reconstitution syringe price per unit	Table 6.1	\$	0.000	0.000	0.000	0.000	0.000	
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640	
Freight cost as % of vaccines value	Table 6.2	%	5.00%	5.00%	5.00%	5.00%	5.00%	·
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%	

## Co-financing tables for Pneumococcal (PCV10), 2 doses/vial, Liquid

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.15	0.20	0.20	0.20	0.20
Your co-financing	0.20	0.20	0.20	0.20	0.20

 Table 7.2.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement							
Required supply item		2011	2012	2013	2014	2015	TOTAL				
Number of vaccine doses	#		4,074,000	4,196,200	4,322,100	4,451,700	17,044,000				
Number of AD syringes	#		4,077,200	4,199,500	4,325,500	4,455,300	17,057,500				
Number of re-constitution syringes	#		0	0	0	0	0				
Number of safety boxes	#		45,275	5 46,625 48,025 49,475 189,400							
Total value to be co-financed by GAVI	\$		15,241,500	15,698,500 16,169,500 16,654,500 63,764,000							

**Table 7.2.3:** Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval	For endorsement							
Required supply item		2011	2012	2013 2014 2015 TOTAL							
Number of vaccine doses	#		230,100	237,000 244,200 251,500 962							
Number of AD syringes	#		230,300	237,200	244,300	251,700	963,500				
Number of re-constitution syringes	#		0	0	0	0	0				
Number of safety boxes	#		2,575	2,650 2,725 2,800 10,750							
Total value to be co-financed by the country	\$		861,000	00 887,000 913,500 941,000 3,602,500							

Table 7.2.4: Calculation of requirements for Pneumococcal (PCV10), 2 doses/vial, Liquid

		Formula	2011		2012			2013			2014		2015			
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
Α	Country Co- finance			5.35%			5.35%			5.35%			5.35%			
В	Number of children to be vaccinated with	Table 1	1,245,778	1,283,1 51	68,597	1,21 4,55 4	1,321,6 46	70,655	1,25 0,99 1	1,361,2 95	72,774	1,28 8,52 1	1,402,1 34	74,958	1,327, 176	

		Formula	2011	2012			2013			2014			2015			
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	the first dose														1	
С	Number of doses per child	Vaccine parameter (schedule)	3	3	3	3	3	3	3	3	3	3	3	3	3	
D	Number of doses needed	ВхС	3,737,334	3,849,4 53	205,790	3,64 3,66 3	3,964,9 38	211,963	3,75 2,97 5	4,083,8 85	218,322	3,86 5,56 3	4,206,4 02	224,872	3,981, 530	
Е	Estimated vaccine wastage factor	Wastage factor table	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	1.11	
F	Number of doses needed including wastage	DxE	4,148,441	4,272,8 93	228,426	4,04 4,46 7	4,401,0 82	235,279	4,16 5,80 3	4,533,1 13	242,338	4,29 0,77 5	4,669,1 07	249,608	4,419, 499	
G	Vaccines buffer stock	(F - F of previous year) * 0.25		31,113	1,664	29,4 49	32,048	1,714	30,3 34	33,008	1,765	31,2 43	33,999	1,818	32,181	
Н	Stock on 1 January 2011			0	0	0										
ı	Total vaccine doses needed	F + G - H		4,304,0 06	230,090	4,07 3,91 6	4,433,1 30	236,992	4,19 6,13 8	4,566,1 21	244,102	4,32 2,01 9	4,703,1 06	251,425	4,451, 681	
J	Number of doses per vial	Vaccine parameter		2	2	2	2	2	2	2	2	2	2	2	2	
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		4,307,4 29	230,273	4,07 7,15 6	4,436,6 55	237,181	4,19 9,47 4	4,569,7 52	244,296	4,32 5,45 6	4,706,8 46	251,625	4,455, 221	
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11		0	0	0	0	0	0	0	0	0	0	0	0	
М	Total of safety	(K + L)		47,813	2,557	45,2	49,247	2,633	46,6	50,725	2,712	48,0	52,246	2,794	49,452	

		Formula	2011	2012		2013			2014			2015			
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	boxes (+ 10% of extra need) needed	/100 * 1.11				56			14			13			
N	Cost of vaccines needed	lxg		15,064, 021	805,312	14,2 58,7 09	15,515, 955	829,472	14,6 86,4 83	15,981, 424	854,356	15,1 27,0 68	16,460, 871	879,987	15,580 ,884
0	Cost of AD syringes needed	Kxca		228,294	12,205	216, 089	235,143	12,571	222, 572	242,197	12,948	229, 249	249,463	13,337	236,12 6
Р	Cost of reconstitution syringes needed	L x cr		0	0	0	0	0	0	0	0	0	0	0	0
Q	Cost of safety boxes needed	M x cs		30,601	1,636	28,9 65	31,519	1,685	29,8 34	32,464	1,736	30,7 28	33,438	1,788	31,650
R	Freight cost for vaccines needed	N x fv		753,202	40,266	712, 936	775,798	41,474	734, 324	799,072	42,718	756, 354	823,044	44,000	779,04 4
s	Freight cost for devices needed	(O+P+Q) x fd		25,890	1,385	24,5 05	26,667	1,426	25,2 41	27,467	1,469	25,9 98	28,291	1,513	26,778
Т	Total fund needed	(N+O+P+Q +R+S)		16,102, 008	860,802	15,2 41,2 06	16,585, 082	886,626	15,6 98,4 56	17,082, 624	913,225	16,1 69,3 99	17,595, 107	940,622	16,654 ,485
U	Total country co-financing	13 cc		860,802			886,626			913,225			940,622		
v	Country co- financing % of GAVI supported proportion	U/T		5.35%			5.35%			5.35%			5.35%		

Table 7.3.1: Specifications for Yellow Fever, 10 doses/vial, Lyophilised

	Instructions		2011	2012	2013	2014	2015	TOTAL
Number of Surviving infants	Table 1	#	1,311,345	1,350,685	1,391,206	1,432,942	1,475,930	6,962,108
Number of children to be vaccinated with the third dose	Table 1	#						0
Immunisation coverage with the third dose	Table 1	#	2%	3%	3%	3%	3%	
Number of children to be vaccinated with the first dose	Table 1	#	31,916	35,065	36,117	37,200	38,316	178,614
Number of doses per child		#	1	1	1	1	1	
Estimated vaccine wastage factor	Table 1	#	1.67	1.54	1.43	1.43	1.43	
Vaccine stock on 1 January 2011		#		0				
Number of doses per vial		#	10	10	10	10	10	
AD syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Reconstitution syringes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Safety boxes required	Select YES or NO	#	Yes	Yes	Yes	Yes	Yes	
Vaccine price per dose	Table 6.1	\$	0.856	0.856	0.856	0.856	0.856	
Country co-financing per dose		\$	0.25	0.25	0.25	0.25	0.25	
AD syringe price per unit	Table 6.1	\$	0.053	0.053	0.053	0.053	0.053	
Reconstitution syringe price per unit	Table 6.1	\$	0.038	0.038	0.038	0.038	0.038	
Safety box price per unit	Table 6.1	\$	0.640	0.640	0.640	0.640	0.640	
Freight cost as % of vaccines value	Table 6.2	%	20.00%	20.00%	20.00%	20.00%	20.00%	
Freight cost as % of devices value	Table 6.2	%	10.00%	10.00%	10.00%	10.00%	10.00%	

# Co-financing tables for Yellow Fever, 10 doses/vial, Lyophilised

Co-financing group	Low
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	2011	2012	2013	2014	2015
Minimum co-financing	0.25	0.20	0.20	0.20	0.20
Your co-financing	0.25	0.25	0.25	0.25	0.25

 Table 7.3.2: Estimated GAVI support and country co-financing (GAVI support)

Supply that is procured by GAVI and related cost in US\$			For Approval	For Endorsement							
Required supply item		2011	2012	2013	2014	2015	TOTAL				
Number of vaccine doses	#		41,700	39,800	41,300	42,500	165,300				
Number of AD syringes	#		30,100	30,900	32,200	33,100	126,300				
Number of re-constitution syringes	#		4,700	4,500	4,600	4,800	18,600				
Number of safety boxes	#		400	400 425 425 1,650							
Total value to be co-financed by GAVI	\$		45,000	0 43,500 45,000 46,500 180,000							

**Table 7.3.3:** Estimated GAVI support and country co-financing (Country support)

Supply that is procured by the country and related cost in US\$			For approval		For endorsement							
Required supply item		2011	2012	2013	2014	2015	TOTAL					
Number of vaccine doses	#		12,600	12,000	12,400	12,800	49,800					
Number of AD syringes	#		9,100	9,300	9,700	10,000	38,100					
Number of re-constitution syringes	#		1,400	1,400	1,400	1,500	5,700					
Number of safety boxes	#		125	125 125 150 525								
Total value to be co-financed by the country	\$		14,000	00 13,000 13,500 14,000 54,500								

Table 7.3.4: Calculation of requirements for Yellow Fever, 10 doses/vial, Lyophilised

		Formula	2011		2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
Α	Country Co- finance			23.14%			23.06%			23.06%			23.06%			
В	Number of children to be vaccinated with	Table 1	31,916	35,065	8,114	26,9 51	36,117	8,330	27,7 87	37,200	8,578	28,6 22	38,316	8,835	29,481	

		Formula	2011	2012		2013			2014			2015			
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI
	the first dose														
С	Number of doses per child	Vaccine parameter (schedule)	1	1	1	1	1	1	1	1	1	1	1	1	1
D	Number of doses needed	ВхС	31,916	35,065	8,114	26,9 51	36,117	8,330	27,7 87	37,200	8,578	28,6 22	38,316	8,835	29,481
E	Estimated vaccine wastage factor	Wastage factor table	1.67	1.54	1.54	1.54	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43	1.43
F	Number of doses needed including wastage	DxE	53,300	54,001	12,495	41,5 06	51,648	11,911	39,7 37	53,196	12,266	40,9 30	54,792	12,634	42,158
G	Vaccines buffer stock	(F - F of previous year) * 0.25		176	41	135	0	0	0	387	90	297	399	93	306
Н	Stock on 1 January 2011			0	0	0									
ı	Total vaccine doses needed	F + G - H		54,177	12,536	41,6 41	51,648	11,911	39,7 37	53,583	12,355	41,2 28	55,191	12,726	42,465
J	Number of doses per vial	Vaccine parameter		10	10	10	10	10	10	10	10	10	10	10	10
K	Number of AD syringes (+ 10% wastage) needed	(D + G –H) x 1.11		39,118	9,052	30,0 66	40,090	9,246	30,8 44	41,722	9,620	32,1 02	42,974	9,909	33,065
L	Reconstitution syringes (+ 10% wastage) needed	I/J*1.11		6,014	1,392	4,62 2	5,733	1,323	4,41 0	5,948	1,372	4,57 6	6,127	1,413	4,714
М	Total of safety boxes (+ 10% of extra need)	(K + L) /100 * 1.11		501	116	385	509	118	391	530	123	407	546	126	420

		Formula	2011		2012			2013			2014			2015		
				Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GA VI	Total	Gov.	GAVI	
	needed															
N	Cost of vaccines needed	lxg		46,376	10,731	35,6 45	44,211	10,196	34,0 15	45,868	10,576	35,2 92	47,244	10,894	36,350	
0	Cost of AD syringes needed	K x ca		2,074	480	1,59 4	2,125	491	1,63 4	2,212	511	1,70 1	2,278	526	1,752	
Р	Cost of reconstitution syringes needed	L x cr		229	53	176	218	51	167	227	53	174	233	54	179	
Q	Cost of safety boxes needed	M x cs		321	75	246	326	76	250	340	79	261	350	81	269	
R	Freight cost for vaccines needed	N x fv		9,276	2,147	7,12 9	8,843	2,040	6,80 3	9,174	2,116	7,05 8	9,449	2,179	7,270	
S	Freight cost for devices needed	(O+P+Q) x fd		263	61	202	267	62	205	278	65	213	287	67	220	
Т	Total fund needed	(N+O+P+Q +R+S)		58,539	13,545	44,9 94	55,990	12,912	43,0 78	58,099	13,396	44,7 03	59,841	13,798	46,043	
U	Total country co-financing	13 cc		13,545			12,912			13,396			13,798			
v	Country co- financing % of GAVI supported proportion	U/T		23.14%			23.06%			23.06%			23.06%			

# 8. Injection Safety Support (INS)

There is no INS support this year.

## 9. Health System Strengthening Programme (HSS)

The HSS form is available at this address: HSS section of the APR 2010 @ 18 Feb 2011.docx

Please download it, fill it in offline and upload it back at the end of this current APR form using the Attachment section.

# 10. Civil Society Programme (CSO)

There is no CSO support this year.

### 11. Comments

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

#### Annex 1

#### 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 2010 calendar year, or had balances of funding remaining from previously disbursed ISS/new vaccine introduction grants in 2010, 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 predetermined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 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 2009 calendar year (opening balance as of 1 January 2010 )
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for ISS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

## MINIMUM REQUIREMENTS FOR ISS AND VACCINE INTRODUCTION GRANT FINANCIAL STATEMENTS

An example statement of income & expenditure

Summary of income and expenditure – GAVI ISS		
	Local currency (CFA)	Value in USD *
Balance brought forward from 2008 (balance as of 31Decembre 2008)	25,392,830	53,000
Summary of income received during 2009		
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 2009	30,592,132	63,852
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523

<sup>\*</sup> An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification	on ** - GAVI IS	S				
	Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure						
Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure						
Training	13,000,000	27,134	12 650,000	26,403	350,000	731
Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures						
Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009	42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

<sup>\*\*</sup> 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.

# TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR HEALTH SYSTEMS STRENGTHENING (HSS)

- I. All countries that have received HSS grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed HSS grants in 2010, 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 predetermined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 calendar year, to be comprised of points (a) through (f), below. A sample basic statement of income and expenditure is provided on next page.
  - a. Funds carried forward from the 2009 calendar year (opening balance as of 1 January 2010)
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for HSS are due to the GAVI Secretariat 6 months following the close of each country's financial year.

### 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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000				
Summary of income received during 2009						
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 2009	30,592,132	63,852				
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523				

<sup>\*</sup> An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI HSS							
		Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure							
	Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
	Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure							
	Training	13,000,000	27,134	12 650,000	26,403	350,000	731
	Fuel	3,000,000	6,262	4 000,000	8,349	-1,000,000	-2,087
	Maintenance & overheads	2,500,000	5,218	1 000,000	2,087	1,500,000	3,131
Other expenditures							
	Vehicles	12,500,000	26,090	6,792,132	14,177	5,707,868	11,913
TOTALS FOR 2009		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

<sup>\*\*</sup> 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.

## TERMS OF REFERENCE: FINANCIAL STATEMENTS FOR CIVIL SOCIETY ORGANISATION (CSO) TYPE B

- I. All countries that have received CSO 'Type B' grants during the 2010 calendar year, or had balances of funding remaining from previously disbursed CSO 'Type B' grants in 2010, 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 predetermined cost categories.
- III. At a minimum, GAVI requires a simple statement of income and expenditure for activity during the 2010 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 2009 calendar year (opening balance as of 1 January 2010)
  - b. Income received from GAVI during 2010
  - c. Other income received during 2010 (interest, fees, etc)
  - d. Total expenditure during the calendar year
  - e. Closing balance as of 31 December 2010
  - f. A detailed analysis of expenditures during 2010, 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 2010 (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 2010 financial year. Audits for CSO 'Type B' are due to the GAVI Secretariat 6 months following the close of each country's financial year.

### 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 2008 (balance as of 31Decembre 2008)	25,392,830	53,000			
Summary of income received during 2009					
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 2009	30,592,132	63,852			
Balance as of 31 December 2009 (balance carried forward to 2010)	60,139,325	125,523			

<sup>\*</sup> An average rate of CFA 479,11 = UD 1 applied.

Detailed analysis of expenditure by economic classification ** – GAVI CSO							
		Budget in CFA	Budget in USD	Actual in CFA	Actual in USD	Variance in CFA	Variance in USD
Salary expenditure							
	Wedges & salaries	2,000,000	4,174	0	0	2,000,000	4,174
	Per diem payments	9,000,000	18,785	6,150,000	12,836	2,850,000	5,949
Non-salary expenditure	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 2009		42,000,000	87,663	30,592,132	63,852	11,407,868	23,811

<sup>\*\*</sup> 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

## 13.1. List of Supporting Documents Attached to this APR

Document	Section	Document Number	Mandatory *
Signature of Minister of Health (or delegated authority)		27	Yes
Signature of Minister of Finance (or delegated authority)		29	Yes
Signatures of members of ICC		26	Yes
Signatures of members of HSCC		28	Yes
Minutes of ICC meetings in 2010		17, 18, 19, 20, 21	Yes
Minutes of ICC meeting in 2011 endorsing APR 2010		25	Yes
Minutes of HSCC meetings in 2010		8, 9, 10, 11, 12, 13	Yes
Minutes of HSCC meeting in 2011 endorsing APR 2010		30	Yes
Financial Statement for ISS grant in 2010		6, 7, 14, 16	Yes
Financial Statement for CSO Type B grant in 2010			
Financial Statement for HSS grant in 2010		4	Yes
EVSM/VMA/EVM report		5, 23	
External Audit Report (Fiscal Year 2010) for ISS grant			
CSO Mapping Report (Type A)			
New Banking Details			
new cMYP starting 2012			
Summary on fund utilisation of CSO Type A in 2010			
Financial Statement for NVS introduction grant in 2010			
External Audit Report (Fiscal Year 2010) for CSO Type B grant			
External Audit Report (Fiscal Year 2010) for HSS grant		24	
Latest Health Sector Review Report		2	

### 13.2. Attachments

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

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

	File type	File name		
ID	Description	Date and Time Size	New file	Actions
1	File Type: other File Desc: APR HSS Section	File name: C:\GAVI Guidelines_2011 Round-2.doc  Date/Time: 16.05.2011 09:09:41  Size: 685 KB		
2	File Type: Latest Health Sector Review Report File Desc: PDF	File name:  KHPF 1994-2010 report1.pdf  Date/Time: 29.04.2011 09:15:14  Size: 2 MB		
3	File Type:	File name:		

	File type File name		New	
ID	Description	Date and Time		Actions
	Description	Size		
	other	AOP 5 Report - Review Galleys 1Apr11.zip		
	File Desc: Zipped PDF	Date/Time: 29.04.2011 09:23:52		
	Σίρροα Γ Β΄	Size:		
		2 MB		
	File Type: Financial Statement for HSS	HSS Financial report 1-4.pdf		
4	grant in 2010 *	Date/Time: 29.04.2011 09:50:45		
	File Desc: PDF	Size:		
		1001 KB		
	File Type:	KEN VMA Report Nov 2009.doc		
5	EVSM/VMA/EVM report File Desc:	Date/Time: 29.04.2011 11:38:24		
	MS Word	Size:		
		342 KB File name:		
	File Type: Financial Statement for ISS	ISS Statements Ksh 2010.pdf		
6	grant in 2010 *	Date/Time: 05.05.2011 05:19:04		
	File Desc:	Size:		
		1 MB		
	File Type: Financial Statement for ISS	ISS Statements USD 2010.pdf		
7	grant in 2010 *	Date/Time: 05.05.2011 05:21:31		
	File Desc: PDF	Size:		
		1 MB File name:		
	File Type: Minutes of HSCC meetings in	CHS-ICC%20meeting%20Nov%202010[1].docx		
8	2010 *	Date/Time: 05.05.2011 05:31:55		
	File Desc:	Size:		
		21 KB File name:		
	File Type: Minutes of HSCC meetings in	CHS-ICC%20minutes%20Sept%2021st%202010[1].doc		
9	2010 *	<b>Date/Time:</b> 05.05.2011 05:32:53		
	File Desc:	Size:		
		88 KB		
	File Type: Minutes of HSCC meetings in	CS-ICC%20minutes%20Aug%2010th%202010[1].docx		
10	2010 *	<b>Date/Time:</b> 05.05.2011 05:33:19		
	File Desc:	Size:		
		36 KB File name:		
	File Type: Minutes of HSCC meetings in	CHS ICC Minutes 17 November 2010 Signature pg.pdf		
11	2010 *	Date/Time: 05.05.2011 06:58:41		
	File Desc: Signature page	Size:		
		126 KB File name:		
	File Type: Minutes of HSCC meetings in	CHS ICC minutes Sep 21 2010 Signature pg.pdf		
12	2010 *	<b>Date/Time:</b> 05.05.2011 07:00:38		
	File Desc: Signature page	Size:		
	File Type:	344 KB File name:		
13	Minutes of HSCC meetings in	CHS ICC Munutes 10 August 2010 Signature pg.pdf		
	2010 *	Date/Time:		

	File type	File name		
ID	Description	Date and Time Size	New file	Actions
	File Desc: Signature page	05.05.2011 07:01:03 <b>Size:</b> 123 KB		
14	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name:  H:\financial statement for ISS grant.xlsx  Date/Time:  06.05.2011 10:32:44  Size:  11 KB		
15	File Type: other File Desc: Explanatory notes on APR	File name:  H:\Explanatory notes for annual progress report and Rota application.docx  Date/Time:  06.05.2011 10:33:16  Size:  12 KB		
16	File Type: Financial Statement for ISS grant in 2010 * File Desc:	File name: ISS \$ Statement 10 001.jpg  Date/Time: 10.05.2011 14:19:29 Size: 481 KB		
17	File Type: Minutes of ICC meetings in 2010 * File Desc: minutes of ICC meeting	File name: CHICC JANUARY 2010[1].doc  Date/Time: 13.05.2011 10:45:58 Size: 79 KB		
18	File Type: Minutes of ICC meetings in 2010 * File Desc: minutes of ICC meeting	File name: CHICC July 2010 [2].doc Date/Time: 13.05.2011 10:45:58 Size: 60 KB		
19	File Type: Minutes of ICC meetings in 2010 * File Desc: minutes of ICC meeting	File name: <u>CHICC SEPTEMBER 2010[3].doc</u> Date/Time:  13.05.2011 10:45:58  Size:  225 KB		
20	File Type: Minutes of ICC meetings in 2010 * File Desc: minutes of ICC meeting	File name: <u>CH-ICC Nov 2010[4].docx</u> Date/Time:  13.05.2011 10:45:58  Size:		
21	File Type: Minutes of ICC meetings in 2010 * File Desc: minutes of ICC meeting	19 KB  File name: CHICC Dec_ 2010 [5].docx  Date/Time: 13.05.2011 10:45:58 Size: 502 KP		
22	File Type: other File Desc: Report on Kenya strategic plan 2008-2012	593 KB  File name:  C:\Strategic Plan 2008-2012.pdf  Date/Time:  16.05.2011 09:04:51  Size:  1 MB		
23	File Type:  EVSM/VMA/EVM report  File Desc:  VMA way forward	File name:  KEN VMA Recommendation and way forward.doc  Date/Time: 27.05.2011 08:54:35  Size:		ogo 60 / 61

	File type	File name  Date and Time		
ID	Description			Actions
		Size		
24	File Type: External Audit Report (Fiscal Year 2010) for HSS grant File Desc:	65 KB  File name: Auditor general report on GAVI funds.pdf  Date/Time: 27.05.2011 09:17:52 Size: 1 MB		
25	File Type: Minutes of ICC meeting in 2011 endorsing APR 2010 *  File Desc: minutes of ICC discussing APR and discussing change in Pentavalent formulation.	File name: SPECIAL CHILD HEALTH ICC APRIL 2011[1].doc Date/Time: 31.05.2011 03:41:24 Size: 80 KB		
26	File Type: Signatures of members of ICC * File Desc: Signature of ICC members and comments	File name:  APR ICC signature.pdf  Date/Time: 31.05.2011 09:17:02  Size: 603 KB		
27	File Type: Signature of Minister of Health (or delegated authority) * File Desc: Minister of Public Health and Sanitation	File name:  Minister signature APR.pdf  Date/Time: 31.05.2011 09:24:20  Size: 539 KB		
28	File Type: Signatures of members of HSCC * File Desc: HSCC member signatures	File name: HSCC APR signature.pdf  Date/Time: 31.05.2011 09:25:38 Size: 772 KB		
29	File Type: Signature of Minister of Finance (or delegated authority) * File Desc: Missing Minister of Finance signature	File name: Kenya APR - Signature of Min. of Finance 001.jpg  Date/Time: 17.06.2011 07:24:03 Size: 682 KB		
30	File Type: Minutes of HSCC meeting in 2011 endorsing APR 2010 *  File Desc: Agenda of HSCC meeting to endorse APR and NVS proposal	File name: HSCC meeting to endore APR.pdf  Date/Time: 31.05.2011 10:15:20  Size: 275 KB		