Final copy for submission May 2004

Progress Report

to the
Global Alliance for Vaccines and Immunization (GAVI)
and
The Vaccine Fund

by the Government of

REPUBLIC OF KENYA

Date of submission: 18th May 2004 (to KEPI-ICC & GAVI)

Reporting period: Jan – Dec 2003

(Tick only one) :

Inception report	ρ
First annual progress report	ρ
Second annual progress report	ρ
Third annual progress report	√
Fourth annual progress report	ρ
Fifth annual progress report	ρ

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided.
**Unless otherwise specified, documents may be shared with the GAVI partners and collaborators*

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1. Report on progress made during the previous calendar year

To be filled in by the country for each type of support received from GAVI/The Vaccine Fund.

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

- The first ISS funds received in Kenya in 2001 were disbursed to districts within the country based on 3 criteria. (1) The target number of children to be immunised, (2) Cost of immunizing a child, (3) A fixed amount to all districts irrespective of target number or size of the district. A disbursement schedule (budget) was prepared by KEPI & reviewed by the country Director of Medical Services. Then this proposed schedule was shared with the ICC members and revised based on their comments. The final copy was then approved by the Permanent Secretary, Ministry of Health as the Accounting Officer for the Ministry.

- Subsequent ISS funds received in the country, (including funds spent in 2003) have been processed in the same way i.e. (1) Development of disbursement criteria by KEPI based on outputs or outcomes from previous funds, (2) Review of proposed disbursement plan by the Director of Medical Services and the EPI ICC. (3) Authorisation for disbursement by the Permanent Secretary, Ministry of Health.

- No problems have been encountered in the use of ISS funds at districts and Provincial level, however sometimes disbursement from the National level has been intentionally delayed for various reasons (e.g. avoiding "flooding" districts with money like during the mass measles campaign in 2002).

1.1.2 Use of Immunization Services Support

In the <u>past year</u>, the following major areas of activities have been funded with the GAVI/Vaccine Fund contribution.

Funds received during the reporting year $322,250 in June 2003 <u>(NB: funds were not spent in 2003 but were spent starting Jan.2004)</u>
Remaining funds (carry over) from the previous year <u>$724,647.60</u>

Table 1: Use of funds during <u>reported</u> calendar year 2003 (funds spent in 2003 were <u>*half of*</u> the second tranche allocation of 2002)

Area of Immunization Services Support	Total amount in US $	Amount of funds			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	

Vaccines	No allocation				Allocations to private sector immunization service providers is done at district level & varies from district to district
Injection supplies					
Personnel					
Transportation	237,217	11,702	15,515		
Maintenance and overheads					
Training				210,000	
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other:- REWARDS for increased DPT coverage	45,000	Nil	Nil	45,000	
Total:	282,217				
Remaining funds for next year:	442,430.60	(442,430.60)	ND	ND	

If no information is available because of block grants, please indicate under 'other'.

***Please attach the minutes of the ICC meeting(s) when the allocation of funds was discussed**.*

Please report on major activities conducted to strengthen immunization, as well as, problems encountered in relation to your multi-year plan.

- EPI operational level trainings in 32 poor performing districts (low coverages and high drop-out rates)
- National Disease Surveillance Assessment by external assessors in May 2003.

1.1.3 Immunization Data Quality Audit (DQA) (*If it has been implemented in your country)*

Has a plan of action to improve the reporting system based on the recommendations from the DQA been prepared?
If yes, please attach the plan.

YES ☐ *NO* ☒ x

If yes, please attach the plan and report on the degree of its implementation.

No ***specific*** plan of action was made to address DQA recommendations. However, the recommendations from two DQAs were factored into the annual KEPI workplan for 2003. This is because Kenya's failure in two consecutive DQAs was indicative of continuing flaws in EPI operations. As such it was felt that all the systemic problems should be addressed for the sake of general programme improvement, and operational level staff should not be detracted to feel that it is for a one time event (exam) which once passed – then we could revert to business as usual.

Please attach the minutes of the ICC meeting where the plan of action for the DQA was discussed and endorsed by the ICC.

Please report on studies conducted regarding EPI issues during the last year (for example, coverage surveys).

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The Kenya Demographic and Health Survey 2003 which showed a surprising decline in overall health indices including immunization coverages through out the country.
e.g.

ANTIGEN	Coverage as per KDHS 2003	Coverage as per routine data at KEPI
BCG	86.8%	87%
OPV3	66.8	75%
DPT3	72.7%	73%
MEASLES	72.1%	69%
Fully immunized	51.5%	60%

The biggest variances occur in the provincial coverages as per example given below:

ANTIGEN	North Eastern Prov. – KDHS	North Eastern Prov. – KEPI routine
BCG	28.6%	77%
OPV3	17.1%	75%
DPT3	20.6%	77%
MEASLES	33.4%	85%
Fully immunized	6.4%	67%

Review of the two sets of data is being done within KEPI with reference to a statistician from the Ministry of Planning to determine possible causes for the discrepancies. The most likely problems are:

- Errors of reporting in the routine data
- Denominator errors at district level
- Unrepresentative sample size during survey

1.2 GAVI/Vaccine Fund New & Under-used Vaccines Support

1.2.1 Receipt of new and under-used vaccines during the previous calendar year

Start of vaccinations with the new and under-used vaccine: DPT/Hep B/Hib YEAR 2001 (Oct-Dec.)

Please report on receipt of vaccines provided by GAVI/VF, including problems encountered.

1. *January 16th 2003 –756,800 doses*
2. *April 11th 2003 – 746,000*
3. *June 13th 2003 – 400,000*
4. *September. 12th 2003 – 400,000*
5. *November 6th 2003 – 503,600*
6. *December 5th 2003 – 218,400*
7. *December 22nd 2003 – 756,000*

3,780,800

1.2.2 Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

***Service strengthening**:-*

- Structured supervision of all immunizing health facilities using check-lists derived from the new KEPI Performance Monitoring Handbook & Vaccine Management Guidelines. This is to be done ***more*** by Provincial & District Health Management Teams but also periodically by KEPI national teams.
- Review of routine EPI activities to be covered during quarterly Disease Surveillance Meetings
- Rolling out of KEPI-adapted EPI-Info® programme + data management SOPs to all provinces and selected districts for enhanced EPI data analysis & utilization
- Improving logistics management esp. National → Regional & District Depots (there have been delays in the distributions of vaccine/injection eqip./documentation tools)

Constraints:-

- Stock-outs of Pentavalent vaccine (Oct/Nov. 2003 & March 2004) creating a public impression of shortages of ***all vaccines***.

1.2.3 Use of GAVI/The Vaccine Fund financial support (US$100,000) for the introduction of the new vaccine

Please report on the proportion of 100,000 US$ used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

The US $100,000 received on 12th February 2002 for the introduction of the new DPT/HepB/Hib vaccine. Since the moneys were received long after the introduction of the vaccine, they were added to the existing ISS support funds.

1.3 Injection Safety

1.3.1 Receipt of injection safety support

Please report on receipt of injection safety support provided by GAVI/VF, including problems encountered

US $ 378,000 cash received in June 2003 for injection equipment support. This money was not utilised because adequate supplies of AD syringes for measles & BCG had been procured for KEPI by the Ministry of Health (through a World Bank Project). The money will now be used this year to procure the equipment this year(2004). Procurement is in progress.

No problems were encountered with the receipt or banking of these moneys.

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste.

Please report on the progress based on the indicators chosen by your country in the proposal for GAVI/VF support.

Indicators	Targets	Achievements	Constraints	Updated targets
➢ National Policy on use of Ads & Safety boxes in EPI routine & SIAs (Specific legislation on waste management).	National Injection Safety Policy developed and implemented.	1. Draft National Health Care Waste Management Regulations developed in cooperating management of injection wastes.	Coordination being done by National Environment Management Authority & many players involved	- Finalization of regulations
➢ Progressive construction of lo-cost incinerators	All 78 districts to have at least one DeMontfort incinerator constructed	2. Only 57/78 (73%) built so far since May 2002 (Assessment conducted nationwide in July 2003). 3. November 2003 – Injection safety Assessment done	Delayed completion construction of incinerators countrywide, due to procurement bureaucracy.	- Construct remaining 21 incinerators by end of 2004. - At least 25% of districts to have constructed a second incinerator by December 2004.
➢ Bundling of vaccines Ads & safety boxes	All immunizing facilities receiving bundled vaccines	100% implemented	No constraints	Maintenance of achievement
➢ Training on injection safety & immunization waster management	All operational level staff in immunizing facilities countrywide.	Approx. 60% complete by the end of 2003.	Delayed release of training funds which happened towards the end of the year.	Complete all district training in safe injection practices by the end of 2004.

				Internal injection safety assessment to be conducted after all districts are trained.

1.3.3 Statement on use of GAVI/The Vaccine Fund injection safety support (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI/The Vaccine Fund injection safety support in the past year:

US $ 378,000 cash received in June 2003 for injection equipment support. This money was not utilised because adequate supplies of AD syringes for measles & BCG had been procured for KEPI by the Ministry of Health (through a World Bank Project). The money will now be used this year to procure the equipment this year(2004).

2. Financial sustainability

Inception Report : Outline timetable and major steps taken towards improving financial sustainability and the development of a financial sustainability plan.

First Annual Progress Report : Submit completed financial sustainability plan by given deadline and describe assistance that will be needed for financial sustainability planning.

Second Annual Progress Report : Describe indicators selected for monitoring financial sustainability plans and include baseline and current values for each indicator. In the following table 2, specify the annual proportion of five year of GAVI/VF support for new vaccines that is planned to be spread-out to ten years and co-funded with other sources.

Table 2 : Sources (planned) of financing of new vaccine DPT/HepB/Hib

Proportion of vaccines supported by	Annual proportion of vaccines									
	2001	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Proportion funded by GAVI/VF (%)	100%	100%	100%	100%	91.7%	8.3%	0	0	0	0
Proportion funded by the Government and other sources (%)	0	0	0	0	8.3%	8.3%	UNKNOWN			
Total funding for DPT/HepB/Hib (new vaccin*e)* *	100%	100%	100%	100%	100%	16.6%				

** Percentage of DTP3 coverage (or measles coverage in case of Yellow Fever) that is target for vaccination with a new and under-used vaccine*

Subsequent reports: Summarize progress made against the financing strategy, actions and indicators section of the FSP; include successes, difficulties and responses to challenges encountered in achieving outlined strategies and actions. Report current values for indicators selected to monitor progress towards financial sustainability. Include funds received to date versus those expected for last year and the current year and actions taken in response to any difficulties.

Constraints to operationalization of KEPI FSP :

- Inability to reconstitute the original planning secretariat
- Need to set up a special secretariat at KEPI to deal with resource mobilization – this is a new concept which will need further discussion
- Assumptions of increases in budgetary allocations to Ministry of Health (by the Ministry of Finance) have not been realised.
- Other assumptions such as support from the Local Government/ Authorities now out of the question as the new government policy direction is for the Ministry of Health to support Local Authority health services instead.
- Limited members of ICC able to contribute to vaccine procurements, which is the largest cost of the programme.
- Disproportionately huge cost of the Pentavalent vaccine, equivalent to 60% of total MoH drug budget ∴inability of the MoH to absorb a significant proportion of the vaccine cost.

Actions underway:

- Drawing attention to the Ministry of Health and EPI ICC on urgency of acting before the deadline of GAVI support.
- Ministry of Health commitment to procure 400,000 doses of Pentavalent vaccine for 2005
- Establishment of avenues for alternative support for KEPI e.g. the private sector.
- Ministry of Health review of sustainability options (including possible change of vaccine if all else fails!)
- Drafting new proposal for support for Pentavalent vaccine to various potential donors. (Please note that a WB loan for vaccine procurement is not considered an attractive option for the MoH.)

Update the estimates on program costs and financing with a focus on the last year, the current year and the next 3 years. For the last year and current year, update the estimates of expected funding provided in the FSP tables with actual funds received since. For the next 3 years, update any changes in the costing and financing projections. The updates should be reported using the same standardized tables and tools used for the development of the FSP (latest versions available on http://www.gaviftf.org under FSP guidelines and annexes. Highlight assistance needed from partners at local, regional and/or global level.

3. Request for new and under-used vaccines for year 2004

*Section 3 is related to the request for new and under used vaccines and injection safety for the **forthcoming year**.*

3.1. Up-dated immunization targets

Confirm/update basic data approved with country application: figures are expected to be consistent with those reported in the WHO/UNICEF Joint Reporting Forms. Any changes and/or discrepancies **MUST** be justified in the space provided (page 12). Targets for future years **MUST** be provided.

Table 3: Update of immunization achievements and annual targets

Number of	Achievements and targets								
	2000	2001	2002	2003	2004	2005	2006	2007	2008
DENOMINATORS									
Births	1147464	1214982	1250217	1343353	1378243	1418212	1459340	1501661	1545209
Infants' deaths	43753	56708	60533	122134	106539	109628	112807	116079	119446
Surviving infants	1103711	1158274	1189684	1221219	1271704	1308584	1346533	1385582	1425764
Infants vaccinated / to be vaccinated with **1st dose** of DTP (DTP1)*	756549	894669	940535	1062961	1144534 (90%)	1208397 (92%)	1265741 (94%)	1316303 (95%)	1354476 (95%)
Infants vaccinated / to be vaccinated with **3rd dose** of DTP (DTP3)*	619715	775897	790647	893445	1017363 (80%)	1112296 (85%)	1211880 (90%)	1316303 (95%)	1354476 (95%)
NEW VACCINES **									
Infants vaccinated / to be vaccinated with **1st dose** of *Yellow Fever – 4 districts*	2329	1901	5113	17062	26299 (73%)	28997 (78%)	32142 (84%)	35449 (90%)	36407 (90%)
Infants vaccinated / to be vaccinated with **3rd dose** of DPT/HepB/Hib	619715	775897	790647	893445	1017363 (80%)	1112296 (85%)	1211880 (90%)	1316303 (95%)	1354476 (95%)
Wastage rate of DPT/HepB/Hib	Unknown	Unknown	Unknown	5-19%est					
INJECTION SAFETY****									
Pregnant women vaccinated / to be vaccinated with TT	623260	409263	382915	882165	1033682 (75%)	1134570 (80%)	1240439 (85%)	1276412 (85%)	1313428 (85%)
Infants vaccinated / to be vaccinated with BCG	627940	950107	980905	1167218	1281766 (93%)	1333119 (94%)	1386373 (95%	1471628 (98%)	1514305 (98%)
Infants vaccinated / to be vaccinated with Measles	581751	659759	669991	837022	928344 (73%)	1020696 (78%)	1131088 (84%)	1247024 (90%)	1283188 (90%)

* Indicate actual number of children vaccinated in past years and updated targets (with either DTP alone or combined)
** Use 3 rows for every new vaccine introduced
*** Indicate actual wastage rate obtained in past years
**** Insert any row as necessary

Please provide justification on changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the WHO/UNICEF Joint Reporting Form in the space provided below.

Changes made to target populations have been made to conform to the officially released 1999 census results documents. Specifically references have been made to the following texts:

- *Kenya 1999 Population and Housing Census Volume VII –Analytical Report on Population Projections*
- *Kenya 1999 Population and Housing Census – Datasheet on Population and Development Indicators*

3.2 Confirmed/Revised request for new vaccine *(to be shared with UNICEF Supply Division)* **for the year 2004** *(indicate forthcoming year)*

Please indicate that UNICEF Supply Division has assured the availability of the new quantity of supply according to new changes.

Find attached a copy of the forecast for Vaccines, Auto-disable Syringes and Safety Boxes for 2004-2008 prepared by KEPI and UNICEF

Table 4: Estimated number of doses of DPT/HepB/Hib vaccine *(specify for one presentation only):* *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2005
A	Infants to be vaccinated with DPT/HepB/Hib vaccine	*85% of 1308584*	1112296
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100%
C	Number of doses per child		3
D	Number of doses	*A x B/100 x C*	3336888
E	Estimated wastage factor	*(see list in table 3)*	1.11
F	Number of doses (incl. wastage)	*A x C x E x B/100*	3703946
G	Vaccines buffer stock	*F x 0.25*	925987
H	Anticipated vaccines in stock at start of year 2005.		269000
I	Total vaccine doses requested	*F + G - H*	4360933
J	Number of doses per vial		2
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	4433201
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	2420318
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	76074

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of:
  50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial;
  25% for a liquid vaccine in a 10 or 20-dose vial;
  10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… ….:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 3.*

Table 4: Estimated number of doses of *Yellow fever* **vaccine** ***(specify for one presentation only)*** **:** *(Please repeat this table for any other vaccine presentation requested from GAVI/The Vaccine Fund*

		Formula	For year 2005
A	Infants vaccinated / to be vaccinated with the *vaccine*	*78% of surviving infants in the four districts*	28997
B	Percentage of vaccines requested from The Vaccine Fund taking into consideration the Financial Sustainability Plan	*%*	100%
C	Number of doses per child		1
D	Number of doses	*A x B/100 x C*	28997
E	Estimated wastage factor	*(see list in table 3)*	1.11
F	Number of doses (incl. wastage)	*A x C x E x B/100*	32186
G	Vaccines buffer stock	*F x 0.25*	0
H	Anticipated vaccines in stock at start of year 2005		8000
I	Total vaccine doses requested	*F + G – H*	24190
J	Number of doses per vial		10
K	Number of AD syringes (+ 10% wastage)	*(D + G – H) x 1.11*	23306
L	Reconstitution syringes (+ 10% wastage)	*I / J x 1.11*	2685
M	Total of safety boxes (+ 10% of extra need)	*(K + L) / 100 x 1.11*	289

Remarks

- **Phasing:** Please adjust estimates of target number of children to receive new vaccines, if a phased introduction is intended. If targets for hep B3 and Hib3 differ from DTP3, explanation of the difference should be provided
- **Wastage of vaccines:** Countries are expected to plan for a maximum of:
  50% wastage rate for a lyophilized vaccine in 10 or 20-dose vial;
  25% for a liquid vaccine in a 10 or 20-dose vial;
  10% for any vaccine (either liquid or lyophilized) in 1 or 2-dose vial.
- **Buffer stock:** The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero under other years. In case of a phased introduction with the buffer stock spread over several years, the formula should read: [F – number of doses (incl. wastage) received in previous year] * 0.25.
- **Anticipated vaccines in stock at start of year… …..:** It is calculated by deducting the buffer stock received in previous years from the current balance of vaccines in stock.
- **AD syringes:** A wastage factor of 1.11 is applied to the total number of vaccine doses requested from the Fund, excluding the wastage of vaccines.
- **Reconstitution syringes:** it applies only for lyophilized vaccines. Write zero for other vaccines.
- **Safety boxes:** A multiplying factor of 1.11 is applied to safety boxes to cater for areas where one box will be used for less than 100 syringes

Table 5: Wastage rates and factors

Vaccine wastage rate	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	55%	60%
Equivalent wastage factor	1.05	1.11	1.18	1.25	1.33	1.43	1.54	1.67	1.82	2.00	2.22	2.50

**Please report the same figure as in table 3.*

4. Revised request for injection safety support for the year 2005

Table 6: Estimated supplies for safety of vaccination for the next two years with BCG *(Use one table for each vaccine BCG, DTP, measles and TT, and number them from 4 to 8)*

		Formula	For year 2005	For year 2006
A	**Target of children for BCG vaccination**	94%/95%	1333119	1386373
B	**Number of doses per child**	1	1	1
C	**Number of BCG doses**	A x B	1333119	1386373
D	**AD syringes (+10% wastage)**	C x 1.11	1479762	1538874
E	**AD syringes buffer stock** [1]	D x 0.25	369941	384719
F	**Total AD syringes**	D + E	1849703	1923592
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	3	3
I	**Number of reconstitution** [2] **syringes (+10% wastage)**	*C x H x 1.11 / G*	221964	230831
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	22996	23914

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

Please note that the wastage for BCG is approx 65% therefore we are using a wastage factor of 3

[1] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[2] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

5. Revised request for injection safety support for the year 2005

Table 7: Estimated supplies for safety of vaccination for the next two years with Measles

		Formula	For year 2005	For year 2006
A	**Target of children for measles vaccination** [3]	78%/84%#	1020696	1131088
B	**Number of doses per child**	#	1	1
C	**Number of measles doses**	A x B	1020696	1131088
D	**AD syringes (+10% wastage)**	C x 1.11	1132973	1255508
E	**AD syringes buffer stock** [4]	D x 0.25	283243	313877
F	**Total AD syringes**	D + E	1416216	1569385
G	**Number of doses per vial**	#	10	10
H	**Vaccine wastage factor** [4]	*Either 2 or 1.6*	1.6	1.6
I	**Number of reconstitution** [5] **syringes (+10% wastage)**	*C x H x 1.11 / G*	181276	200881
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	17732	19650

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference.

[3] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[4] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[5] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

6. Revised request for injection safety support for the year 2005

Table8: Estimated supplies for safety of vaccination for the next two years with Tetanus toxoid

		Formula	For year 2005	For year 2006
A	**Target of children for TT vaccination (target of pregnant women)[6]**	80%/85%#	1134570	1240439
B	**Number of doses per child (for TT woman)**	#	2	2
C	**Number of TT doses**	A x B	2269140	2480878
D	**AD syringes (+10% wastage)**	C x 1.11	2518745	2753774
E	**AD syringes buffer stock [7]**	D x 0.25	629686	688444
F	**Total AD syringes**	D + E	3148431	3442218
G	**Number of doses per vial**	#	20	20
H	**Vaccine wastage factor [4]**	*Either 2 or 1.6*	1.17	1.17
I	**Number of reconstitution [8] syringes (+10% wastage)**	*C x H x 1.11 / G*	0	0
J	**Number of safety boxes (+10% of extra need)**	*(F + I) x 1.11 / 100*	34948	38209

If quantity of current request differs from the GAVI letter of approval, please present the justification for that difference. **NB: No letter of approval for year 2005 injection supplies support has been received from GAVI yet.**

*Total no. of BCG ADs (0.1ml/27G needle) – **3,773,295***

*Total no. of ADs for Measles & TT (0.5ml/23G needle) – **9.576,250***

*Total no. of reconstitution syringes for BCG (2ml) – **452,795***

*Total no. of reconstitution syringes for measles (5mls) – **382,157***

*Total no. of safety boxes (5litre) – **317,449***

[6] GAVI will fund the procurement of AD syringes to deliver 2 doses of TT to pregnant women. If the immunization policy of the country includes all Women of Child Bearing Age (WCBA), GAVI/The Vaccine Fund will contribute to a maximum of 2 doses for Pregnant Women (estimated as total births).

[7] The buffer stock for vaccines and AD syringes is set at 25%. This is added to the first stock of doses required to introduce the vaccination in any given geographic area. Write zero for other years.

[8] Only for lyophilized vaccines. Write zero for other vaccines

4 Standard wastage factor will be used for calculation of re-constitution syringes. It will be 2 for BCG, 1.6 for measles and YF.

7. Please report on progress since submission of the last Progress Report based on the indicators selected by your country in the proposal for GAVI/VF support

Indicators	Targets	Achievements	Constraints	Updated targets
➢ Improved reporting of immunization activities from districts and provinces	➢ 80% completeness ➢ 67% timeliness	➢ 99.9% completeness ➢ 75% timeliness	➢ Logistical arrangements at district level for forwarding of reports	➢ 80% timeliness of all reports by end of 2004
➢ Increasing full immunization coverage and reducing drop-out rates	➢ 10% increase in coverage in every district & reduction of DPT1- Measles (from 28.8% to 20%)	➢ Average increase of 8% on all antigens ➢ 21% DPT1-Measles drop-out	➢ Difficulties in accessing immunization services due to poverty & conflicting priorities)	➢ Further increases by 10% of district immunization coverages by end of 2004
➢ Increasing full immunization coverage	➢ from 47% to 70% full immunization coverage	➢ 60% full immunization coverage	➢ frequent stock-outs of pentavalent vaccine affecting general utilization of immunization services	➢ Reduction of drop-outs by 3% in every district

5. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	19th May 2004	Electronic copy to EPI ICC & to GAVI Secretariat
Reporting Period (consistent with previous calendar year)	2003	
Table 1 filled-in	Yes	
DQA reported on	Yes	
Reported on use of 100,000 US$	Yes	
Injection Safety Reported on	Yes	
FSP Reported on (progress against country FSP indicators)	Yes	FSP implementation strategies (2003) under review
Table 2 filled-in	Yes	
New Vaccine Request completed	Yes	
Revised request for injection safety completed (where applicable)	Yes	
ICC minutes attached to the report	No	Will be forwarded with hard copy
Government signatures	No	Will be forwarded with hard copy
ICC endorsed	No	Will be forwarded with hard copy

6. Comments

ICC/RWG comments:

7. Signatures

For the Government of KENYA

Signature: ……...……...

Title: MINISTER FOR HEALTH

Date: ……..…….

We, the undersigned members of the Inter-Agency Co-ordinating Committee 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.

Financial accountability forms an integral part of GAVI/The Vaccine Fund monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form. The ICC Members confirm that the funds received have been audited and accounted for according to standard government or partner requirements.

Agency/Organisation	Name/Title	Date Signature	Agency/Organisation	Name/Title	Date Signature
Chairman, Kenya EPI-ICC; Ministry of Health	Dr. James Nyikal		Kenya Red Cross Society	Dr. Asha Mohammed	
UNICEF Representative, Kenya	Mr. Heimo Laakkonen		PATH Kenya	Ms. Michelle Folsom	
WHO Representative, Kenya	Dr. Peter Eriki		USAID Kenya	Dr. Sheila Macharia	
British DfID Kenya	Ms. Trisha Bebbington		WORLD BANK Kenya	Dr. Bert Voetberg	
JICA Kenya	Mr. Masaaki Otsuka		SIDA Kenya	Mr. Par Vikstrom	

~ End ~