MINISTRY OF HEALTH

NATIONAL COVID-19 VACCINE DEPLOYMENT PLAN, 2021

National Vaccine & Immunization Program
Acceleration of COVID-19 Vaccination program in Kenya

(updated August 2021)

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ABBREVIATIONS

AEFI	Adverse events following immunization
AMC	Advance Market Commitment
AVAT	African Vaccine Acquisition Trust
CBO	Community Based Organization
CEMA	Center of Epidemiological Modelling and Analysis
CHV	Community Health Volunteer
CHW	Community Health Worker
eLMIS	Electronic Logistics Management Information System
EPI	Expanded Program on Immunization
HCW	Health Care Worker
HPO	Health Promotion Officer
FAQs	Frequently Asked Questions
ICT	Information and Communication Technology
IT	Information and Technology
KAP	Knowledge, Attitude and Practice
KHIS	Kenya Health Information System
MCB	Mother and Child Booklet
MOH	Ministry of Health
NVIP	National Vaccines and Immunization Program
NVSAC	National Vaccine Safety Advisory Committee
PPB	Pharmacy and Poisons Board
RVS	Regional Vaccines Store
UCC	Ultra Cold Chain
UPS	United Parcel Service

FOREWORD

By Cabinet Secretary

The Government has prioritized vaccination as one of the key measures to contain the spread of COVID-19. To achieve adequate coverage and following WHO recommendations Kenya needs to vaccinate the entire adult population. This is at least 30 million Kenyans or 60% of the population. Achieving this target will lead to a reduction in community transmission of COVID-19, severe illness and the number of hospitalizations and deaths as a result of COVID-19 infection. Most importantly, successful vaccination program will allow for the full re-opening of our economy. It is for these reasons that we have deemed it necessary to revise the first vaccine deployment plan dated March, 2021.

Kenya commenced its COVID-19 vaccination program on 5th March 2021 with the first phase focused on vaccinating front line workers who include health staff, teachers and uniformed forces. Kenyans aged 58 and above were then added. Kenya is on track to ensure that all frontline workers including those in health care are fully vaccinated. However, one major challenge is the global vaccine supply chain. Out of the initial projected 4.1 million delivery of doses at the start of the program, Kenya received only 1.02 million doses. An additional 1.8 million doses of AstraZeneca and 880,000 of Moderna were received in August bringing the total to 3.6 million vaccine doses as at the last week of August 2021.

In the Second and third phases, Kenya will vaccinate 26 million people over the next 12 months. In this accelerated phase, as the global supply chain improves, the country will get 20 million doses of different types of WHO approved quality assured vaccines including 13 million doses of single shot Johnson and Johnson procured through the African Vaccine Acquisition Trust (AVAT) of the African Union mechanism. In tandem, vaccination posts will be increased from the current 800 to 3,000. In addition, we shall scale up the communication campaign, conduct out-reach services to targeted populations, increase and capacity build the work force and bring into full utility the IT digital platform (ChanjoKE) to support all aspects of the entire vaccination program.

This will include managing the reservation of the 2nd dose for the two dose vaccines for those who book for the doses. Our aim is to ensure that we increase the average number of daily vaccinations from the current 40,000 to 80,000 by end of September and 150,000 by December 2021.

Furthermore, to improve our vaccine supply security, the Government has embarked on the local manufacture of COVID-19 vaccines starting with the establishment of a Fill-and Finish facility through strategic partnerships and technological transfer. We aim to start local production during the first quarter of 2022 and have a fully-fledged human vaccine manufacturing capability by 2024.

Finally, even as the country implements this revised deployment plan, we must remember that the vaccine program is only one key part of the strategy against COVID-19. We must all play our part by ensuring that we continue to strictly adhere to preventive measures and directives from the MOH.

Sen. Mutahi Kagwe, EGH
Cabinet Secretary For Health.

1. OVERALL GOAL OF VACCINE DEPLOYMENT

The overall goal of vaccine deployment is to reduce community transmission of COVID-19, severe illness and the number of hospitalizations and deaths. The Government hopes to have 26 million people vaccinated by the end of 2022.

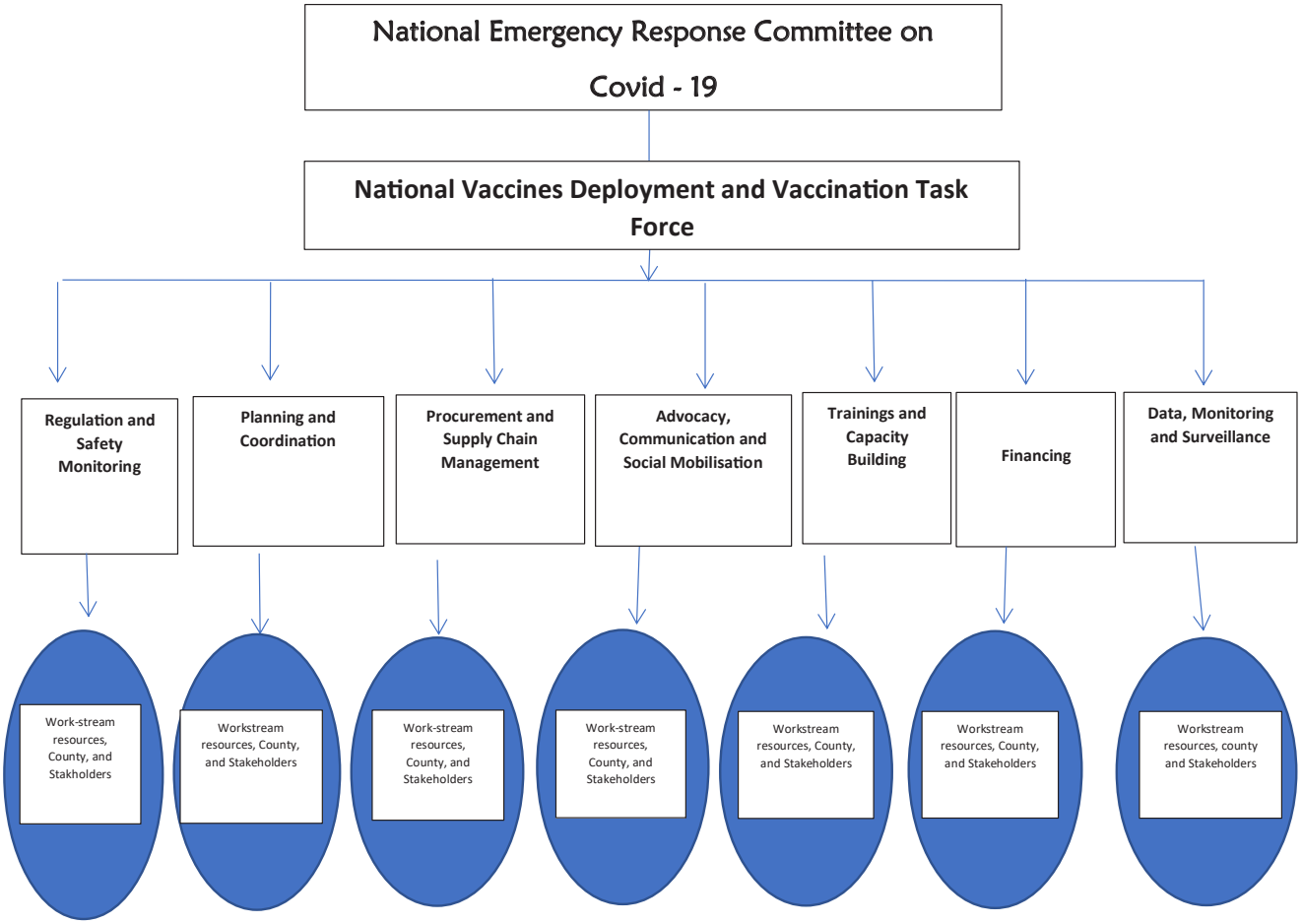
Organizational structure

The National COVID-19 Vaccine Deployment and Vaccination Task Force was created with the mandate to provide overall technical leadership for the vaccine deployment planning and implementation. The Taskforce is working closely with the National Vaccines and Immunization program (NVIP) and the 47 County Vaccines Deployment task forces. The National task force reports to the National Emergency Response Committee on COVID-19 (NERCC) chaired by the Cabinet Secretary for Health. In as far as Vaccine deployment is concerned, the NERCC is advised by the Kenya National Immunization Technical Advisory Committee (KENITAG).

In executing its mandate, the task force has two objectives:

1. **Deployment, implementation and monitoring of the COVID-19 vaccine(s) in Kenya.**
2. **Ensure the plan and related financing is well aligned to the overall national COVID-19 recovery and response plans.**

Figure 1: Organizational structure



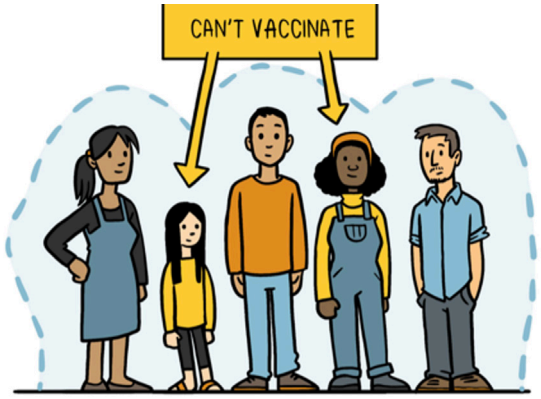
2. RATIONALE FOR COVID-19 VACCINATION

Vaccines are an integral part of public health to protect the population. Effective COVID-19 vaccination will reduce community transmission of the disease. It reduces pressure on the health system by reducing the number of those severely ill requiring hospitalization (figure 1 and 2).

Figure 2: Vaccine reduces severe illness

A vaccine protects an individual...

Figure 3: Herd Immunity reduces COVID-19 transmission



Community vaccination protects the whole community, even those who can't vaccinate.

A successful vaccination program will allow for the full re-opening of our economy and help households to recover from the economic impact of COVID-19. Vaccines are part of MOH control measures to contain the spread of COVID-19. These include physical distancing measures, proper wearing of masks, enhanced hand and respiratory hygiene and prompt self-isolation when tested positive or having symptoms.

Kenya COVID-19 vaccination program started in March 2021. A phased approach was adopted. Phase 1 covered the period between 5th March to 30th June 2021. The aim of this first phase was to vaccinate 1.25 million adults with the priority groups being front line workers (health workers, teachers and security personnel) and Kenyans above 58 years of age.

More than 800 immunizing facilities (levels IV, V and VI) in both the public and private sectors were enlisted to conduct COVID-19 vaccination. As of 30th August 2021, 1.9 million people had received their 1st dose and more than 800,000 had received their 2nd doses and hence fully vaccinated (3.0% of Kenya's adult population).

Implementation of Phase I was dogged by global supply constraints. Kenya received only an initial 1,020,000 doses from the Covax facility out of the projected 4.1 million doses. In line with WHO recommendations, MOH rescheduled the administration of the 2nd dose from 8 weeks to 12 weeks. Administration of the 2nd dose started on 27th of May, 2021.

Table 2 - Summary of lessons learned from phase 1.

Key Achievements	Key Challenges
Development of a digital platform (Chanjo-KE) to support COVID-19 Vaccine delivery with core functionalities of registration, vaccine scheduling and digital certification.	Global supply constraints led to non -delivery of scheduled doses. Out of the projected 4.1 million doses only 1.02 doses were delivered.
Training of 1,000 health workers on vaccine administration.	Public anxiety over the availability of 2nd doses and the decision to re-schedule the administration of 2nd dose from 8 to 12 weeks.
Establishment of 800 vaccination posts in both public and private sector facilities	Crowding at some vaccination posts following the inclusion of persons with 58 years and above among whom high morbidity and mortality rates had been recorded. Their inclusion increased the target population by 2.6 million people. Human resource capacities were stretched in many facilities.
Demand generation through public vaccination of the president, political, religious and business leaders.	Misinformation and untruths about vaccines and their side effects channelled through social media.
1,008,120 1st doses and 370,465 2nd doses had been administered as of 30th June 2021 against the initial target of 1.25 million adults full vaccination	Inadequate budget to support training, communication, community sensitization and capacity building efforts.
GOK budget provision for the procurement of 13 million doses of Johnson and Johnson. Boost from the private sector with commitments for financial support for the purchase of an additional 1,000,000 doses.	Low uptake in counties in the semi-arid and hard to reach areas due to limited geographical access and hesitancy.

3. VACCINE SUPPLY CHAIN AND LOGISTICS

As at 30th August 2021, the country had received 3,610,600 vaccine doses and administered a total of 2,752,266 vaccinations. Kenya is expected to take stock of over 20 million vaccine doses by 2022. Delivery of vaccines follows PPB authorization.

Table 3: Kenya COVID-19 vaccine supply, 2021-2022

Vaccine	Doses per patient	Storage	Approx allocation by funding and/ or procurement mechanism	Delivery Schedule	PPB approval (date)
AstraZeneca	2	Fridge: 2ºC to 8ºC	4,130,000 doses (Bilateral donations from EU and UK)	Received 1,130,000 doses July -August 2021	February, 2021
AstraZeneca	2	Fridge: 2ºC to 8ºC	765,200 doses (COVAX)	407,000 doses delivered August 2021 358,200 doses to be delivered in September, 2021	
Janssen Pharmaceutical (Johnson &Johnson)	1	Fridge: 2ºC to 8ºC		393,600 doses to be delivered September 500,000 monthly (September-December, 2021) 1-2 million monthly in 2022	
			13,300,000 doses (GOK)		July, 2021
Johnson & Johnson	2	Fridge: 2ºC to 8ºC	1,000,000 Doses for Private Sector (KEPSA)	Sep 2021 – June 2022	
Moderna	2	Freezing -20 ºC	1,760,780 doses (COVAX)		
BioNTech/Pfizer	2	Ultra-low temp freezer : -70ºC to - 80ºC		September 2021	August, 2021
			1,760,850 doses (USG donation)		
			270,000 doses (COVAX)		
Sinopharm	2	Fridge: 2ºC to 8ºC	2,000,000 doses (COVAX)	Sep 2021	August,2021
Total			**24,986,830**		

Vaccine logistics

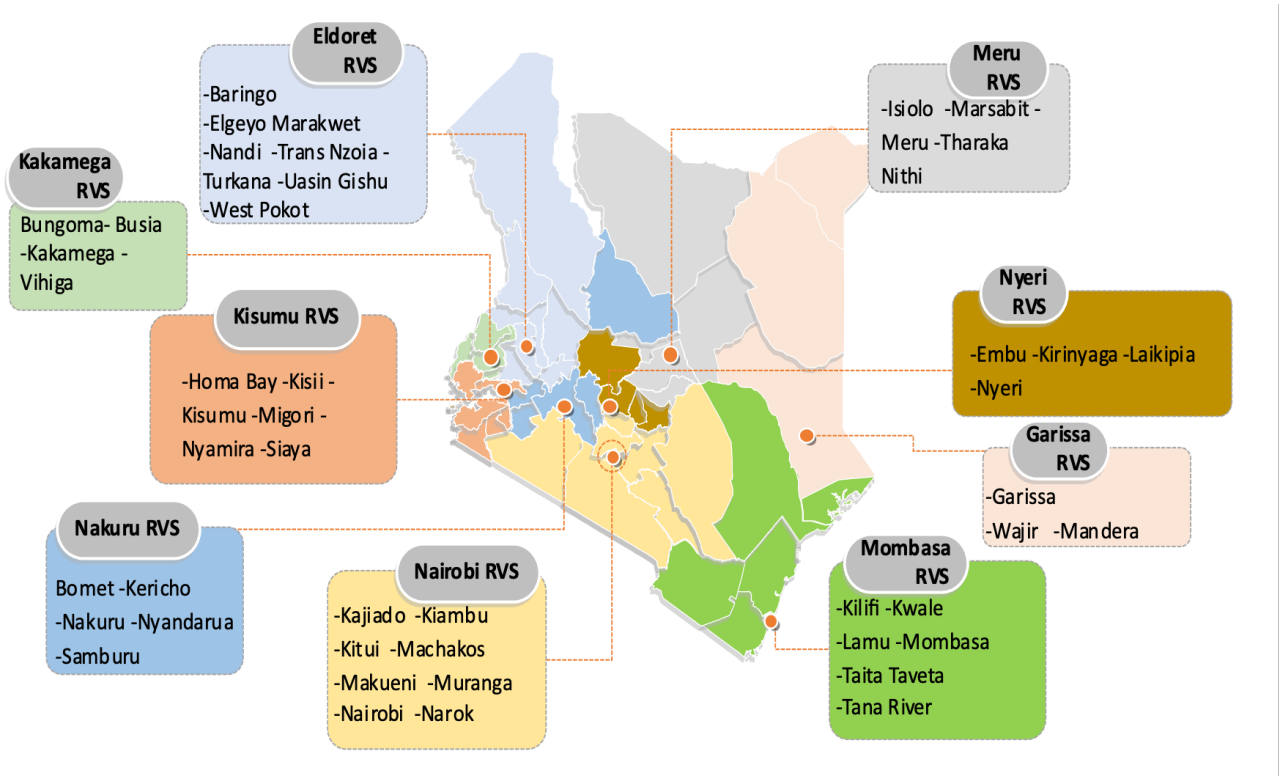
In terms of vaccine storage requirements, the vaccines can be grouped into three:

1. Refrigerated (2°C to 8°C)
2. Frozen (-15°C to -25°C)
3. Ultra-cold (-70°C to -80°C)

The National Vaccine Store has a total of eight (8) cold rooms with a refrigerated capacity of 130M^3 and 2 freezer rooms with a capacity of 14 M^3. Specialized Ultra Cold Chain (UCC) freezers with a storage capacity of 3 million doses are being procured to store the Pfizer / BioNTech vaccines until they are ready to be distributed to vaccination posts. In addition, the UPS foundation has donated 15 portable UCC freezers with a capacity of 6,000 doses which will be used to transport the vaccines to Pfizer designated vaccination posts.

The Ministry of Health will leverage on UNICEF Mechanisms under the Vaccine Independence Initiative Agreement to expedite logistics from the port of entry to the Central Vaccine store and onwards to the regional stores.

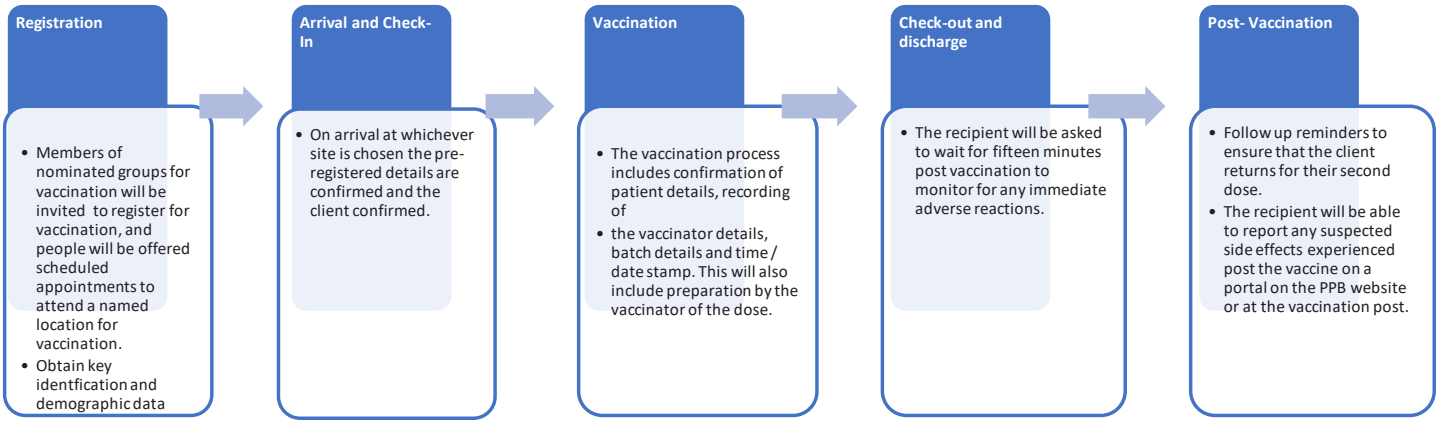
Figure 4: Regional stores and counties served



The 'Chanjo' electronic logistics management information system (eLMIS) is being used to manage vaccine stocks, vaccine cold chain management and provide an immunization data dashboard that presents the vaccine coverage, stock levels and integrated indicators for immunization performance including a weekly county logistics report outlining doses received, doses used, dose balances and number of persons vaccinated (See appendix).

The process of receiving the vaccine is outlined below:

Figure 5: Vaccine administration flow chart



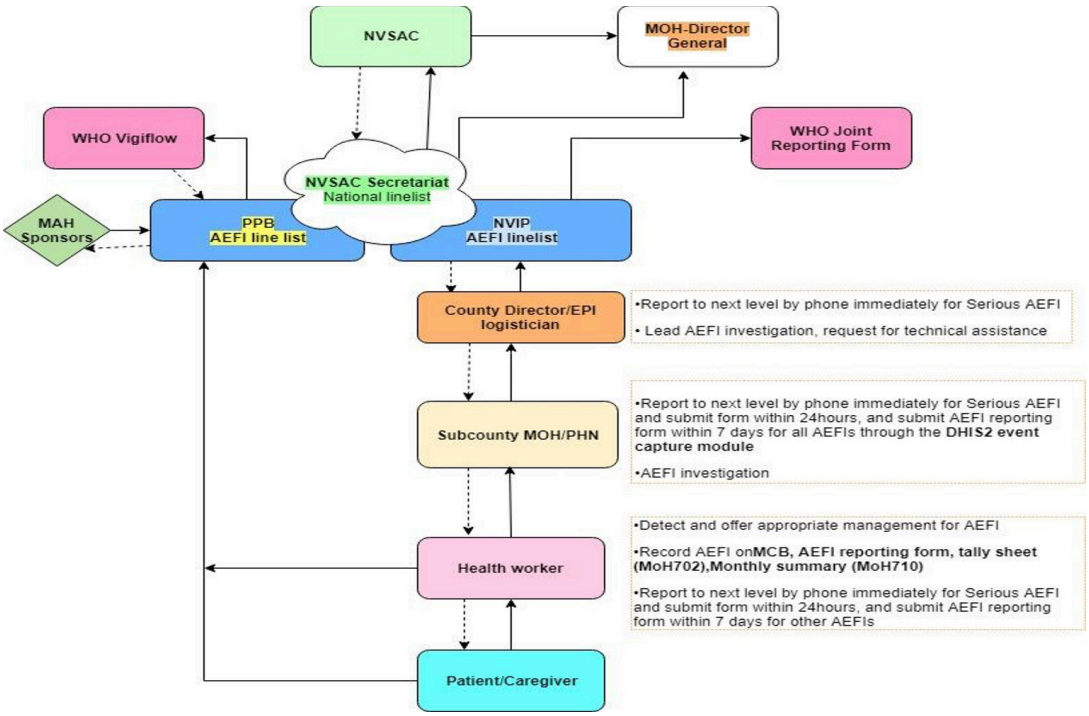
4. VACCINE SAFETY

COVID-19 vaccines (including donations) must receive PPB authorization before use in Kenya.

Safety monitoring

The PPB in conjunction with NVIP shall continue to monitor safety of deployed vaccines through the routine surveillance system using both the paper based and online platforms as outlined in the National AEFI guidelines. In addition to routine surveillance, PPB in collaboration with NVIP will conduct targeted training for health care workers and others as may be necessary. Further, by comparing emerging issues to international safety data, NVIP will advice on any action required for deployed vaccines. The National Vaccine Safety Advisory Committee (NVSAC) meets every quarter to review AEFI cases for causality assessment.

Figure 6: Kenya AEFI reporting pathway



5. DATA MANAGEMENT (THE CHANJO SYSTEM, DATA SAFETY)

To ensure reliable data on status of vaccination, individual tracking of vaccinated people is required as well as personal proof of vaccination. In addition, reliable documentation should be available to the population. To achieve this objective the Government has developed an end-to-end Electronic Vaccine Registry known as ChanjoKE to ensure that tracking and tracing is possible. This will include patient card, patient immunization certificate and linkage of patient ID number or other identification number in a national immunization registry.

How the Chanjo system works.

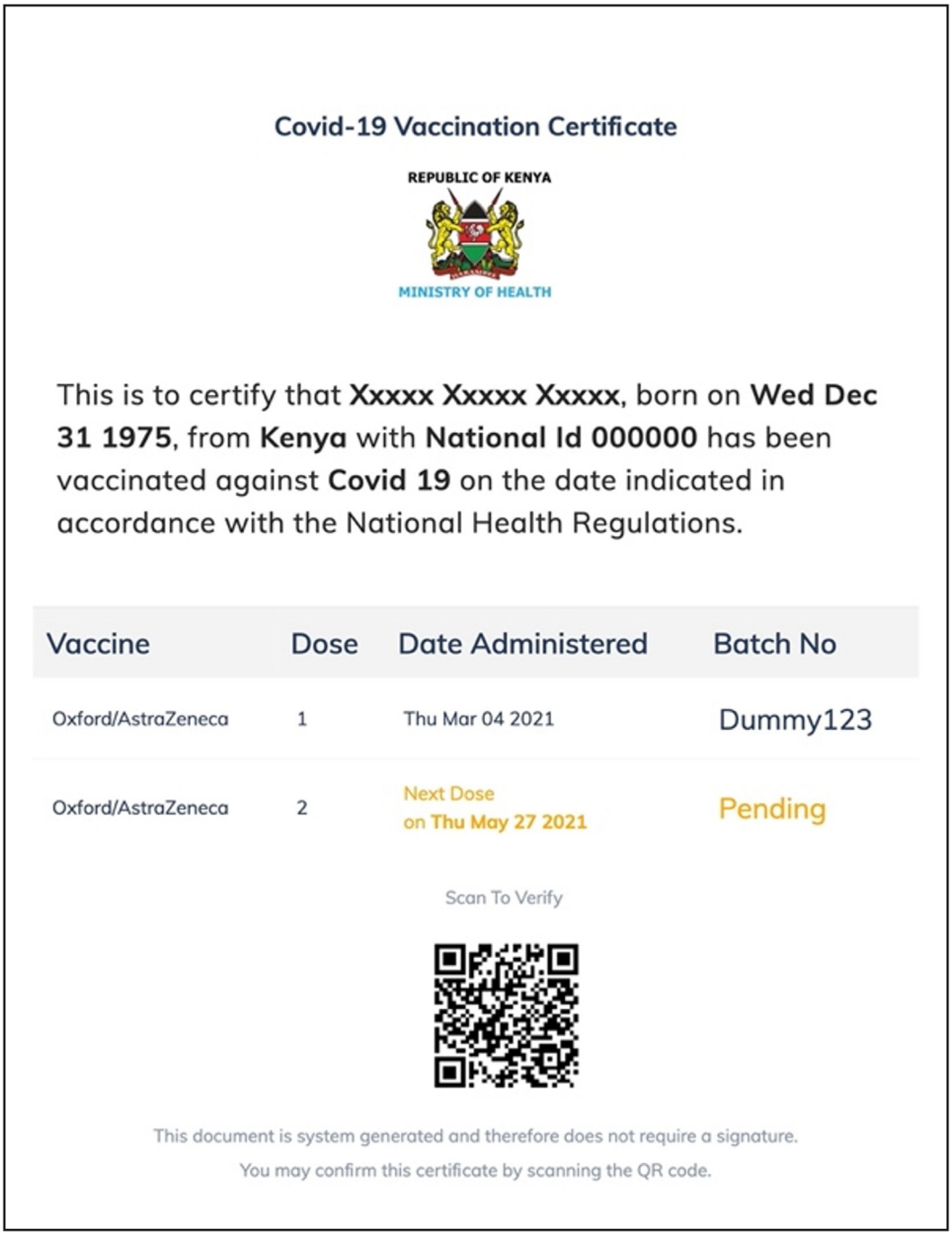
Specifically, the ChanjoKE platform supports;

a. Electronic registration of population to be vaccinated at each vaccination point including capture of stock management,
b. Vaccine administration,
c. Adverse events tracking,
d. Clinical decision,
e. Tracking of individuals' vaccination,
f. Scheduling of appointments and sends sms reminders,
g. Communication notifications and
h. Produces reports for decision making across levels of healthcare.

Applicable mobile devices automatically synchronize vaccination information to the central repository when an internet connection is available. The central repository serves as the primary data repository for client identification, aggregate reporting and management.

The system generates QR coded COVID-19 vaccination digital certificates, verifiable through scanning of QR code that is linked to portal.health.go.ke url

Figure 7: Sample COVID-19 vaccination certificate



Covid-19 Vaccination Certificate

REPUBLIC OF KENYA

MINISTRY OF HEALTH

This is to certify that **Xxxxx Xxxxx Xxxxx**, born on **Wed Dec 31 1975**, from **Kenya** with **National Id 000000** has been vaccinated against **Covid 19** on the date indicated in accordance with the National Health Regulations.

Vaccine	Dose	Date Administered	Batch No
Oxford/AstraZeneca	1	Thu Mar 04 2021	Dummy123
Oxford/AstraZeneca	2	Next Dose on **Thu May 27 2021**	Pending

Scan To Verify

This document is system generated and therefore does not require a signature.

You may confirm this certificate by scanning the QR code.

Data security

Privacy and security of individual data is assured by ensuring that access to the digital system is well managed and only accessible through system login based on the users role. This ensures that only authorised personnel access a client's data. The system is hosted in a secure centralized environment that ensures that data is always secure and stable to avoid loss of data integrity.

6. WHERE TO GET THE VACCINE

Vaccine recipients will be invited to register for vaccination, and through scheduled appointments attend an identified vaccination post. Each stage of the recipient's journey will be enabled and assisted by ICT systems powered by the Chanjo-KE platform. To achieve an increase in the average number of daily vaccinations from the current 40,000 to 150,000 by December 2021, vaccination posts will be increased from the current 800 to 3,000. This will include both fixed posts and outreaches. For the most up to date list of vaccine posts visit https://www.health.go.ke

Table 4: Vaccination centres across phases

Phase	Fixed Posts	Facilities	Timeline
Phase I	800	Level IV, V, VI Public and Private	Mar – Aug 2021
Phase II	3,000	Level II, III, IV, V, VI Public, Private and targeted outreaches	Sep – Dec 2021
Phase III	7,877	Level II, III, IV, V, VI Public, Private and targeted outreaches.	Jan-Jun 2022

Fixed posts

In phase II, the initial 800 immunizing facilities (levels IV, V and VI) in both the public and private sectors will be gradually increased initially to 3,000 and thereafter to 7,877 health facilities incorporating levels II to VI facilities during phase 3. All posts identified by County Health Management Teams must meet criteria set by the Kenya Medical Practitioners' and Dentists' Council and by the immunization policy guidelines. The facilities must also have adequate infrastructure such as EPI recommended refrigerators and adequately trained staff to handle all vaccines. The vaccination posts will be required to reserve a 2nd dose for all those that will receive 2- dose vaccines.

Guidance for deploying vaccines by facility

Vaccines will be deployed to certain facilities using the criteria outlined in table below.

Table 5: Vaccine deployment criteria

CRITERIA/ VACCINE	Pfizer BioNTech	Moderna	Johnson and Johnson	AstraZeneca	Sinopharm
Maximum hours of travel from regional depot	7 hours	7 hours	Any	Any	Any
Consumption	>500 doses administered per week	> 100 doses administered per week	Any	Any	Any
ICT requirements	Chanjo registered facility no data backlog	Chanjo registered facility no data backlog	Chanjo registered facility no data backlog	Chanjo registered facility no data backlog	Chanjo registered facility no data backlog
Cold-chain requirements (Availability)	standard EPI fridge (2-8°C) standard passive devices (vaccine carrier, cold box)	standard EPI fridge (2-8°C standard passive devices (vaccine carrier, cold box)	standard EPI fridge (2-8°C standard passive devices (vaccine carrier, cold box)	standard EPI fridge (2-8°C standard passive devices (vaccine carrier, cold box)	standard EPI fridge (2-8°C standard passive devices (vaccine carrier, cold box)
Other requirements	Trained health workers' Availability of SOPs	Trained health workers Availability of SOPs	Trained health workers Availability of SOPs	Trained health workers Availability of SOPs	Trained health workers Availability of SOPs

Considerations for facilities storing more than one vaccine

1. Facilities should keep one type of COVID-19 vaccine at a time.
2. Facilities can be allowed to keep two types of vaccines and administer the second vaccine in a separate immunization area/session if:

    2.1 They are a high-volume facility administering more than 100 doses per day AND they have a separate immunization area/session to administer the second vaccine.

    2.2 They are a low-volume facility with a known number of second doses scheduled to receive the second type of vaccine at their facility during the upcoming period AND they have a separate immunization session/ area to administer the second vaccine.

Accelerated outreaches

In phase II, counties through the microplanning process will identify facilities that will conduct targeted outreaches. The local community leadership will be engaged to mobilize communities for vaccination. It is recommended that identified facilities conduct at least two outreaches per week.

Facility based In- reaches

To increase vaccine uptake among persons with underlying medical conditions, hospitals that conduct special medical and surgical clinics will be encouraged to vaccinate them within the facilities during their routine clinic attendance.

Campaign mode

With the improving vaccines availability and to ensure that as many people are vaccinated as quickly as possible, campaigns enlisting all key stakeholders will be conducted at national and county level to ramp up the vaccine uptake.

7. EFFECTIVE ENGAGEMENT OF COMMUNITIES AND DEMAND GENERATION

Objectives

- To provide timely and accurate information to communities on COVID-19 multiple vaccine deployment, address myths, misconceptions, misinformation and disinformation with a view to eliminating barriers to vaccine uptake.
- To create and sustain demand among the general population and within zero dose communities. Work with them to map out the elderly population, at risk groups, those with comorbidities, congregate populations, migrant populations and those with underlying medical conditions and physical disabilities for vaccination.
- Advocate for COVID-19 vaccine uptake in addition to other preventive protocols namely hand hygiene, proper wearing of facemasks and physical distancing.

Table 6: Community engagement and demand creation priorities

Objective	Activity	Timeline
To provide timely and accurate information to communities on COVID-19 multiple vaccine deployment, address myths, misconceptions, misinformation and disinformation with a view to eliminating barriers to vaccine uptake.	Develop content and conduct; • In person outreaches e.g door to door campaigns using CHV's, HPO's, CHW's, Pre-registration drives • Digital outreaches (use of SMS, website, social media, online platforms) • Print outreaches through development and dissemination of IEC materials in different languages (fact sheets, posters, newspaper adverts, FAQ'S, vaccination calendar) distributed near vaccination centres	December 2021
To create and sustain demand among the general population and zero dose communities. Work with them to map out the elderly population, at risk groups, those with comorbidities, congregate populations, migrant populations and those with underlying conditions for vaccination.	• Collaborate and engage in focus group discussions with credible trusted community champions, opinion leaders, unions, CBO's, administrative officers e.g chiefs, religious leaders, journalists particularly from vernacular and community radio and regional TV stations to build trust and increase vaccine uptake.	December 2021
Create awareness on the Government's efforts to fight COVID-19 and increase vaccine uptake in addition to adherence of other preventive protocols namely hand hygiene, proper wearing of facemasks and physical distancing.	• Give Brief presentations at local community regular meetings such as chief's baraza's, religious gatherings. • Conduct an online survey to determine level of awareness and compliance. • Engage social mobilizers and influencers to produce edutainment and infotainment programs • Media events: roundtables, media tours,	December 2021

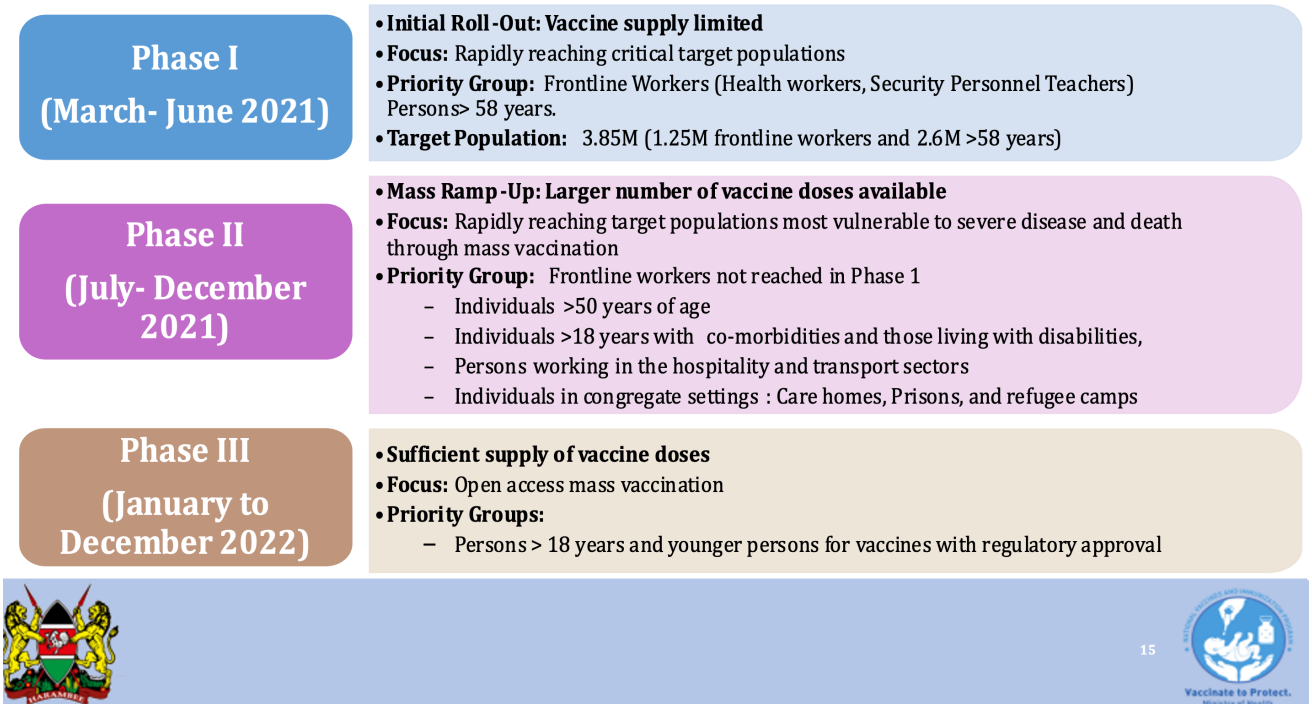
8. HUMAN RESOURCES MANAGEMENT AND TRAINING

All vaccinators; qualified and registered clinicians and nursing staff will receive training relevant to the types of COVID-19 vaccines they will administer. So far more than 1,000 health workers from more than 800 facilities have been trained. To support the accelerated vaccinations, MOH will train vaccinators from at least 3,000 facilities by December 2021. In phase III vaccinators from an additional 4,077 facilities will be trained by June 2022. A database of all trained health workers is being developed. In addition to vaccinators, support staff including IT, administrators and supervisors will be trained.

9. WHO SHOULD GET THE VACCINE AND WHEN.

To ensure effective uptake of the vaccine, the population receiving the vaccine has been prioritised by vulnerability, vaccine availability and health system capacity.

Figure 8: Phases for vaccine introduction



NB- Categories within the Phases of this Deployment plan may be revised subject to availability of vaccine doses.

10. MONITORING THE STRATEGY

The vaccination program will be monitored and evaluated to international reporting standards using the following key process; outcome and impact indicators. Monitoring of COVID-19 vaccine performance will be done via daily, weekly, monthly, and quarterly reports on key process and outcome indicators (see table below).

Table 7: Monitoring and evaluation framework of the deployment plan

Type of Indicator	Indicator	Data Source	Reporting	Responsible
Process indicators	Total Number of COVID-19 vaccines administered	Chanjo-KE	Daily	MOH M&E, NVIP
	Number of people partially vaccinated	Chanjo-KE	Daily	MOH M&E, NVIP
	Number of and proportion of people fully vaccinated, (country, county)	Chanjo-KE	Daily	MOH M&E, NVIP
	Average daily vaccination rate by week	Chanjo-KE	weekly	MOH M&E, NVIP
	Proportion of counties reporting vaccine stock-outs of more than one vaccine type in the preceding month	NVIP monthly reports	Monthly	NVIP
	Data analytics and visualization reporting into KHIS	KHIS	Monthly	MOH, CEMA
	Pentavalent 3 monthly coverage	Routine immunization reports	Quarterly	NVIP
	Number of communication material, messages and outputs	Monitoring reports	Monthly	MOH Communication
	Proportion of population protected through vaccination	Quarterly Chanjo-KE ; Post Introduction Evaluation	Quarterly	MOH, M&E, NVIP
	Number of Adverse Events following Immunization reported to PPB	Chanjo-KE	weekly	PPB, NVIP
	People Reached by messages	KAP, Media Surveys	Monthly	MOH Communication
Impact Indicators	Total number of COVID-19 cases per 1,000 persons per year	Vaccination coverage survey	Annually	MOH-M&E, NVIP, CEMA
	Admission by vaccination status	KHIS	Monthly	MOH, CEMA

The routine immunization system reporting tools will be utilized for this purpose. The following tools will be used;

1. **Permanent register book -** Captures comprehensive patient level data.
2. COVID-19 Vaccine Tally sheet - Tally sheet used by vaccinators to track numbers immunized as well as doses.
3. **COVID-19 Immunization summary sheet -** This summary sheet captures daily immunization summary as captured by the tally sheet and summarizes data into a monthly format.
4. **COVID-19 patient vaccination card -** Card utilized by patient to show the vaccine received, batch numbers and provides information on next dose's due date.
5. **AEFI reporting sheets -** Used to capture Adverse events following immunization (AEFI and AESI) at facility level.

An automated reporting platform is being developed to produce visualizations of the process indicators. This will be pegged on data integration between the ChanjoKe system and the KHIS.

To corroborate data from the routine coverage reported through the vaccine registry where denominator data may not be representative and in addition to routine monitoring as outlined above, a Vaccination coverage survey will be conducted to estimate COVID-19 vaccine coverage among the elderly (persons aged ≥50 years) and persons aged ≥18 years who have underlying medical conditions, as well as in selected health facilities to estimated coverage of the COVID-19 vaccine among HCWs.

The childhood pentavalent coverage will be monitored to track the impact of COVID-19 vaccinations on the childhood immunization program.

11. FINANCING AND RESOURCE MOBILIZATION

The budgetary resources required to execute this accelerated deployment plan include the cost of procurement and delivery of the vaccine, procurement of cold chain equipment, communication and social mobilization, training and capacity building, data management, outreaches, vaccine safety monitoring and medical waste disposal.

The estimated total cost of implementing the plan targeting vaccination of 26 million people is Kshs.46.3 billion (USD 421.3 million). Procurement and delivery of vaccines takes the largest proportion of the estimated budget at 93.8% while Advocacy, Communication and Community Mobilization initiatives take the second largest proportion at 2.1% among the other key support areas.

Global Alliance for Vaccines and Immunizations (GAVI) committed to provide COVID-19 vaccines to approximately 20% of the population in the 92 Advance Market Commitment (AMC) participating countries of which Kenya is among them. The support to be channeled through the COVID-19 Vaccine Global Access (COVAX) Facility will facilitate procurement of vaccines and injection devices at an estimated cost of Kshs.20 billion (USD179.2 million) enough for approximately 11 million people. Government of Kenya will therefore provide an estimated budgetary support of Kshs.26 billion (USD 242.1 million) The revised budget to facilitate vaccination of 26 million people by end of December 2022 is estimated as follows;

Table 8. Estimated budget by thematic areas

No.	Thematic Areas	Total Cost in Kshs	Total Cost in USD (1$=Kshs.110)
1	Procurement of Vaccines and Injection Devices, Warehousing and Distribution	43,469,725,740	395,179,324.91
2	Cold Chain Equipment Capacity Expansion	918,191,726	8,347,197.51
3	Trainings & Capacity Building	321,909,048	2,926,445.89
4	Planning & Coordination	104,430,834	949,371.22
5	Data Management, Monitoring & Surveillance	568,108,008	5,164,618.25
6	Advocacy, Communication and Community Mobilization Initiatives	961,955,800	8,745,052.73
	Total	**46,344,321,156**	**421,312,011**

12. INFORMATION

For more information and updates on COVID-19 you can visit the Ministry of Health
Website at https://www.health.go.ke
Twitter: @MOH_Kenya
Facebook: The Ministry of Health
You tube: MoH Kenya-afya channel
dial *719# or call 719.

ACKNOWLEDGEMENTS

By Principal Secretary

It is disheartening whenever we hear of the grim statistics of the COVID-19 numbers in terms of cases and deaths but when it comes to vaccinations it is a joy when we see an increasing trend in the numbers of those turning up to receive the lifesaving jabs. Indeed, we hope in the coming weeks and months to achieve our target of having 26 million Kenyans fully vaccinated by end of next year if not earlier.

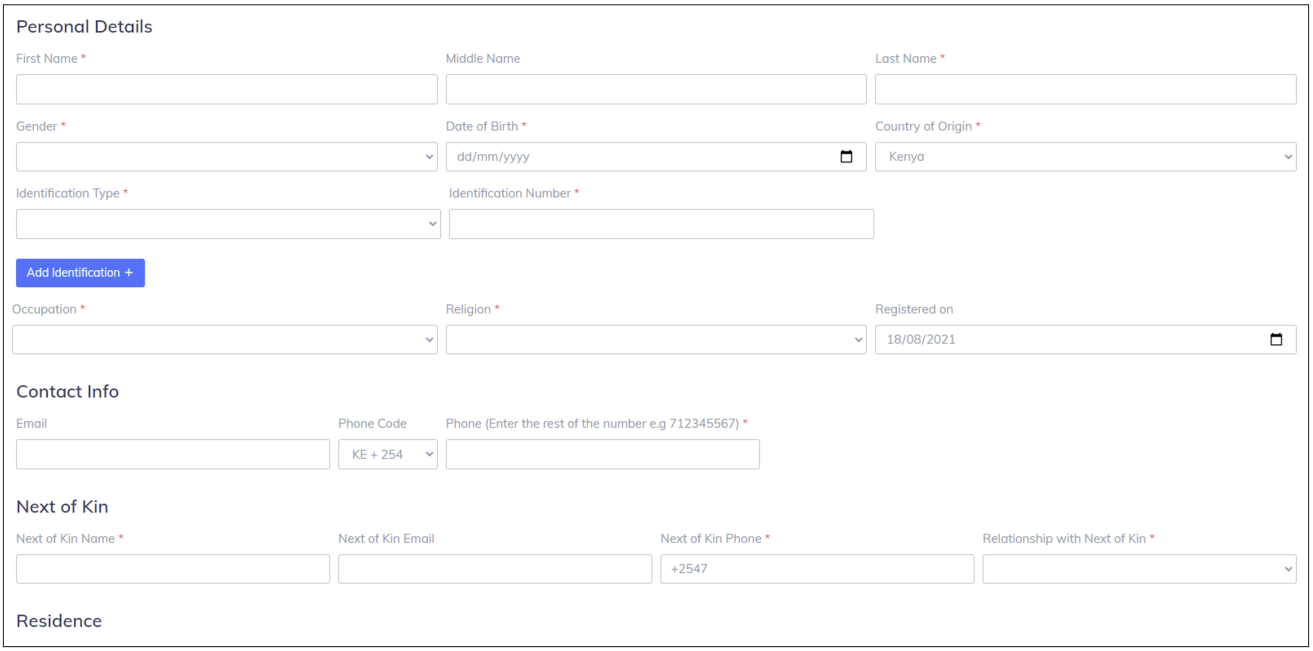
Towards this journey, a lot must be done to ensure stability of supply chain administration logistics, including robust collaboration between the National and County Governments. To inform the various aspects of vaccine deployment, it is necessary to have an elaborate plan to guide the process. This plan is the culmination of various efforts from different stakeholders and aims at ensuring that the Government plans are achieved on time and under budget.

I wish to acknowledge and sincerely thank all those who have helped in the revision of this plan. Let me appreciate the efforts of the national and county vaccine deployment taskforces, our development partners and financiers, the National Emergency Response Committee and all those who contributed to the revision of the plan. We look forward to our continued collaboration to ensure that we save lives and help in mitigating the impact of this global pandemic.

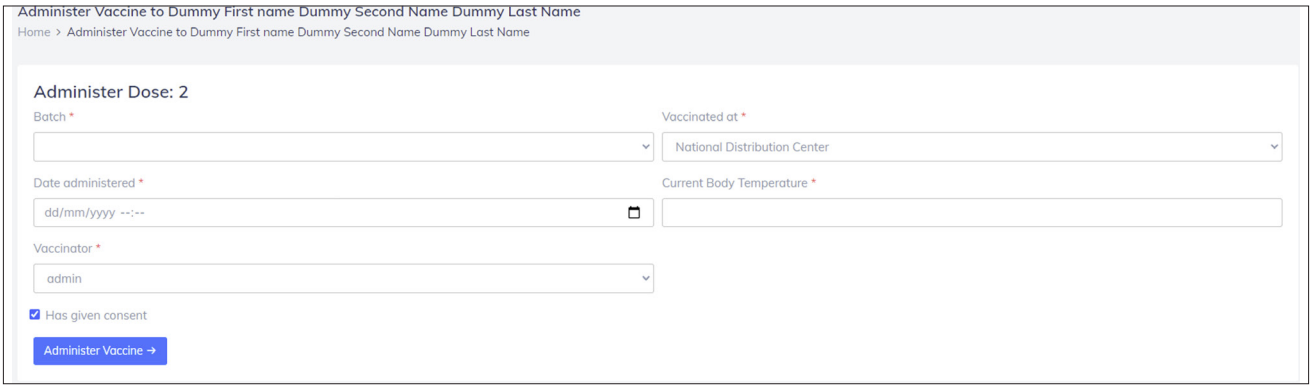
Susan Mochache, CBS
Principal Secretary.

APPENDIX

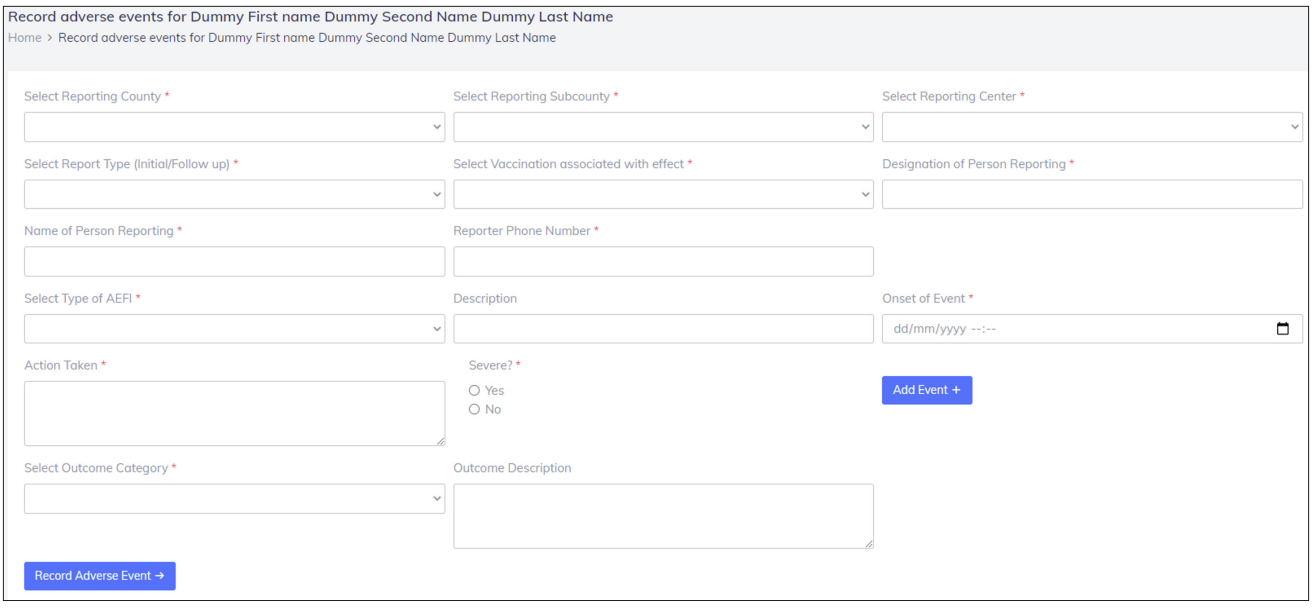
Potential Vaccine Registration Form



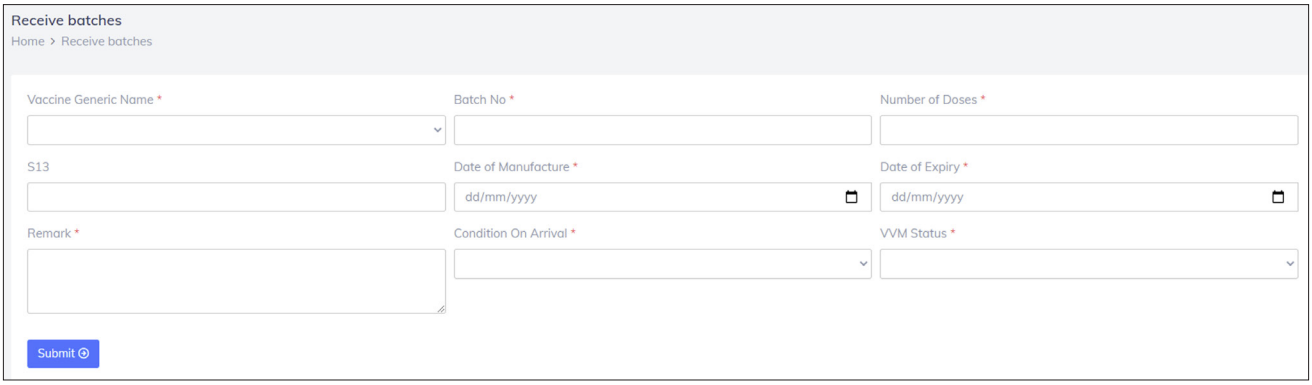
Vaccine Administration form



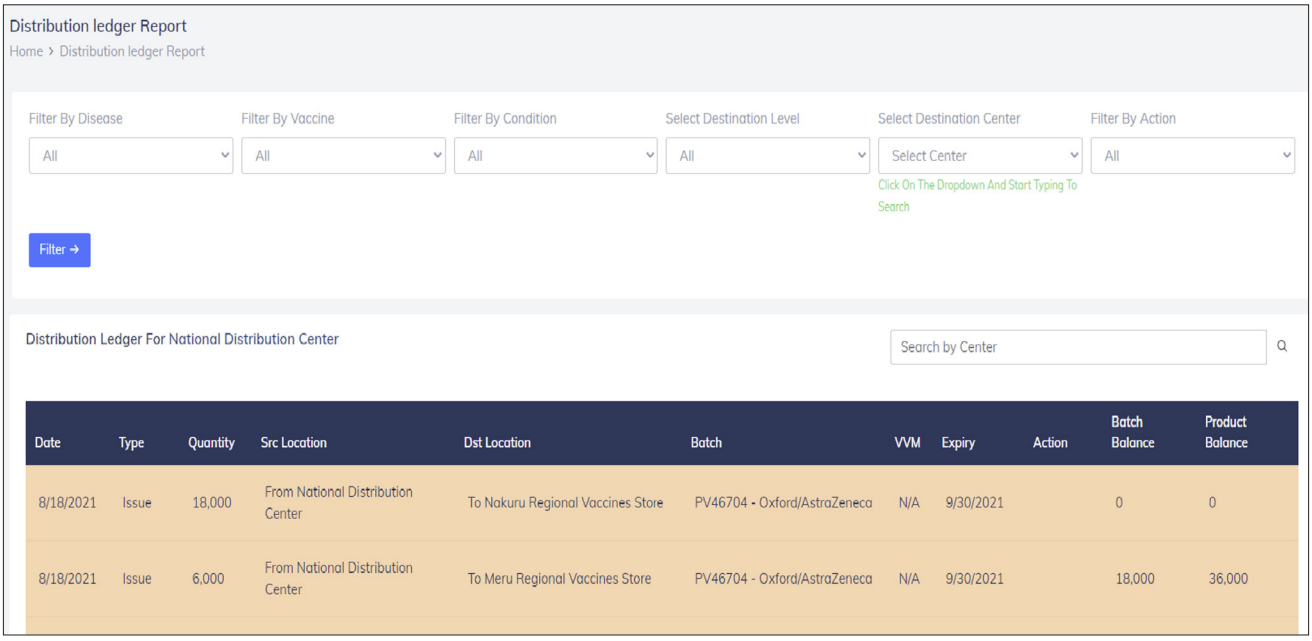
Adverse Event Reporting Form



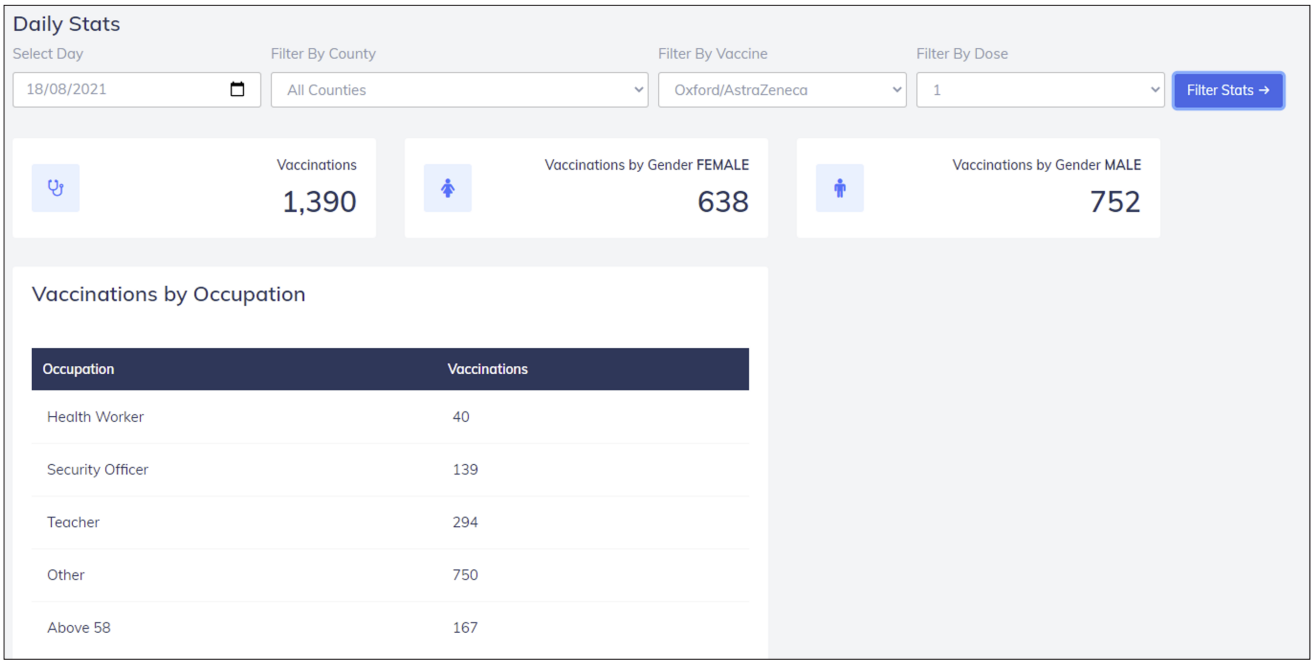
Stock Management



Stock Ledger Book



Reports



National Vaccines Deployment and Vaccination Task Force

Name	Organization	Role
Dr. Willis Akhwale	MOH/ African Leaders Malaria Alliance	Chairman
Dr. Richard Ayah	University of Nairobi	Lead- Training and Capacity building
Dr. Peter Mbwiri	MOH- Pharmacy and Poisons Board	Lead- Regulation and Safety Monitoring
Mr. John Kabuchi	MOH	Lead- Procurement and Supply Chain
Dr. Helen Kiarie	MOH	Lead- Data management, Monitoring and Evaluation
Mr. Mburugu Gikunda	MOH	Lead- Advocacy and Communication
Mr. Benson Murimi	MOH	Financing and Resourcing
Dr. Stephen Muleshe	MOH	Lead- Planning and Coordination
Nancy Njeru	Council of Governors	Member
Dr. Andrew Mulwa	MOH	member
Dr. Nazila Ganatra	MOH	Member
Dr. Lucy Mecca	MOH- NVIP	Member
Dr. Gitahi Githinji	Amref Health Africa	Member
Dr. Peter Okoth	UNICEF	Member
Dr. Kibet Sergon	World Health Organization	Member
Prof. Bernhards Ogutu	KEMRI	Member
Dr. Kenneth Munge	World Bank	Member
Dr. Edwine Barasa	Kemri- Welcome Trust	Member
Dr. Anthony Ngatia	Clinton Health	Member
Caroline Manoti	MOH/Clinton Health	Secretary

MINISTRY OF HEALTH