

Kenya Internal Appraisal 2014

1. Brief Description of Process

This Internal Appraisal for Kenya was conducted for Gavi by independent technical expert **Deborah McSmith**, in cooperation with Gavi Senior Country Managers, **Alison Riddle** and **Stefano Lazzari**, and is based on reports, documentation and clarifications provided to Gavi by the national authorities and institutions in the country for the year 2013.

Kenya is reporting on Penta3, PCV10, Rotavirus, and Yellow Fever vaccines and requesting NVS support in 2015 for the same, with no changes in vaccine presentations.

2. Achievements and Constraints

The 2013 APR notes a change in total expected births for 2013, stating that the initial projection was incorrect and the number reported (1,533,072) is more accurate. The Kenya National Bureau of Statistics will provide the official figures when the monograph for 2013 is released. The country reports some changes in vaccine targets for 2014 and 2015: the target for BCG is 100% while target for Penta3, PCV10, Measles and RV virus vaccine is 95%. Kenya introduced Rotavirus half-way through the year, which justifies the large RV target increase in 2014 and 2015. The high wastage rate for YF vaccine is due to its administration in only two very remote and sparsely populated counties, with very small immunization sessions in the few immunizing health facilities.

Major activities reported for 2013 include: introduction of Measles Second Dose into routine immunization in July 2013; preparations for rotavirus introduction in 2014; launch of the HPV demonstration project; conduct of 8 rounds of polio vaccination supplemental immunization vaccination in response to confirmed wild polio virus outbreak in North Eastern part of Kenya; and conduct of an EVMA in November 2013.

Overall, during the year 2013, all the targets for the immunization program were not met and Kenya experienced a drop in coverage of vaccines. The APR describes several causes within and outside the health sector for lower than expected coverage in 2013, including:

- The 2013 general elections interfered with service delivery and the new Government was appointed under a new constitution that made each county responsible for planning and implementing health services;
- A new Ministry of Health was formed which was a merger of two previous ministries (Ministry of Public Health and Sanitation and Ministry of Medical Services), resulting in movement of staff from one unit to another and a period of uncertainty for health workers.
- Structures not in place to transition smoothly to a decentralized immunization program; e.g., insufficient devolution of financial resources to counties for purchase of traditional vaccines, operations and maintenance; health worker relocations; supply shortages of immunization documentation tools leading to possible under-reporting;
- Two health worker strikes in early 2013 lasting 2 months and interrupting immunizations.
- A wild polio virus outbreak that required an involved response.

The country expresses confidence that these challenges have been or are being resolved and 2014 and 2015 targets will be met.

Sex-disaggregated data on DTP3 coverage was last reported in the Kenya Demographic Health Survey (KDHS) 2008-2009 with a coverage estimate of 82.9% for boys and 89.8% for girls. KDHS data indicates that neonatal, post- neonatal and infant mortality rates are all higher for

boys than girls, with more girls immunized as a result. Kenya does not consider gender a cultural barrier to utilization of immunization services, and focuses instead on house to house outreach services for hard to reach, marginalized populations (such as nomadic communities) and women caretakers.

3. Governance

The Country has both an HSCC and an ICC, however no documentation was provided from the HSCC in 2013. Reportedly, the ICC met 4 times in 2013. However minutes are provided only for a May 2014 meeting which reviewed and endorsed the APR 2013 submission. It also reviewed the planned RV vaccine introduction and discussed Gavi audit issues, the impact of devolution of health services on routine immunization performance, and Gavi support. ICC membership includes 6 CSOs, two of which are faith based. Available minutes indicate participation of government and donors, but not of CSO members. Kenya needs to provide improved documentation for HSCC and ICC meetings during the next 2014 reporting period.

4. Programme Management

The EPI programme in Kenya is managed by the Unit of Vaccines and Immunization Services (UVIS), which is under the Department of Family Health. The goal of the program is to increase access to immunization services to reduce infant morbidity and mortality rates due to childhood vaccine preventable diseases. UVIS is responsible for policy and overall management of the immunization program, including data management, capacity building and supervision, Advocacy and Communication, Surveillance and Disease Control, Vaccine Supply and Quality, and Service Delivery. Kenya has a cMYP and costing tool for the period 2013 to 2017.

A cold chain inventory conducted in 2010 prior to introduction of PCV10 vaccine showed Kenya to have adequate storage capacity, with most refrigerators working; a reliable supply of power both grid electricity and liquefied petroleum gas (LPG); and standard temperature monitoring charts available and in use with refrigerator temperatures monitored daily.

The 2013 APR updates the country's response to the 2012 PIE recommendations, which relate to both new vaccine introduction and routine immunization. Priority actions in view of the Rotavirus introduction in 2014 include:

- Community involvement through CSO participation in trainings.
- Target populations more clearly spelled out in trainings.
- Adequate quantities of IEC materials planned with MoH mobilizing additional resources from in-country partners.
- Most districts using vaccine monitoring charts and the country introducing 30-day temperature log tags.
- AEFI protocols developed with most health facilities equipped with emergency kits. However the country has yet to undertake a refresher training course on AEFI monitoring and reporting.
- A stock management tool rolled out to sub-county level, although there is a delay in the review of stock management procedures and institutionalization of contingency plans as a result of devolution.

Other priority actions for 2014/2015 include: Gavi HSS proposal application; implementation of RED and REC strategies; dissemination of maintenance, replacement and expansion plan and distribution of 600 new fridges; and addressing bottlenecks related to the devolution of health services.

Kenya does not have a national dedicated vaccine pharmacovigilance capacity, a national AEFI expert review committee, an institutional development plan for vaccine safety, or a risk communication strategy. The country does conduct sentinel surveillance and special studies for rotavirus and invasive paediatric bacterial disease (IBD), and the ICC reviews this data. Surveillance shows RV incidence at 19%. Kenya has commissioned intussusception studies to

determine incidence, pathology and patient characteristics in 2013; this study is ongoing and has not yet been presented to the ICC.

While the country has an injection safety plan, the APR describes obstacles to its implementation: financing to implement the policy and capacity gaps among health workers. A National Health Care Waste Management TWG meets regularly to monitor sharps disposal by burning and burying, with 15 high temperature incinerators constructed recently.

5. Programme Delivery

No new vaccines were introduced in 2013. Kenya introduced rotavirus vaccine in July 2014.

The country experienced no stock outs during 2013 as a result of high stock balances from the previous year and coverage being lower than targets. However, the delivery of all co-financed doses for 2013 was postponed to 2014 due to a late co-finance payment to Gavi.

An EVM assessment conducted in November 2013 resulted in a WHO recommended score of 80% or higher performance for only 5 indicators of the 9 EVM criteria applied at four levels of vaccines stores and generated an 18 point improvement plan, including the following high priority items:

- Develop MoU with Customs Authorities to reduce time required for the vaccine clearing process. The consignment should reach the Central Vaccine Store within 24 hours.
- HIS data to be reviewed and corrected for proper planning, implementation and monitoring.
- Proper arrangement needed for fund management at CVS, RVS and DVS level so that all EPI related activities can be correctly implemented.
- The KE-SMT software should be corrected to match the national stock level policy.
- Priority be given to move the present central store and 3 regional vaccine stores to the new stores constructed by JICA. Shift to the new stores before the country introduces new vaccines in 2014.

The next EVMA is planned for September 2017.

6. Data Quality

Most WHO/UNICEF estimates are higher than administrative coverage data, especially for Measles. The country explained that this is due to the different methodologies used for WHO/UNICEF estimates which might not capture recent drops in coverage or increases in target population.

No assessments of administrative data systems were conducted in 2013. The next KDHS will be conducted in 2014 and will provide updated immunization coverage data. Per 2012 APR, in 2012 data completeness stood at 92% with reportedly no discrepancies between administrative data and a national post-measles coverage survey. Discrepancy exists between KDHS (2008-2009), post-measles coverage survey (2012) and 2013 administrative data, possibly because of poor performance in 2013 resulting from the challenges listed earlier.

The APR reports continuous capacity building on data quality, completeness and timeliness of reports through institutionalization of structured feedback on performance, especially monthly and quarterly review meetings between national and county teams to review routine immunization performance and data management.

7. Global Polio Eradication Initiative, if relevant

The APR makes reference to acting on the 2012 PIE recommendation to leverage the momentum from the Polio Eradication Initiative to sustain media advocacy and specifies having the Polio Eradication Champion speak on behalf of all routine immunization. No other details relevant to the Global Polio Eradication Initiative are provided, however the APR reports that 8

rounds of supplemental polio vaccination were conducted in response to a wild polio virus outbreak in North Eastern Kenya, where 14 cases were confirmed.

8. Health System Strengthening

Kenya is not reporting on Health Systems Strengthening (HSS) fund utilization in 2013. The country applied for an HSS grant in June 2014; the June-July 2014 IRC recommended approval of the proposal with revisions and clarifications.

The country has outstanding reporting for its HSS 1 grant (2007-2010). A balance of US\$2.9M was carried over into 2011 but never reported.

9. Use of non-HSS Cash Grants from Gavi

Kenya is not reporting on ISS or CSO fund utilization for 2013.

In 2013, Kenya financed 12% of the total immunization expenditures. The country funded 79% traditional vaccines, with USAID and UNICEF supporting the remaining 21%, and 7% of new and underused vaccines (paid in 2014), with Gavi funding the remaining 93%. The country, UNICEF, WHO and USAID were the primary contributors to other routine recurrent costs. Auto disable syringes were also financed by the Government of Kenya.

10. Financial Management

No Gavi Financial Management Assessment (FMA) was conducted in Kenya prior to or during the 2012 calendar year. Cash-based support to Kenya is frozen pending the submission of outstanding ISS funds audit reports. These reports are outstanding since early 2013 despite repeated follow-up in writing and in-person by the Gavi Secretariat.

An FMA was conducted in 2013 but could not be completed because of devolution. Given the recent submission of a new HSS grant, the Gavi Secretariat plans to conduct a follow-up FMA in 2015. For the interim, call cash-based support is channelled through Gavi partners (WHO and UNICEF), including the VIG for the RCV introduction in July 2014.

The country has provided bank statements for 2011 and 2012 but not for 2013.

11. NVS

2013 was a particularly challenging year for Kenya's immunization program, with several reasons for lower than expected coverage articulated in the APR. Based on prior years performance in reaching targets, and if health structures have stabilized after partial decentralization and decentralized immunization systems were functioning, NVS targets for 2014 and 2015 would likely be feasible. However, challenges remain with the devolution process, and the country may wish to adjust targets to better reflect these realities.

Although Kenya had initially planned to introduce Rota with age restrictions (1st dose given ≤ 15 weeks, and last dose ≤ 32 weeks), the country lifted those age restrictions at the time of introduction in July 2014, which resulted in an increase in the 2014 targets from 570,490 to 706,150 and in the 2015 targets from 1,084,809 to 1,454,668. With the age restriction removed, the coverage is expected to match Pentavalent vaccine for the second half of 2014 and 2015. A possible stock-out of vaccine at the end of 2014 was resolved by asking UNICEF to advance some of the 2015 vaccine supply (doses already approved in the previous DL). Rotavirus targets and doses required for 2015 will need to be adjusted based on the revised target estimates for both 2014 and 2015, including buffer stock.

The country has applied for IPV introduction in 2015. The application will be reviewed at the November 2014 IRC.

12. EPI Financing and Sustainability

Gavi support for Kenya is reported in the national health sector budget.

Kenya is in the low co-financing group and defaulted on its co-financing obligations in 2010 and 2013. The country has paid its outstanding commitments in full in 2014. The devolution of resources to counties is reported to have resulted in a shortage of funds at the national level.

Financial arrangements for immunization funding between the national and county governments are still being resolved. The government plans to transfer funds in October 2014 for 2015 co-financing.

An immunisation financing review, led by WHO, was completed in September 2014.

13. Renewal Recommendations

Topic	Recommendation
NVS	Renewal without a change in presentation for Penta3, PCV10, and Yellow Fever vaccines once action points below are completed to Gavi's satisfaction.
NVS	Adjustment without a change in presentation for Rotavirus based on the revised target estimates

14. Other Recommended Actions

Topic	Action Point	Responsible	Timeline
ISS	Provide any outstanding external audits to Gavi	Country	
NVS	Provide financial statements for 2013	Country	
NVS	Review 2015 targets in light of changed denominators and devolution challenges and communicate revisions to Gavi.	Country	
HSS	Country to report on outstanding HSS year 1 grant balance before further HSS funding is released.	Country	
Finance	As the country has defaulted on their co-financing obligations in 2013, it is recommended that appropriate budget allocation is ensured to prevent default in the current and future years.	Country	