

Country	Programmatic Area	Activity	Partner	Jun-19	Nov-19	Jun-20	Expected Outcome	TOTAL
Kenya	Programme Management - LMC	Onboard CU staff on immunization program needs and program performance management	CHAI	New CU team members brought up-to-speed as necessary	New CU team members brought up-to-speed as necessary			165302.00
Kenya	Programme Management - LMC	Support strong financial and program performance management of HSS activities by CU	CHAI	Review meetings conducted and reports on completed HSS activities and funds utilized shared with Gavi	Review meetings conducted and reports on completed HSS activities and funds utilized shared with Gavi			
Kenya	Programme Management - LMC	Implement quarterly reviews of county annual plans by county EPI staff	CHAI	Annual plans tracked routinely by counties, reviews held and implementation of work plans on track	Annual plans tracked routinely by counties, reviews held and implementation of work plans on track			
Kenya	Programme Management - LMC	Develop costed, prioritized county annual plans (incorporating HSS workplans where applicable) for 8 focus counties	CHAI	Costed, prioritized county annual plans developed				
Kenya	Programme Management - LMC	Support improved immunization governance structure at county level	CHAI	Effective EPI performance supervision and review meetings by county through county TWGs	Effective EPI performance supervision and review meetings by county through county TWGs			
Kenya	Programme Management - LMC	Transition immunization performance management systems of currently-supported counties out of CHAI support in a sustainable fashion	CHAI	County management teams lead in carrying out improved planning and program performance processes	County management teams lead in carrying out improved planning and program performance processes			
Kenya	Programme Management - LMC	Develop and share best practices, tools and lessons learned on county EPI program performance management to all 47 counties	CHAI	Best practices, tools and lessons learned compiled and disseminated among county EPI staff	Best practices, tools and lessons learned compiled and disseminated among county EPI staff			
Kenya	Health Information Systems (Data)	strengthening of national health information system (HIS) and establishing of robust and sustainable integrated systems, focusing on implementation of tools and building capacity for better quality and use of immunisation data	University of Oslo					18850.00
Kenya	Programme Implementation/Coverage & Equity	Support EPI program operationalize the Presidential directive on collaboration between the MOH and MOE to improve immunization performance	UNICEF	Report of first meeting of the MOH-MOE working group on immunization as per TOR that has been endorsed by Top MoH and MOE leadership	Draft Strategy on a certification system to ensure children joining school are effectively verified for immunization status disseminated to key stakeholders		Improved collaboration between Education and Health to address low coverage for immunization	981720.00
Kenya	Health Information Systems (Data)	Scale Support for use of GIS application/Tools and Immunization scorecard to improve data quality and use to address inequities in immunization coverage in 6 focus counties	UNICEF	Immunization scorecard, GIS maps and advocacy fact sheets developed for use in strengthening immunization performance review at decentralized level in 6 focus counties	2 Advocacy meetings held with key county government officials including county assembly members in each of the 6 counties to advance use of Immunization scorecard and GIS maps for improved decision making including county planning, performance review and budgeting process		Improved use of data for equitable programming	
Kenya	Programme Implementation/Coverage & Equity	Provide Technical support to the MOH EPI program to extend implementation of REC strategy in additional 12 counties with major urban informal settlements, migrants and nomadic populations that are not adequately reached with immunization services and introduce HPV, MenA and YF into the National RI system	UNICEF	REC Microplans available and implemented in 20% of Health Facilities in 12 Gavi HSS priority counties with huge numbers of urban, nomadic and migrant populations	REC Microplans available and implemented in 50% of Health Facilities in 12 Gavi HSS priority counties with huge numbers of urban, nomadic and migrant populations	REC Microplans available and implemented in 80% of Health Facilities in 12 Gavi HSS priority counties with huge numbers of urban, nomadic and migrant populations	Increased Penta 3 and FIC coverages	
Kenya	Vaccine-Specific Support	Provide Technical support to the Epi program to identify and document best strategies that can be scaled to improve DPT3 and MCV2 coverage amongst Nomadic, undocumented migrant and urban populations	UNICEF		Concept Note on best strategies to improve DPT3 and MCV2 coverages amongst nomadic population finalized and shared with EPI		Increased Penta 3 and FIC coverages	
Kenya	Supply Chain & Procurement	Support the EPI program Supply chain and Logistics working group and PMT to effectively manage the supply chain: Sub-Activities: (1) Sub-Activity 1: Provide technical support to conduct EVM assessment and IP development (2) Sub-activity 2: Provide support in vaccine forecasting and stock management to ensure supply availability and adequacy through Annual vaccine and related supply forecasting; Advocacy for timely fund allocation for supply procurement made, regular and timely update and use of Stock Management Tool and Viva Tool; assessment of reasons for stockouts at subnational levels. (3) Sub-activity 3: Provide support in the CCEOP Operational Deployment Plan Implementation; and Update of Cold Chain Inventory data (4) Sub-Activity 4: Provide support to strengthen the Nation Logistics Working Group; Review the ToR and ensure regular meetings and documentation and followup of action points	UNICEF	Updated cold chain inventory data available and used to develop CCE Operational Deployment Plan	EVA Assessment conducted and Report and costed improvement plan available and lessons Learnt since last EVM documented		Improved EVM scores	
Kenya	Demand Promotion & ACSM	Scale up strategies to increase immunization program visibility and increase access to information through mass media and penetration of social networks, to boost public demand for immunization, increase awareness and public trust	UNICEF	Communication and social mobilization materials and tools to increase visibility and demand for vaccines finalized and adopted by the MOH, ICC and Counties	Report on monitoring of message penetration across various platforms (mainstream media, social media etc) available		Reduced dropout rates	
Kenya	Demand Promotion & ACSM	Implement interventions aimed at increased acceptance, reduced vaccine hesitancy and refusals in new vaccines introductions and campaigns- HPV, Yellow Fever, Men A, Measles Rubella	UNICEF	Risk Communication guideline for HPV, Yellow Fever, MenA and MR developed and implemented at National level and in all the target counties	Communication and social mobilization strategy for MR campaign developed and implemented to create awareness and demand in the target population through various evidence based communication strategies		High Demand for HPV, MR, YF and MenA attained	
Kenya	Demand Promotion & ACSM	Develop and implement strategies to engage Primary Schools on RI, including development and dissemination of immunization IECs	UNICEF	Strategies for engagement of primary schools (teachers and pupils) and implementation roadmap developed and adopted	School strategy for RI implemented in selected counties	Document lessons learned from implementing the school strategy for RI	Reduced dropout rates	
Kenya	Health Financing/Sustainability	Provide technical support to the Kenya NVIP, in the coordination of the Kenya Immunization Financing Forum and the implementation of its activities in the context of ongoing UHC agenda.	UNICEF	By June 2019, a mapping of all national and county-level stakeholders (along with their respective activities) involved in immunization financing in Kenya is available through the analysis of evidence from many selected counties.	By November 2019, a technical meeting of the "immunization financing engagement forum" is convened where, findings from activities are shared and discussions are held for the drafting of a strategic document	By June 2020, a strategic document for sustainable immunization financing in Kenya in the context of UHC/NHI is developed and shared		
Kenya	Health Financing/Sustainability	Provide support to the National level EPI program to better understand budgeting and budget execution at county-level since devolution and to develop targeted support systems/strategies to improve immunization financing in the context of National UHC agenda	UNICEF	By June 2019, a report describing county budgeting process and investment in immunization following decentralization is available (based on a selection of counties)	a report from a brief assessment of the impact of the UHC reform on immunization services (delivery in the 4 pilot counties is drafted, with recommendations for the national roll-out of the reform	a system for tracking budget allocations and budget implementation for immunization (at national level and in selected counties) is proposed		
Kenya	Health Information Systems (Data)	To continue implementation of activities outlined in Kenya's National Data Quality Improvement Plan post STOP ISDS deployment focusing on consistent integration of data quality improvement activities into regular EPI supportive supervision by MOH at sub-national levels.	CDC	County and sub-county staff conduct 3 quarters of supportive supervision (each quarter is 3 months) at the sub-county and health facility level at prioritized health facilities and all sub-counties by end-June 2019. All counties conduct mid-term review meetings after completion of second quarter of supportive supervision activities (March/April 2019).	County and sub-county staff conduct 4 quarters of supportive supervision (each quarter is 3 months) at the sub-county and health facility level at prioritized health facilities and all sub-counties by end-October 2019. All counties conduct mid-term and end-review meetings after completion of second and fourth quarters of supportive supervision activities, respectively (mid-term: March/April 2019, end-review: September/October 2019).	Completion of Kenya ISDS Transition evaluation.	Consistent integration of data quality improvement activities during routine supportive supervision of EPI at the sub-national levels.	187000.00
Kenya	Programme Implementation/Coverage & Equity	1 CDC staff to provide TA for 30 days to ensure high quality preparation, implementation and monitoring for measles-rubella follow up SIA planned in QTR 3 2019	CDC		completed readiness assessment from at least 2 sub-districts and/or 2 districts; completed independent monitoring forms/analysis from at least 5 vaccination sites; completed RCM in at least 5 catchment areas		MR Follow Up SIA will be of high coverage and quality in areas monitored	
Kenya	Vaccine-Specific Support	Support to Immunization programme to plan, train and implement activities for successful introduction of new vaccines (nationwide HPV introduction, yellow fever expansion to Turkana and West Pokot Counties) and to switch from two dose PCV 10 to four dose formulation	WHO	HPV and Yellow Fever training materials	Nationwide introduction of HPV, Yellow fever introduced in Turkana and West Pokot and PCV10 switch to 4 dose formulation	Coverage of at least 80% attained	National introduction of HPV vaccine into routine immunization schedule, vaccination against Yellow Fever in Turkana and West Pokot and switch to four dose PCV10 formulation	782277.00
Kenya	Vaccine-Specific Support	Technical support to Kenya immunization programme to prepare, plan and conduct high quality nationwide measles rubella (MR) follow up supplemental immunization activity (SIA) and SIA against meningococcal meningitis in five high risk counties of West Pokot, Turkana, Marsabit, Wajir and Mandera	WHO	SIA readiness assessment and Training materials	MR and Men A SIAs conducted		At least 95% of 3.1 million persons aged 1-29 years vaccinated with menA/rivac and 95% of 7.2million children aged 9-59months targeted vaccinated with MR vaccines	
Kenya	Programme Management - LMC	Support to Kenya immunization programme to draft the annual work plan for immunization and to revise & update Kenya national immunization policy	WHO	2018 Annual work plan for immunization	Roadmap for revision of Kenya immunization policy	Revised draft Kenya Immunization Policy	Immunization annual work plan and Revised Kenya Immunization policy	
Kenya	Programme Implementation/Coverage & Equity	Build capacity of counties to deliver immunization services safely and increase coverage through support supervision, on job mentoring of county, sub-county and health facility staff by WHO field officers targeting priority Counties with poor performance or gaps in immunization and surveillance	WHO	Counties, sub-counties and health workers mentored/trained	Counties, sub-counties and health workers mentored/trained	Counties, sub-counties and health workers mentored/trained	Increased capacity of counties and sub-counties to safely deliver vaccines, document and report	
Kenya	Programme Management - General	Promote supervision (Surveillance and RI) with feedback and active case searches for VPDs using technology enabled data collection methods - open data kit (ODK)	WHO	ODK platform customized for Kenya use and National NVIP staff/DSRU trained on ODK	Supervisory visits done using ODK	Supervisory data from the ODK tool analyzed and results used to inform decision making at planning	Increased use of open data kit (ODK) at national and county level	
Kenya	Programme Management - General	Support the introductory Kenya National Vaccine Safety Advisory Committee (KNVSAC) activities (convening of induction meetings, working meetings, investigation of AEFI and causality assessment)	WHO	National Vaccine safety committee inducted	At least one KNVSAC meeting	Causality assessment report	Improved vaccine safety and assessment of causality of adverse events following immunization (AEFI).	
Kenya	Health Information Systems (Data)	Support to update and implement the National Immunization Data Quality Improvement Plan (DQIP)	WHO	Updated DQIP aligned to the 2019-2023 cMYP	DQIP deployed and in use	Use of DQIP monitored	Consistent integration of data quality improvement activities during routine supervision of immunization activities and monitoring of its impact in quality of data.	
Kenya	Health Information Systems (Data)	Support to immunization data analysis, feedback and follow up on sub-national level reporting to improve data quality	WHO	Analysis of the RI data to identify needs for data related support and develop an action plan for support	Follow up action based on the data support requirements and further monitoring of impact of the support on RI reporting activities	Follow up action based on the data support requirements and further monitoring of impact of the support on RI reporting activities	Improved data quality	
Kenya	Health Information Systems (Data)	Support to annual National Immunization data harmonization and target setting	WHO	Denominator and target setting workshop	Harmonized denominators		Availability of immunization denominators	
Kenya	Vaccine-Specific Support	Activity 1: Development of training materials and guidelines	JSI	Technical assistance provided to development of HPV technical guidelines and training materials			HPV Technical guidelines and training materials developed	
Kenya	Vaccine-Specific Support	Activity 2: Capacity building	JSI	Technical assistance provided to development of HPV training plans			HPV training plans developed and used with Counties	
Kenya	Vaccine-Specific Support	Activity 2: Capacity building	JSI	Technical assistance provided (with NVIP and partners) for training of trainers, county managers and health workers in prioritized counties			Trainings conducted prior to HPV launch at various levels using the plans and guides developed.	
Kenya	Vaccine-Specific Support	Activity 3: Micro-Planning	JSI	Technical assistance provided with NVIP and partners to develop detailed HPV microplanning template	Two counties supported with detailed microplanning		Microplans developed by the counties and used for HPV implementation	
Kenya	Vaccine-Specific Support	Activity 3: Micro-Planning	JSI		Tracking mechanism developed for implementation of microplans		Implementation of microplans regularly monitored and reviewed for HPV preparedness	
Kenya	Vaccine-Specific Support	Activity 4: Service Delivery Strategies	JSI	Technical assistance provided to map stakeholders and identify new possible delivery strategies	Linkages established with new stakeholders including Ministry of Education and relevant departments/units within the MOH		Coordination of activities supported between health and education at the county and sub-county levels, and appropriate strategies used to reach adolescent girls	
Kenya	Vaccine-Specific Support	Activity 5: Assessment of cold chain readiness	JSI	Rapid cold chain capacity assessment conducted for HPV preparedness			HPV vaccines and related commodities available and appropriately stored at all levels	
Kenya	Vaccine-Specific Support	Activity 6: Distribution of vaccine and other commodities within the country	JSI	Efficient model designed for distribution of HPV vaccines and other commodities			Appropriate model/strategy for HPV vaccine delivery developed and used and linked with overall NVIP system	
Kenya	Vaccine-Specific Support	Activity 7: Post-Introduction Support	JSI		Monitoring system for HPV implemented, with support to select counties		Regular performance reviews completed in selected counties	
Kenya	Vaccine-Specific Support	Activity 7: Post-Introduction Support	JSI		Tracking mechanism for vaccinated girls developed and implemented		High level of use of tracking mechanism to review HPV program performance	263490.00
Kenya	Programme Implementation/Coverage & Equity		PATH		Submission of a report which includes the results of the review of ongoing interventions, health facility assessments and FGDs and includes detailed recommendations on policy, strategy, service delivery, and other changes required to sustainably increase immunization coverage for the urban areas and the (2) GIS mapping of public, non-government and private service providers, including an inventory of cold chain assets and functionality to inform improved health resource planning. Deliverable 3: Presentation of the report findings for discussion and consultation to prioritise activities for inclusion in the costed urban immunisation strategy. Deliverable 4: Submission of a detailed 18 month costed urban immunisation strategy for selected urban areas (action plan, monitoring framework and budget) to improve immunisation coverage. Deliverable 5: Provision of technical assistance to support the costed strategy inclusion in key country strategic and planning documents.			247757.00
Kenya	Programme Management - LMC	facilitate the workshop phase of the Strategic Training Executive Programme (STEP) training in Kenya as per the calendar set in cooperation with ARC/PSHAN and the Kenya Ministry of Health.	ARC/PSHAN					195633.00