| Country | Programmatic Area | Activity | Partner | Milestones | | | GPF indicator code | Expected Outcome | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Jun-20 | Nov-20 | Jun-21 | If applicable, enter the code to the Grant Performance Framework indicator to which the activity is linked to | | |
| Kenya | Health Information Systems (Data) | Use of routine supportive supervision data for decision making to improve routine immunization services. | CDC | Supportive supervision tool incoorperated in DHIS2 and functional | Training for sub-national staff on how to use the new tools completed | Data from supportive supervision data availabe and used for decision making | Kenya's Data Quality improvement plan | Supportive supervision data available and used across different health levels | |
| Kenya | Health Information Systems (Data) | To address the gaps identifiedbythe GAVI TCA funded Kenya Vaccine Safety Practices Assessment, develop,implement and evaluate pre-service and in service e-learning AEFItraining for healthcare workers. | CDC | Concept note finalized and partners identified | First draft of curriculum and dissemination plan developed and shared with stakeholders | Curriculum and dissemination plan finalized | Kenya meets WHO indicator for minimum capacity AEFI reporting (10 cases per 100,000 population). Evidence shared with WHO to improve AEFI surveillance training resources. | Improve timely reporting of AEFI and reduce barriers towards AEFI reporting | $ 255,808 |
| Kenya | Vaccine-Specific Support | Support continuation osurveillance for S. typhi as part of Population Based Infections DiseaseSurveillance at two sites, including Antimicrobial Sensitivity Testing ( AST) to inform TCV NVS preparations | CDC | produce surveillance reports (#cases seen eligible for blood culture(BC), # BC done, # contaminated BC, # BC with adequate volume, # S Typhi isolated from blood, and AST results of isolates | Produce surveillance report for previous 6 months | Produce surveillance report for previous 6 months | Evidence generation for new vaccine introductions (TCV)for the 2021-2023 period | | |
| Kenya | Vaccine-Specific Support | Technical support to Kenya immunisation programme to plan and conduct post introduction evaluation following introduction of yellow fever (YF) and Human Papilloma Virus (HPV) vaccine in 2019 | WHO | Drafted PIE data collection tools for use during field work | Key findings and recommendations of post introduction evaluation to inform strategies to increase and sustain coverage of yellow fever and HPV | Post introduction evaluation recommendation implementation plan to address gaps and scale up best practices | IR-C 1.6. 10 Number of girls in the target population who received the last (either second or third) recommended dose of HPV vaccine within a national routine immunisation programme | Increase immunisation coverage for YF and HPV | |
| Kenya | Vaccine-Specific Support | Technical support to Kenya immunisation programme to prepare, implement and monitor targeted measles rubella (MR) interventions to address MR transmission risks including vaccination campaigns | WHO | | Defined targeted interventions/strategies for delivery of MR vaccine targeting high risk counties | | IR-C 1.4.4 Number of children in the target population who received a recommended dose of measles-rubella containing vaccine | Improved MR1 vaccination coverage of >90% and measles outbreaks averted | |
| Kenya | Programme Implementation/Coverage & Equity | To generate and document reasons for persistent low coverage (<50%) of second dose of measles rubella vaccine (MCV2) since introduction in 2013 to inform strategies and investment options | WHO | | Report of reasons for low MCV2 coverage to inform investment priorities for immunization programme | | OI-C 1.4.2 Measles containing vaccine (second dose) coverage at national level (MCV2) | Improved coverage of MCV2 | |
| Kenya | Health Information Systems (Data) | Support to immunization programme to plan, prepare data collection tools and carry out immunization coverage evaluation survey | WHO | Drafted coverage evaluation survey data collection tools and protocol | Coverage survey field data collection completed | Key findings of coverage survey elaborated to inform annual planning | IR-C 4.1 Percentage point difference between Penta 3 national administrative coverage and survey point estimate | Survey immunization coverage estimates determined | $ 600,270 |
| Kenya | Programme Management - LMC | Support Kenya immunisation programme to conduct situation analysis and synthesize evidence to inform full portfolio planning (FPP) and immunization programme management | WHO | | Kenya National Immunization Strategic Plan to inform full portfolio planning process | | Not applicable | Prioritized activities to be supported by Gavi | |
| Kenya | Programme Implementation/Coverage & Equity | To provide technical support to immunization programme to revise and finalize Kenya REC guidelines in line with new WHO AFRO guidance | WHO | | Revised Kenya REC guideline to guide health workers practices and inform training modules | | IR-C 1.1.2 Number of surviving infants who received the third recommended dose of pentavalent vaccine (Penta3) | Improved immunisation practices through use of REC guidelines | |

| Country | Area | Activity | Agency | Milestone 1 | Milestone 2 | Milestone 3 | Indicator | Outcome | Cost |
|---|---|---|---|---|---|---|---|---|---|
| Kenya | Health Information Systems (Data) | Support the Kenya National Immunization programme to conduct annual data desk review and implement costed Data Quality Improvement Plan (DQIP) | WHO | Updated DQIP rolled out to 80% of Counties | Finalized Kenya data desk review report to inform data quality improvement | | Countries develop and implement strategic data improvement plans with annual monitoring of implementation | Improved data quality | |
| Kenya | Health Information Systems (Data) | Provide Technical assistance to finalise data SOPs and M&E framework | WHO | | Kenya data SOPs and M&E framework finalized | | Not applicable | Improved data quality | |
| Kenya | Supply Chain & Procurement | Support the Kenya Immunisation programme to plan, conduct Effective Vaccine Management Assesement (EVMA) and contribute to drafting key indicator report | WHO | | EVMA indicators assessed and reported | Drafted EVM improvement plan | IR-C 3.0 Effective Vaccine Management Score (composite score) | Improved vaccine management | |
| Kenya | Supply Chain & Procurement | A. Support the EPI program Supply chain and Logistics working group and PMT to effectively manage the supply chain. Sub-Activities:<br>1: Provide technical support to implement and monitor the 2020 EVMA costed Improvement plan;<br>2: Provide support to undertake vaccine forecasting, stock management, generate Advocacy materials for timely fund allocation for supply procurement and regularly and timely update and use Stock Management Tool (SMT) and UNICEF Viva;<br>3. Undertake assessment of reasons for stockouts at subnational levels.<br>4: Provide support in the CCEOP Operational Deployment Plan Implementation and updating of cold chain inventory<br>5: Provide support to strengthen the Nation Logistics Working Group: Ensure regular meetings and documentation and followup of action points<br>6: Support Supply chain systems design to generate evidence for 2020 potfolio planning<br>B. Analyse supplychain data to generate evidence to inform Full Portfolio Planning for Kenya | UNICEF | Costed EVM Improvement Plan is finalized and adopted by MOH ICC by end of Quarter 2 | Immunization Supply Chain Systems design finalized and report adopted by ICC and used to inform Portfolio Planning by end of Quarter 3 | All (100%) of equipment procured under Gavi CCEOP Phase 2 are installed and report shared with ICC by end of first half of 2021 | IR-C 3.0 Effective Vaccine Management Score (composite score)<br>The national composite score across all levels and EVM criteria | National Logistics Working Groups (NLWGs) review vaccine stocks at central and subnational levels (e.g. to districts) on a regular basis (e.g. monthly, quarterly), identify priority actions, and address problems | |
| Kenya | Programme Implementation/Coverage & Equity | Provide Technical support and mentorship to counties to guide Implementation of MR campaign strategies, REC including microplanning (including mapping of unvaccinated children) and PIRI in 12 Counties with major urban, migrant and nomadic populations with special focus on zero dose (unreached) children | UNICEF | Concept note on the approach to increase MR vaccination coverage in targeted areas (in line with Gavi policy towards targeted MR vaccination campaign) is finalized and adopted by Gavi and ICC by end of Quarter 2 | RoadMap for the introduction of EVR in Kenya developed and adopted by MOH by end of Quarter 3 | REC Microplans is available in 80% of Health Facilities in 12 Gavi HSS priority counties with huge numbers of urban, nomadic and migrant populations and used to reduced the numbers of children with zero dose | IR-C 1.1.<br>2.1<br>Number of surviving infants in HSS targeted areas/ populations who received the third recommended dose of pentavalent vaccine (Penta3)<br>Number of surviving infants in HSS targeted areas/ populations who received the third recommended dose of pentavalent vaccine (Penta3) | Immunization program frameworks (HSIS/cMYP/Annual EPI Operational Plans) target low coverage communities facing geographical, economic, and social barriers to immunization, and support the implementation of effective coverage improvement activities | |
| Kenya | Demand Promotion & ACSM | A. Provide Technical support to the MOH EPI program to increase demand for MR2, YF and HPV by:<br>1. Identifying, Implementing and monitoring demand generation strategies (including mapping and engagement with expanded stakeholders e.g schools, social media,major opinion leaders, journalists)<br>2. Addressing missed opportunities through IPC with healthcare providers including CHVs B. Generate evidence from social data to inform the Full Portfolio planning for Kenya | UNICEF | Communication strategies for increased MR2 and YF are identified, documented and adopted by MOH by the end of Q2 of 2020 TCA project cycle | | 50% of counties report increased coverage for MR2 by end of Q2 in 2021 | OI-T 1 Measles containing vaccine (second dose) coverage at the national level (MCV2)<br>Percentage of children aged between 12 and 23 months receiving the second recommended dose of measles containing vaccine at the national level | Immunization program frameworks (HSIS/cMYP/Annual EPI Operational Plans) target low coverage communities facing geographical, economic, and social barriers to immunization, and support the implementation of effective coverage improvement activities | $ 981,699 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Kenya | Health Financing/Sustainability | A. Provide Technical support to the National level EPI program to generate evidence that will will enable the NVIP to: Effectively engage in the national and county planning and budgeting process including MTEF; Development of Immunization Transition Framework<br>B. Support the development of the Full Portfolio Plan for Kenya- collation of evidence and development of Theory of Change | UNICEF | | Theory of Cange finalized and used to inform Portfolio Plan ning for Kenya by end of Q3 of the TCA project cycle | Gavi Transition Framwork for Kenya is finalized and adopted by MOH by end of Q2 of 2021 TCA project cycle | IR-C 5.0 Timely fulfilment of co-financing commitment for all Gavi-supported vaccines The co-financing status ('yes'/'no'/'partial'/'waived') of vaccines for all Gavi-supported vaccines | Immunization program frameworks (HSIS/cMYP/Annual EPI Operational Plans) target low coverage communities facing geographical, economic, and social barriers to immunization, and support the implementation of effective coverage improvement activities | | |
| Kenya | Health Information Systems (Data) | A. Technical support to strengthen use of routine immunization data for action through:<br>1.Scale use of immunization scorecard at subnational Scorecard as a management and advocacy tool;<br>2. Support the expansion of DHIS2 to include APPs adopted to county context<br>2. Scale use of GIS for equity and coverage;<br>3. Support PIE for YF and HPV<br><br>B. Undertake indepth analysis of health and immunization data from various sources to generate evidence to inform the development of Full Portfolio Plan for Kenya | UNICEF | Data analysis of immunization system performance is finalized and adopted by the MOH to be used to inform BottleNeck Analysis, Theory of Change and Full Portfolio Planning | Equity Analysis Report that identifies areas of low coverage and zero dose finalized and adopted by the MOH to inform Full Portfolio Planning | Immunization Scorecard adopted by the17 Gavi HSS supported counties to inform program performance monitoring and advocacy for immunization | OI-C 6.1.2 Percentage of districts or equivalent administrative area with Penta3 coverage greater than 80% The total number of districts or equivalent administrative area with a Penta3 coverage greater than 80% divided by the total number of districts or equivalent administrative area for a given year | Immunization program frameworks (HSIS/cMYP/Annual EPI Operational Plans) target low coverage communities facing geographical, economic, and social barriers to immunization, and support the implementation of effective coverage improvement activities | | |
| Kenya | Health Information Systems (Data) | Strengthening national health information system (HIS), through better quality and use of immunisation data - through BNA, Action Tracker & Scorecards applications for DHIS2 | UNICEF | | 100% of National level program officers (including HMIS & EPI) trained in BNA, Action Tracker & Scorecards applications for DHIS2. BNA, Action Tracker & Scorecards DHIS applications accessible at district level | 9 UNICEF Supported (50 %) Counties have adopted and are using the BNA, Action Tracker & Scorecards applications for DHIS2 to track performance and make decisions including advocacy for immunization with county leadership | OI-C 6.1.2 Percentage of districts or equivalent administrative area with Penta3 coverage greater than 80% The total number of districts or equivalent administrative area with a Penta3 coverage greater than 80% divided by the total number of districts or equivalent administrative area for a given year | Improved immunization data quality and use at all levels | | |
| Kenya | Health Information Systems (Data) | Implementation Support | | | | | | | | |
| Kenya | Health Information Systems (Data) | Implementation Support | University of Oslo | | | | | | $ | 15,715 |
| Kenya | Vaccine Specific Support | Introduction of HPV vaccine - Post-Introduction Support | JSI | | | | | | $ | 172,556 |
| Kenya | Programme Implementation/Coverage & Equity | Development of an urban immunization strategy for two urban counties (Nairobi and Kisumu) in Kenya | | Presentation of the report findings for discussion and consutation to prioritise activities for inclusion in the costed urban immunization strategy | | | | | | |
| Kenya | Programme Implementation/Coverage & Equity | Development of an urban immunization strategy for two urban counties (Nairobi and Kisumu) in Kenya | PATH | Submission of a detailed 18 month costed urban immunisation strategy for selected urban areas(action plan, monitoring framework and budget) to improve immunisation coverage | | | | | $ | 134,290 |

| Kenya | Programme Implementation/Coverage & Equity | Development of an urban immunization strategy for two urban counties (Nairobi and Kisumu) in Kenya | | Provision of technical assistance to support the costed strategy inclusion in key country strategic and planning documents | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kenya | Programme Implementation/Coverage & Equity | Development of an urban immunization strategy for two urban counties (Nairobi and Kisumu) in Kenya | | Documentation of best practices and lessons learned, to be shared in planned region, global urban immunization/PHC workshops, for a, publications etc. | | | | | |