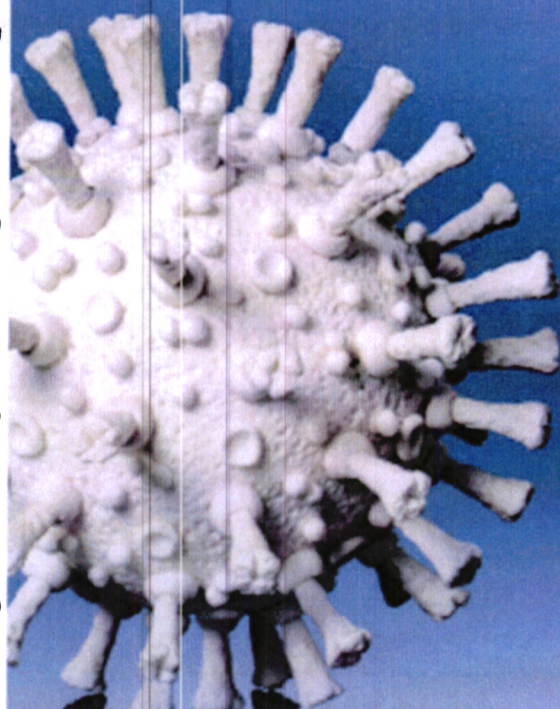


**SPECIAL AUDIT REPORT OF THE AUDITOR-GENERAL
ON
COVID 19 VACCINE ROLL OUT
FOR
ISIOLO COUNTY
AS AT 31 MARCH 2022**

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LIST OF ABBREVIATIONS

The following abbreviations are used in this Report

Abbreviation	Full Name
eLMIS	Electronic Logistics Management Information System
FIFO	First In, First Out
GOK	Government of Kenya
HR	Human Resource
WHO	World Health Organization

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1.0 EXECUTIVE SUMMARY

1.1 Background and introduction

The Auditor-General carried out a special audit on the efficiency and effectiveness of Covid-19 vaccines roll-out in Kenya. The Audit covered the period from inception of the vaccination exercise in March 2021 to 31 March, 2022. The primary objective of the audit was to determine the efficiency and effectiveness of the Covid-19 vaccines rollout in the Forty-Seven (47) Counties. This report, however, specifically covers the audit performed for the Covid-19 vaccines rollout in Isiolo County. The audit involved the review of budget, sources of the vaccines, storage, distribution, utilization and disposal of the vaccines, human resource financing, coordination of players, monitoring and supervision.

The Government of Kenya commissioned use of the Chanjo System to manage the Covid-19 vaccines rollout and utilized the existing immunization structures for other common vaccines.

1.2 Audit Scope, Limitations and Mitigation

The audit reviewed all processes relating to Covid-19 vaccines immunization which included budgeting, administration, disposal of the expired stocks, governance, and monitoring structures.

Most of the vaccinating facilities in the Chanjo System had in-complete vaccine inventory records. The Audit Team put in place several measures to mitigate the challenges including expanding the score to near 100% coverage of the vaccinating facilities in the Country.

1.3 Audit Approach and Methodology

The Audit exercise entailed planning, piloting of the vaccine roll-out audit in one of the counties, before rolling out to the rest of 47 Counties. Meetings were held with the auditee and the Audit Teams gathered evidence through interviews, document reviews, Data Analytics, analysis of audit evidence, among others. The audit was performed using International Standards of Supreme Auditing Institutions (ISSAIs).

1.4. Report Summary

1.4.1 Doses received and administered

Isiolo County received 31,660 doses of Johnson & Johnson and AstraZeneca vaccines during the period under review. Out of the total Covid-19 Vaccine Doses received in the County, 24,783 doses were administered, while 4,116 vaccine doses were still in stock as at the time of the audit cutoff date 31 March, 2022. A total of 325 vaccine doses had expired while 3,058 doses were either damaged, wasted or administered but not updated in the Chanjo System as at 31 March, 2022.

1.4.2 Budget

A review of the Isiolo County health services budget for the 2021/2022 financial year revealed that the County did not budget for the Covid-19 vaccination activities but instead used the budget for routine immunization to cater for the rollout exercise.

1.4.3 Sources and Distribution of Vaccines

The Source of vaccines to the County was from the Government of Kenya (GOK) through the Meru Regional Store.

The distribution flow was from the Regional Store, County Store Sub County Store and to the facilities which administered the vaccines.

1.4.4 Storage of Vaccines

The Isiolo Sub-County Store and facilities stores complied to some extent with the storage conditions set out by MOH for Covid-19 Vaccines.

1.4.5 Disposal of Vaccines

The special audit revealed that a total of 3,383 vaccine doses had expired, were damaged or had gone to waste. However, only 325 expired doses were found in the stores leaving a balance of 3,058 doses unexplained.

1.4.6 Human Resource Matters

The financing for health care personnel was to be funded by the Government of Kenya, Donors and development partners. Isiolo County Management explained that their trainings were undertaken through the assistance of the development partners. However, there were no proper records documented indicating the trainings were undertaken.

1.4.7 Coordination of players

The coordination of the vaccination exercise was done by the Isiolo County COVID 19 Response Committee and the development partners who aided in form of training and facilitation.

1.4.8 Monitoring and Supervision

The Audit established that Covid –19 Vaccines roll out was monitored and supervised by a Committee to ensure smooth implementation of policy and guidelines issued from time to time by the National Government. However, the Committee did not maintain minutes and attendance schedules to evidence their activities.

1.4.9 Conclusions and Recommendation.

The audit concluded that the roll-out of the Covid-19 Vaccines was effective. However, weaknesses were noted in some of the processes, including failure to Budget for the rollout activities, practical adherence to waste disposal regulations, inadequate staff and training at the facilities, and inadequate access to the Chanjo System due to lack of data bundles to the staff updating information in the system. This impacted on real time

recording of information on Chanjo System hence an unexplained variance of 3,058 of vaccine doses valued at Kshs.1,650,478 based on the average Vaccine cost during the period.

The existing immunization structures for routine vaccines were functional but require scale up to handle unforeseen pandemics. Owing to the weaknesses noted it is recommended that the Isiolo County Government should work closely with the National Government to strengthen the existing immunization structures and staffing to meet International Standards.

2.0 BACKGROUND AND INTRODUCTION

Kenya received its first consignment of Astra Zeneca-Oxford COVID-19 vaccine in March 2021 as part of the COVAX facility. This was followed by more vaccines such as Moderna, Johnson & Johnson, Pfizer and Sinopharm from other development partners. The Ministry of Health launched a campaign and kicked off deployment plan for the vaccines on 5th March 2021 with priority given to frontline health workers and essential staff including security personnel. According to the National COVID-19 vaccine deployment plan, the first vaccine deployment plan was developed in March 2021, however, the MOH revised the vaccine deployment plan in August 2021 in an effort to ensure that the entire adult population is vaccinated.

Isiolo County received its first consignment of 13,500 Astra Zeneca-Oxford COVID-19 vaccine doses from Meru Regional Store in March 2021. The vaccines were first administered at Isiolo District Hospital followed by facilities in the Three (3) Sub-Counties of Isiolo, Garbatulla and Merti. The county had received 31,660 doses of vaccine shown in the table below as at 31 March, 2022.

S/N	Vaccine	Doses
1.	Oxford/AstraZeneca	15,260
2.	Janssen (Ad26.COV2_S)	16,400
		31,660

2.2 Objective of the Audit

The primary objective of the audit was to determine the efficiency and effectiveness of the Covid-19 vaccine rollout in Isiolo County. This was to be achieved through; review of budget, sources of the vaccines, storage, distribution, utilization and disposal of the vaccines, human resource, coordination of players and monitoring and supervision.

2.3 Terms of Reference

The following Terms of Reference (TORs) guided the special audit;

Table 1 – Terms of Reference

1. Budget	• How much was set aside for vaccines and related activities and how the figures were arrived at • Budget approval process • Allocation of the funds i.e. specific budget items • Source of funds i.e GOK and Donors
2. Sources of Vaccines	• GOK Procured vaccines, development partners donations and COVAX • Procurement process for GOK procured vaccines • Local and international approval of vaccines and syringes. • Types and quantities of vaccines from the different sources; and the vaccine shelf and prices where applicable • Consider whether vaccines came with syringes or not and the effect • Vaccine Batch Numbers • Storage of defective vaccines/ Expired • Recording of vaccines • Government clearance process for vaccines from outside the country • WHO rating of effectiveness of various vaccines • Cost vs budget
3. Storage of Vaccines	• Manufacturer's requirements for storage of vaccines. • Local storage capacity • Local storage conditions • Handling requirements • Transportation requirements • Recording including batch numbers • Stocking levels, process of issuing of vaccines as well as duration • Recording and accountability • Duration in store • Storage of defective vaccines and Syringes • Cost Vs Budget
4. Distributions	• How vaccines were distributed; logistics • Quantities of vaccines distributed • Proportion of vaccines distributed per region • Basis of quantities and proportions distributed e.g. population • Storage issues

	• Recording and accountability • Cost vs budget
5. Utilization	• Awareness creation • Intended/ target population • Uptake per type of vaccine • Rate of transition from first to second dose • Possibility of delayed administration of second dose • Matters relating to booster Doses • Expired vaccines • Recording and Accountability for vaccines received, utilized in stock and Expired • Cost vs budget
6. Disposal	• Number of vaccines disposed • Criteria for disposal • Recording and accountability for the disposal • Reports and feedback • Reconciliation of what was procured, utilized and unused and disposal • Costs vs budgets
7. Human Resource Matters (National and County Staff)	• Number of persons involved • Roles and responsibilities • Expertise (capacity/skills) • Duplication of roles is any • Selection and appointment criteria • Training Plans and Roll Out • Costs vs budgets
8. Coordination of players	• Who are the key players • Are the roles and responsibilities of the players clear • Is there a framework for coordination and communication of players • Approval and appointment of taskforce and Committees • Costs vs budgets
9. Monitoring and supervision	• Is there a framework for coordination and communication of players • Approval and appointment of taskforce and Committees • Costs vs budgets

2.1. Scope of the Audit and Limitation to Scope

2.1.1 Scope

The audit reviewed all the processes from inception of Covid-19 vaccines roll out through budgeting to administration and disposal including the governance and monitoring structures. The period covered was from inception in March 2021 to 31 March, 2022.

2.1.2 Limitations

The special audit experienced challenges and limitations which were mitigated in several ways in order not to negatively affect the quality and results of our findings. Some of the challenges and measures taken included:

- i) Vaccine damages and wastages were not recorded by the vaccinating facilities. This challenge was mitigated by referring to the wastages uploaded in the Chanjo System.
- ii) Number of vaccinating facilities were less than the number recorded in the Chanjo System which included the outreach centers of Samburu complex, Waso AIPCA and AIC dispensary. The confirmation of actual facilities was done through physical visits and getting collaborative information from the officers in charge at the sub-county level.
- iii) Manual records in some facilities were not accurate, resulting to the Audit Team solely relying on the Chanjo System for data.
- iv) The Chanjo System would show that the vaccines received from the regional depot have all been issued to a vaccinating facility when ideally should have been to the Sub County Store.

2.1.3 Audit Approach and Methodology

The Special Audit Team held entry and exit meetings with the County Health Management Team on 9 May, 2022 and 2 June, 2022, respectively. During the entry meeting, the County Management was sensitized on the audit process and the detailed work plan. The following were the main evidence gathering methods applied during the audit execution:

2.1.4 Document Review

To effectively plan for the audit and as a source of audit evidence the Audit Team reviewed various documents including the order sheets, vaccine stock ledgers and various reports as regards to trainings, outreaches, co-ordination activities and seizure/destruction forms.

2.1.5 Analytical Review

The Audit Team extracted the vaccine data from the Chanjo System carried a comparative analysis with records at the Regional Stores and vaccinating facilities.

2.1.6 Physical Verification

The Audit Team carried out physical verification in Isiolo County Store, three (3) Sub-County Stores and 15 vaccinating facilities in the County as detailed in **Appendix 1**

2.1.7 Interviews

The Audit Team interviewed senior officers from the Ministry of Health in the County Government to clarify the various issues to assist in making an informed report as detailed below: -

Table 2 – Isiolo County Health Team

	Name	Organization	Designation
1.	Hon. Wario Galma	CEC-Health	Overall Coordinator
2.	Peter Ngechu	Ag. Chief Officer-Health	Overall Lead person
3.	Dr. Asha Diba	Deputy Director	Policy direction
4.	Scolastica Namoe	County EPI Logistician	In charge of Covid 19 roll out
4.	Golompo Ahmed	CHRIO	In charge of Data Entry
5.	Dr. Adan Aramin	Deputy Director – Health	Policy direction
6.	Dr. Kiluva	SCMOH – Isiolo	In charge Isiolo Sub County
7.	Dr. Ngitome Francis	SCMOD – Garbatulla	In Charge Garbatulla Sub County
8.	Dr. Mohamed Dika	SCMOH – Merti	In charge Merti Sub County

2.2 Audit Phases

The audit was divided into Two Phases; Phase One involved review of processes at The National Treasury Office Controller of Budget and Ministry of Health, It also involved analysis of data maintained by eMIS, Chanjo System and Kenya Health Information System. The information was shared with the Audit Teams to inform the next audit phase.

Phase Two involved review of processes, data and verifications at Isiolo Sub County Store and vaccinating facilities in the County. This Phase also involved verification and interview of staff.

2.3 Report Structure

This report is presented in the following format:

- i. Executive Summary,
- ii. Background and Introduction,
- iii. Detailed Findings,
- iv. Irregularities and weaknesses in management and institutions controls of Vaccines
- v. Recommendations
- vi. Appendices

The report should be read in its entirety in order to comprehend fully the approach to and findings of our work. The report has covered analysis and facts as understood with the aim of informing The National Treasury and the Ministry of Health of the status of the Vaccines Roll Out in the Country bearing in mind the challenges and limitations experienced.

3.0 DETAILED FINDINGS

3.1 Budget

3.1.1 Unconfirmed Funding of Covid-19 Vaccination Support Services

A review of the County's health services budget for the 2021/2022 financial year revealed that the County did not budget for the Covid-19 vaccination activities. Covid-19 vaccination costs, including transportation, training and capacity building and procurement of auxiliary services such as syringes and safety boxes could not, therefore, be traced to a specific budget, an indication that they were not budgeted for. This was contrary to Regulations 29 (1) of the Public Finance Management (County Governments) Regulations, 2015 which states that the accounting officer shall ensure that the draft estimates relating to her or his Department are prepared in conformity with the Constitution, the Act and these Regulations. Management however, indicated that the expenditures were met by Donors, but this was not supported by way of any documentary evidence such as agreements.

3.1.2 Sources of Vaccines

The County received 31,660 vaccines between 01 March, 2022 and 31 March, 2022 from the National Government. A review of the County's Health Services Budget for the 2021/2022 financial year revealed that there were no provisions for Covid-19 vaccine roll out. Further, the special audit revealed the following anomalies as summarized below and detailed in Appendix 2

Table 3 – Budget

Observation/Findings	Number of Compliant (Counties and Sub Counties)	Number of Non-Compliant (Counties and Sub Counties)
Failure to budget for associated Covid-19 vaccination costs, including transportation, training and procurement of auxiliary services such as syringes and safety boxes.	0	4
Lack of budgetary support for COVID 19 from donors/National government	0	4
Failure to spent budgetary support on COVID 19 vaccination.	0	4
Failure by the sub county/Facility to finance Distribution of Vaccines, Outreaches, Trainings costs related to COVID- 19 vaccination;	0	4

3.2 Storage of Vaccines

According to WHO Guidelines (COVID-19 vaccination: supply and logistics guidance, 12 February, 2021) the COVID-19 vaccines should be stored as follows:

- Pfizer should be maintained at -80 °C to -60 °C in ULT freezer, and for Undiluted thawed vaccine at +2 °C to +8 °C
- Moderna should be maintained at -25 °C to -15 °C in ULT freezer, and unopened vials can be stored refrigerated between 2 °C to 8 °C for up to 30 days prior to first use.
- Oxford/AstraZeneca should be maintained at 2 °C to 8 °C
- Further, Centre for Disease Control Clinical Guidance for Janssen COVID-19 Vaccine recommend storing the vaccine between 2°C and 8°C.

The storage conditions applied to the Regional Store, Sub- County Stores and Facility Stores.

3.2.1 Storage at the Sub- Counties Stores and Facilities Stores

A review of documents provided for audit and physical verification carried out at the Sub County Store and facilities revealed the stores and facilities were compliant as follows:

1. All the stores were sufficiently secured to prevent unauthorized access. Isiolo District Hospital, Garbatulla Sub-County Hospital and Merti Sub-County Hospital stores had burglar proof doors.
2. The buildings where the vaccines are stored had sufficient physical security to prevent loss/ pilferage of Covid-19 vaccines.
3. The vaccines were generally stored in their original packets in the fridge thus minimizing possibility of cross-contamination.
4. There was continuous fridge temperature monitoring in all the fridge stores via the fridge tag.
5. The storage conditions of the refrigerators were as per the vaccine manufacturer's recommendations as the temperatures were maintained at +2°C to 8°C.

However, the following inadequacies were also observed:

- i. All facilities did not have written procedures and a sanitation program indicating the frequency of cleaning and the methods used to clean the premises. Further, there was no cleaning log therefore, it was not possible to confirm the number of times the cleaning was carried out and by who.
- ii. All the facilities did not have written procedures on pest control, it was therefore difficult to ascertain if indeed any form of pest control was done during the COVID-19 vaccination exercise.
- iii. All the facilities did not have written procedures for clean-up of any spillage that would have helped to reduce the risk of contamination.
- iv. The storage areas did not have a room thermometer, and/or barometers to determine the humidity. Thus, we could not confirm whether the recommended temperature of below 30°C and relative humidity not exceeding 75% were maintained.

3.2.2 Storage at the County and Sub-Counties Stores

A review of documents provided for audit and physical verification carried out at the 3 Sub-Counties stores revealed issues as summarized below and detailed in **Appendix 3**.

It was also noted that Isiolo County did not have a store of their own. All sub-counties collected vaccines directly from Isiolo Sub-County Store (Isiolo District Hospital).

Table 4 – Storage at the County and Sub County Store

Observations/Findings	Number of Compliant Sub-Counties	Number of Non-Compliant Sub-Counties
Cold Chain and Supply Logistics		
Store have sufficient security to prevent loss of Covid vaccines as well as prevent unauthorized access	3	0
Store has sufficient space for orderly receipt, warehousing, and dispatch of vaccines including a quarantine area for isolation when necessary, isolation of faulty packs and recalled goods. The vaccines and areas concerned were appropriately identified	3	0
Broken or damaged items are withdrawn from usable stock and stored separately	3	0
There was sufficient lighting necessary to enable all operations to be carried out accurately and safely	3	0
All COVID 19 vaccines stored off the floor	3	0
Refrigerated and freezing storage environments fitted with signals to indicate that refrigeration has failed. The signal permitted resetting only by the authorized person	3	0
The vaccines issued on a FIFO method and guided by the Expiry date	3	0
There was a contingency plan in case of power failure, equipment breakdown, or cold chain breach	3	0
General Storage Areas		

Observations/Findings	Number Compliant Counties	of Sub-	Number of Compliant Counties	Non- Sub-
There were Secure measures to ensure that rejected vaccines cannot be used. Rejected vaccines are stored separately from other products while awaiting destruction or return to the supplier	3		0	
There are written procedures and a sanitation program indicating the frequency of cleaning and the methods used to clean the premises and storage areas	0		3	
There was a cleaning log that must be completed, signed, and checked by the appropriately designated person.	0		3	
There was a written procedure and a program for pest control. The pest control agents used did not pose any risk of contaminating the vaccines There was a site flow plan indicating where the bait stations are situated	0		3	
There were appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination	0		3	
The COVID 19 vaccines were stored in such a way as to prevent contamination or cross-contamination	3		0	
Storage Conditions				
The storage conditions were compatible with the storage conditions specified on their labels. (Storage facilities protected goods from deterioration)	3		0	
The warehouse was maintained at a temperature not Exceeding 30 °C, and relative humidity not Exceeding 75% Relative humidity (WHO zone IVb requirements) at all times	3		0	
The storage conditions of the refrigerators are as per the vaccine manufacturer's recommendations (Refrigerated (2°C to 8°C))	3		0	

Observations/Findings	Number of Compliant Sub-Counties	Number of Non-Compliant Sub-Counties
There were continuous temperature monitoring devices. In addition, there were written procedures describing the action in case of temperature deviating outside of the set standards and conditions	3	0
The store had stock in the Cold Room and were physical counted and grouped per vaccine and Batch Numbers	3	0

Isiolo Sub County Store was at the Isiolo District Hospital and therefore vaccines once delivered were all received directly into the facility.

From the foregoing, the special Audit Team observed that Isiolo Sub County Store did not have written procedures on sanitation, pest control and did not maintain cleaning logs.

3.2.3 Storage at the Facilities Level

A review of documents provided for audit and physical verification carried out at the 15 facilities revealed issues as summarized below and detailed in **Appendix 4**.

Table 5 – Storage at the Facilities Level

Observations/Findings	Number of Facilities in Compliance	Number of Facilities in Non-Compliance
Cold Chain and Supply Logistics		
Store has sufficient security to prevent loss of Covid vaccines as well as prevent unauthorized access	13	2
Broken or damaged items are withdrawn from usable stock and stored separately	13	2
There was sufficient lighting necessary to enable all operations to be carried out accurately and safely	15	0
All COVID 19 vaccines stored off the floor	15	0
Refrigerated and freezing storage environments fitted with signals to indicate that refrigeration has failed. The signal permitted resetting only by the authorized person.	8	7
The vaccines issued on a FIFO method and guided by the expiry date	14	1

Observations/Findings	Number of Facilities in Compliance	Number of Facilities in Non-Compliance
There was a contingency plan in case of power failure, equipment breakdown, or cold chain breach	14	1
General Storage Areas		
There were secure measures to ensure that rejected vaccines cannot be used. Rejected vaccines are stored separately from other products while awaiting destruction or return to the supplier	14	1
There are written procedures and a sanitation program indicating the frequency of cleaning and the methods used to clean the premises and storage areas	3	12
There was a cleaning log that must be completed, signed, and checked by the appropriately designated person.	0	15
There were appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination	2	13
Storage Conditions		
The storage conditions of the refrigerators are as per the vaccine manufacturer's recommendations (Refrigerated (2°C to 8°C))	15	0
There were continuous temperature monitoring devices. In addition, there were written procedures describing the action in case of temperature deviating outside of the set standards and conditions	15	0
The store had stock in the Cold Room and were physical counted and grouped per vaccine and Batch Numbers	15	0

In view of the above, the Special Audit Team confirmed that Isiolo Covid 19 vaccinating facilities did not have written procedures on sanitation, pest control and did not maintain cleaning logs. Additionally, they did not have written procedures on clean-up of spillage. Thus, did not comply with all storage conditions.

3.3 Distribution of Vaccines

3.3.1 Distribution at Sub County Level

Documents provided for audit review revealed that Covid-19 Vaccines on arrival in the Country ideally should have been taken to the Central Stores where they are distributed to the Regional Stores, which distribute to the County Stores, County Stores to Sub-County Stores and Sub- County to Facilities.

However, the ideal distribution was not the case in Isiolo County as distribution occurred back and forth across different levels of stores and facilities. Further, the Isiolo Sub County Store which also doubled up as the Isiolo District Hospital Facility Store, received vaccines from Meru Regional Store

Isiolo Sub County Store distributed to the other two Sub counties of Merti and Garbatulla and other vaccinating facilities in the County.

The 31,660 vaccines received in the County as at 31 March, 2022 were distributed to the Sub- Counties and Facilities as summarized below and detailed in **Appendices 5 and 6.**

Table 6 – Distribution at Sub County Level

S/N	Vaccine	Sub-county	Doses to Sub County	Doses to Facilities	Variance	Reason for Variance
1.	Oxford/AstraZeneca	Isiolo	15,260	15,260	0	N/a
2.	Janssen (Ad26.COV2-S)		16,400	16,400	0	N/a
			31,660	31,660	0	

According to the National Policy Guidelines on Immunization, 2013, storage and transportation of vaccines and diluents, at all stages of vaccine transportation, a cold chain monitor must always accompany all vaccines whether in cold boxes, vaccine carriers or portable fridges and the temperature reading must be maintained between +2°C and +8°C including age of conditioned ice packs. Diluents need not be transported at +2°C to +8°C unless they are being transported for outreach activities.

The special audit revealed that although transportation of vaccines was done in Vaccine carriers loaded with ice packs, temperature at the beginning and end of the journey were not recorded and the Covid-19 vaccines did not have a vial monitor. Consequently, monitoring of the vaccines during transportation was ineffective or non-existence and it was not possible to ascertain if the required temperature deviated from the specified range during transportation.

3.4 Utilization of Vaccines

Ordinarily, Covid-19 vaccines flow through four levels before being administered; National Vaccine Store (NVS), Regional Vaccine Stores (RVS), Sub-County Vaccine stores and Health Facilities. Utilization of vaccines including Covid-19 vaccines takes place at vaccinating facility.

Examination of records maintained at the County StoreSub County Store and data maintained in the Chanjo System revealed that as at 31 March, 2022, thirty-one thousand, six hundred and sixty (31,660) doses of Covid-19 vaccines had been received in the County.

Documents provided for audit review revealed that there were eighteen facilities that were mapped in the Chanjo System. However, these facilities included three (3) health dispensaries which functioned as vaccinating centers whose data was recorded through outreach programs. These facilities were Samburu Complex, Waso AIPSA and AIC Dispensary.

Out of the total 31,660 Covid- 19 Vaccine Doses received in the County, a total of 24,243 doses were administered, 3,971 were still in stock while the balance of 388 were either expired, damaged or had gone to waste as at 31 March, 2022 as summarized below in Table 7 and detailed in **Appendix 6**. There was however an unexplained variance of 3,058 vaccine doses.

Table 7 – Utilization of Vaccines

S/N	Batch	Doses Received	Doses Administered	In Stock	Expired	Wastage and Disposed	Unexplained Doses	Estimate Price per Dose (Kshs)	Total Amount (Kshs)
1	Janssen (Ad26.COV 2-S)	16,400	11,434	3,971	0	63	932	753	701,814
2	Oxford/AstraZeneca	15,260	12,809	0	325	0	2,126	446	948,664
	Total	31,660	24,243	3,971	325	63	3,058		1,650,478

3.4.1 Administered Doses

The Chanjo System indicated that 24,783 Covid-19 vaccine doses had been administered in Isiolo County from 05 March, 2021 to 31 March, 2022. The difference with the administered doses in table 7 could be traced to retrospective entries of vaccinations into the System. The doses had been administered as summarized below:

Table 8 – Vaccines Administered

S/N	Vaccine Type	First Doses	Second Doses	Booster Doses	Total
1	AstraZeneca	7,480	5,699	0	13,179
2	Johnson and Johnson	11,599	5	0	11,604
	Total	19,079	5,704	0	24,783

3.4.2 Expired Doses

A total of 325 Vaccine doses had not been administered by the expiry date and the disposal had not been carried out during the time of Audit in May 2022.

The Special Audit Team noted the 325 expired doses were part of the 2,000 doses of Oxford/AstraZeneca batch number 210215 that were received at the vaccinating centres two (2) weeks before their expiry date.

Table 9 – Expired Vaccines

Batch	Date of Receipt	Batch Expiry Date	Days to Expiry	Vaccine Doses
210215 - Oxford/AstraZeneca	14 Feb 2022	28 Feb 2022	14	325
TOTAL				325

3.4.3 Wasted and Damaged Doses

The special audit revealed that no records were maintained in the County StoreSub County Store and facilities to record any wastages and/or damaged vials. Further, the Chanjo System did not reflect any evidence that the County reported any wastages for the period ended 31 March, 2022.

3.4.4 Unexplained Doses

These are doses that the special audit could not establish how they were utilized. Documents provided for audit revealed that out of 31,660 doses received in the county, there was no evidence supporting how 3,058 doses were utilized and therefore they were unexplained.

The following weakness/Challenges that could hamper utilization were noted:

1. Mis-posting of outreach vaccines data in various batches other than those utilized in the field.
2. Low community apathy toward vaccines.
3. Dispersed community making the vaccination process very expensive while getting to the community.
4. Lack of financial support for Covid- 19 vaccines programs.

3.5 Disposal of Vaccines

The special audit noted that no vaccines had been disposed off at the time of Audit as a total of 325 expired vaccine were still in the store.

A review of documents provided for audit revealed non-compliance with the disposal requirement as per the Pharmacy and Poisons Board-Guidelines for Safe Management of Pharmaceutical Waste January 2022, Section 3 of Environmental Management and Coordination Act (Revised 2015), Regulation 2 of Environmental Management and Coordination (Waste Management) Regulations of 2006 and World Health Organization Standard Operating Procedures (SOP) on Waste Management of Covid-19 Vaccines vials and ancillary supply as summarized below and detailed in **Appendices 8 and 9.**

Table 10 – Disposal of Vaccines

Observation/Findings	Sub County Store		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Lack of waste management plan developed	0	3	7	8
Lack of budget for disposal of COVID 19 waste	0	3	0	15
Lack of NEMA clearance when transporting COVID 19 waste from one county to another or from one region to another for stores without NEMA approved Waste Disposal Site	0	3	N/A	N/A
Failure to record or to account vaccine vials in the vaccine inventory report	0	3	0	15
Failure by the County/Store to fill any application form for disposal of pharmaceutical waste issued by the Pharmacy and Poisons Board in compliance with the Guidelines for safe management of pharmaceutical waste	0	3	0	15

Observation/Findings	Sub County Store		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Failure to dispose in a NEMA approved pharmaceutical disposal site in compliance with the Guidelines for safe management of pharmaceutical waste	0	3	1	14
Disposal of pharmaceutical waste without supervision by a Pharmacy and Poisons Board inspector OR Public Health Officer in compliance with the Guidelines for safe management of pharmaceutical waste	0	3	3	12
Disposing without a certificate of safe disposal of pharmaceutical waste in compliance with the Guidelines for secure management of pharmaceutical waste	N/A	N/A	3	12
Disposing pharmaceutical waste without separating from the sharp waste and other healthcare wastes and the different wastes not securely packaged in plastic bags or rigid containers which are clearly labelled as per the the Guidelines for safe management of pharmaceutical waste and WHO Waste management	N/A	N/A	15	0

Observation/Findings	Sub County Store		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
of used COVID-19 vaccines vials and ancillary supply				
Disposal of vaccine vials (both wasted and expired) by the Healthcare facility without following the Guidelines for safe management of pharmaceutical waste and WHO Waste management of used COVID-19 vaccines vials and ancillary supply (requirement is Treatment by disinfection with solution, encapsulation, autoclaving or inertization)	N/A	N/A	3	12
Failure to have a pharmaceutical waste stored in designated quarantine stores and away from usable pharmaceutical	N/A	N/A	3	12
Lack of an incinerator, burning chamber or burning pit	N/A	N/A	1	14

The waste Disposal Mechanisms adopted by the Isiolo County are ineffective and contrary to World Health Organizations - Standard Operating Procedure (SOP) on Waste management of used Covid-19 vaccines vials and ancillary supply.

All the mapped facilities in Isiolo County disposed their pharmaceutical waste in burning chambers and burning pits except for Isiolo District Hospital which has an incinerator but whose NEMA approval was not provided for audit review.

In the circumstances, the undisposed expired, damaged and wasted vaccine may pose a health risk general public and the health officers. In addition, failure to follow the disposal protocols may also pose a health risk to the general public and the health officers.

3.6 Human Resource Matters

3.6.1 Training at County Level

The health care workers were to be trained and were required to be competent on; knowledge on Covid-19 disease; knowledge and skills in Covid-19 Vaccine demand creation, health facility preparation, safe vaccine administration, infection control practices, patient data management, adverse event reporting and management, documentation and monitoring of vaccine utilization and logistics, communication, waste management, mental health and multi-disciplinary team work.

Immediately after the Covid-19 vaccines were rolled out, trainings for different level personnel in the National and County Governments were conducted. Isiolo County health management team explained that trainings in all the twelve (3) Sub Counties were done through support by donor partners. However, no other documentation other than budget allocations to the County and its Sub Counties regarding donor facilitation and support were provided for audit review.

The County and Sub-Counties provided supporting documentation including the training plan, training timetable, venue, and the attendance lists.

A review of the documents provided for audit revealed anomalies as summarized below and detailed in **Appendices 10 and 11**.

Table 11 – Training at County Level

Observation/Findings	Sub County Store		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
County and Sub- Counties were not represented in National training for ToT.	3	0	N/A	N/A
Counties and Sub- Counties Health Management team not trained on Covid-19 immunization	3	0	N/A	N/A
Trainings not well spread to all necessary cadres	3	0	15	0
Lack of a training plan and trainings not done as per training plan	0	3	0	15
Lack of a specific training budget for Covid-19 immunization	0	3	0	15

Observation/Findings	Sub County Store		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Variance between budget and actual expenditure for training on Covid- 19 vaccination.	N/A	N/A	N/a	N/A
Lack of details including designation, attendance dates, financier of staff at national/county/Sub County/facility	0	3	0	15
Lack of adequate staff to carry out the Covid- 19 vaccination	0	3	0	15
Lack of separation of roles and duties	0	3	0	15
Lack of prior training on COVID – 19 including vaccine administration	0	3	0	15
Failure to use trained staff to train other staff	0	3	0	15

In the foregoing, the Special Audit Team was able to establish that there was inadequate Covid-19 training for staff engaged in immunization and they mainly relied on their general knowledge on vaccines management.

3.7 Coordination of Players

3.7.1 Coordination at County Level

According to the National Covid-19 Vaccine Deployment Plan 2021, the County Emergency Covid-19 Response Committee were to be adopted to form the Steering Committee. A review of documents provided for audit at the Counties, Sub- Counties and Facilities revealed anomalies as summarized below and detailed in **Appendices 12 & 13**.

Table 1 – Coordination at County Level

Observation/Findings	County	Sub County Store		Facilities	
	Non-Compliance in County	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Failure to form coordination taskforce/Committee	0	1	2	N/a	N/a
Task force /Committee without Terms of Reference (TOR)	0	1	2	N/a	N/a
Failure to comply with the TORS	0	1	2	N/a	N/a

Observation/Findings	County	Sub County Store		Facilities	
	Non-Compliance in County	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Lack of directives/advisory/instruction from higher levels in the Covid – 19 Vaccine management	0	3	0	15	0
Lack of upward/downward communication in Covid – 19 Vaccine Roll out	0	3	0	15	0
Lack of Committee meetings	0	1	2	N/a	N/a
Failure to carry out advocacy	0	3	0	15	0
Failure to carry out mobilization	0	3	0	15	0
Failure to carry out mobilization outreaches	0	3	0	11	4

From the foregoing, Isiolo Sub County had a functioning co-ordination task force while Merti and Garbatulla Sub Counties did not provide any evidence of the establishment and existence of the coordination task force.

3.8 Monitoring and Supervision

3.8.1 Monitoring and Supervision at the County and Facilities Level

A review of documents provided for audit at the various levels of Covid-19 Management revealed anomalies as summarized below and detailed in **Appendices 14 and 15**.

Table 13 – Monitoring and Supervision at the County and Facilities Level

Observation/Findings	County		Sub County Store		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Lack of a designated officer as an in charge for monitoring COVID- 19 vaccine roll out.	1	0	3	0	N/a	N/a
Lack tablets from the Ministry	0	0	3	0	7	8
Tablet not in good working conditions	0	1	3	0	7	8
Personnel involved in the rollout not facilitated by air time	0	1	0	3	9	6
Lack of mechanism/measures where patients could report adverse effect after vaccination.	1	0	3	0	15	0
Lack of Adverse effect booklet etc. that are required to report adverse effects	0	0	3	0	15	0
Failure to monitor temperature during transportation of vaccines	N/a	N/A	0	3	0	15
Failure to record temperature every morning and evening in the temperature monitoring chart/tool	N/a	N/A	3	0	15	0
Failure to monitor for the expiry of the vaccines?	N/a	N/A	3	0	14	1
Failure to monitored the Pfizer and Moderna vaccines for the 30 days expiry period after thawing	N/a	N/A	N/a	N/a	N/a	N/a

In view of the above, the facilities failed to monitor temperatures using thermometers during transportation of vaccines and as a result the special audit could not confirm that

there was no deviation beyond the specified range. Further, the Special Audit revealed that there were inconsistencies in the release of the monthly airtime for the tablets in the facilities and Sub Counties.

4.0 IRREGULARITIES AND WEAKNESSES IN MANAGEMENT AND CONTROLS OF VACCINES IN INSTITUTIONS

4.1 Irregularities, Weaknesses and Recommendations at the County and Sub County Level

The following irregularities, weaknesses and recommendations were observed by the special audit at the County and Sub County level

Table 14 – Irregularities, Weaknesses and Recommendations

	Irregularities and Weaknesses	Recommendations
1	Lack of separation of Isiolo Sub County and Isiolo District Hospital store. This made the reconciliation between actual vaccines in stock and in Chanjo System difficult.	Distinct stores for the Isiolo Sub County and the Isiolo District Hospital should be established
2	Inadequate personnel at the vaccinating centers	The County Government should have adequate number of staff to meet the increasing demand for the services.
3	Poor record keeping in management of vaccines at both the County StoreSub County Store and the facilities	Have records keeping personnel at the facilities
4	Failure to record of expired/ damaged/ wasted vaccines	Proper recording of the expired/wasted/damaged vaccines.
5	Lack of a county budget on Covid-19 programs and action plans	The county should have a budget specifically for managing Covid-19 action plans
6	Non-facilitation of the teams at facilities and sub counties with airtime, internet bundles, and subsistence allowances	Management should ensure teams participating in the vaccination program are well facilitated to enable them perform their functions effectively
7	Inconsistent use and failure to update the Chanjo System. Most of the facilities were using eLMIS	The facilities should ensure proper accountability of vaccines receipts, issues and utilization through consistent use and updating of the same in Chanjo System

8	Inventory inaccuracy and incomplete records as evidenced by some facilities which were not defined in the Chanjo System and those on Chanjo System not updating their manual vaccines stock ledgers whose records are used to feed into the Chanjo System, that is, through the main facility	We recommend use of the Chanjo System to account for COVID 19 vaccines. For those facilities not in Chanjo System, we recommend that they are defined for accountability purposes
9	The health records information officers/data clerks would at times feed in the system wrong batch numbers and wrong dates for vaccine administration. There would be instances of late data entries leading to loss of data where the information captured manually was not clear	The County should do follow ups or reviews of work done by the officers so as to improve service delivery. Data should be captured real time in the system to avoid any loss
10	Lack of proper inventory records on the tablets in regards to distribution up to the facility level and condition of the tablest	The County Government should maintain proper and up to date inventory records. They should carry out regular maintenance of the tablets

5.0 CONCLUSION

The objective of the special audit was to determine the efficiency and effectiveness of the Covid-19 vaccine roll out in Isiolo County. Following the findings, the County roll out of the Covid-19 vaccines was efficient but the County should enhance human capital resource in the facilities and conduct adequate capacity building. The Management should likewise ensure recording of the expired/wasted/damaged vaccines on a timely basis and the facilities should ensure proper accountability of vaccines receipts, issues and utilization through consistent use and updating of the same in Chanjo System. The above weaknesses resulted into unexplained variance of **3,058** vaccine doses valued at **Kshs.1,650,478** based on the average cost of vaccine during the period.

Further, Management of the County should ensure teams participating in the vaccination program are well facilitated with tools and resources to enable them perform their functions effectively and enhance service delivery to the citizens of Isiolo County.


CPA Nancy Gathungu, CBS
AUDITOR-GENERAL

24 June, 2022

Nairobi

6.0 APPENDICES

Appendix 1: Vaccinating Facilities in Isiolo County

Sub county	Sub County Store	Facility	In Chanjo
Isiolo	Isiolo	Isiolo District Hospital	Yes
		GK Prison dispensary(Isiolo)	Yes
		Eremet dispensary	Yes
		Narrapu dispensary	Yes
		Kipsing dispensary	Yes
		Oldonyiro dispensary	Yes
		APU dispensary	Yes
		Matercare maternity hospital	Yes
		Bulla pesa dispensary	Yes
Garbatulla	Garbatulla	Garbatulla Sub-county hospital	Yes
		Kinna Health Center	Yes
		Sericho Health Center	Yes
Merti	Merti	Merti sub-county hospital	Yes
		Bisan Biliqo dispensary	Yes
		Korbesa dispensary	Yes

Appendix 2: Budget at County and Sub county Level – Isiolo County

	B1	B2	B3	B4	B5	B6	B7	B8
Isiolo County	No	No	No	No	No	No	No	No
Isiolo Subcounty	No	No	No	No	No	No	No	No
Merti	No	No	No	No	No	No	No	No
Garbatulla	No	No	No	No	No	No	No	No
Compliance	0	0	0	0	0	0	0	0
Non-compliance	4	4	4	4	4	4	4	4

KEY/DETAILS:

✓ - Yes

NO - No

B1	Was the associated Covid-19 vaccination costs, including transportation, training and procurement of auxiliary services such as syringes and safety boxes, budgeted for?
B2	Did the county receive any Covid 19 related budgetary support from donors/National government?
B3	Did the county spend on Covid 19 vaccination?
B4	Did the subcounty/Facility finance the following costs related to Covid 19 vaccination;
B5	i) Distribution of Vaccines/
B6	ii) Outreaches
B7	iii) Trainings
B8	iv) Acquisition of auxiliary facilities (Temperature monitoring tools, Adverse effect reporting booklet, Needles etc) ?

Appendix 3: Storage at Sub County Level – Isiolo County

Report of the Auditor-General on the Special Audit of COVID 19 Vaccine Roll Out for the County Government of Isiolo

	S1	S2	S3	S4	S5	S6	S7	S8	S9	S10	S11	S12	S13	S14	S15	S16	S17	S18	S19	S20
Garbatulla	Yes	NO	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	NO	NO	NO	NO	Yes	NO	Yes	Yes	Yes	Yes
isiolo	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	NO	NO	NO	Yes	Yes	NO	Yes	Yes	Yes	Yes
Merti	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NO	NO	NO	NO	Yes	Yes	NO	Yes	Yes	NO	Yes
Compliance	3	2	3	3	3	3	3	3	3	0	0	0	0	2	3	0	3	3	2	3
Non-compliance	0	1	0	0	0	0	0	0	0	3	3	3	3	1	0	3	0	0	1	0

KEY/DETAILS:

✓ - Yes

NO – No

S1	Does the building have sufficient security to prevent loss of Covid vaccines as well as prevent unauthorized access?
S2	Is there sufficient space for orderly receipt, warehousing, and dispatch of vaccines? In particular, a quarantine area for isolation when necessary, including isolation of faulty packs and recalled goods? (The vaccines and areas concerned should be appropriately identified.)
S3	Are the Broken or damaged items withdrawn from usable stock and stored separately?
S4	Is there sufficient lighting necessary to enable all operations to be carried out accurately and safely?
S5	Are all COVID 19 vaccines stored off the floor?
S6	Are Refrigerated and freezing storage environments fitted with signals to indicate that refrigeration has failed?(The signal should permit resetting only by the authorized person.)
S7	Are the vaccines issued on a FIFO method and guided by the Expiry date?
S8	Is there a contingency plan put in place in case of power failure, equipment breakdown, or cold chain breach?
S9	Are there Secure measures to ensure that rejected vaccines cannot be used? Are they stored separately from other products while awaiting destruction or return to the supplier?
S10	Are there Written procedures and a sanitation program indicating the frequency of cleaning and the methods used to clean the premises and storage areas?
S11	Is there a cleaning log that must be completed, signed, and checked by the appropriately designated person?
S12	Is there a written procedure and a program for pest control? Do the pest control agents used pose any risk of contaminating the vaccines? (A site flow plan indicating where the bait stations are situated must be available.)
S13	Are there appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination?

S14	Are the COVID 19 vaccines stored in such a way as to prevent contamination or cross-contamination?
S15	Are the storage conditions compatible with the storage conditions specified on their labels? (Storage facilities should protect goods from deterioration.)
S16	Are the warehouse maintained at a temperature Not Exceeding 30 °C, and relative humidity Not Exceeding 75% Relative humidity (WHO zone IVb requirements) at all times?
S17	Are the storage conditions of the refrigerators per the vaccine manufacturer's recommendations? (Refrigerated (2°C to 8°C))
S18	Are there continuous temperature monitoring devices? If Yes, are there Written procedures describing the action in case of temperature deviating outside of the set standards and conditions?
S19	Dose the county have any stock in the Cold Room? If Yes perform Physical count of doses in the cold room (Grouped per vaccine and Batch NO.) and populate the remarks and hyperlink in the remarks column a paper tabulating the results of the count.

Appendix 4: Storage at Facility Level – Isiolo County

Subcounty	Facility	ST1	ST2	ST3	ST4	ST5	ST6	ST7	ST8	ST9	ST10	ST11	ST12	ST13	ST14
Isiolo	APU	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Eremet Dispensary	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Isiolo district hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Matercare	Yes	X	Yes	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	Yes
	Bulapesa Dispensary	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	G.K prison	Yes	No	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes	Yes	Yes
	Kipsing Dispensary	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Narrapu health centre	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Oldonyiro health centre	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Merti	Bisan biliqo dispensary	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Merti Sub county Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Korbesa dispensary	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Garbatulla	Garbatulla Sub county hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Kinna Health Center	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Sericho Health Center	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	Yes	Yes	Yes

Compliant	13	13	15	14	8	14	14	14	3	2	15	15	15	15
Non - compliant	2	2	0	1	7	1	1	1	12	13	0	0	0	0

KEY/DETAILS:

✓-Yes

NO – No

ST1	Is the refrigerator well secured to prevent unauthorized access?
ST2	Were broken or damaged items withdrawn from usable stock and stored separately?
ST3	Is there sufficient lighting necessary to enable all operations to be carried out accurately and safely?
ST4	Are all COVID 19 vaccines (Fridge) stored off the floor?
ST5	Is the Refrigerator is fitted with signals to indicate that refrigeration has failed?(The signal should permit resetting only by the authorized person.)
ST6	Are the vaccines issued on a FIFO method and guided by the Expiry date?
ST7	Is there a contingency plan in case of power failure, equipment breakdown, or cold chain breach
ST8	Are there measures to ensure that rejected vaccines cannot be used? (They should be stored separately from other products while awaiting destruction or return to the supplier)
ST9	Are there Written procedures and a sanitation program indicating the frequency of cleaning and the methods used to clean the premises and storage areas (There should be a chart on the wall that is signed after every cleaning and a poster giving cleaning instructions)
ST10	Are there appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination?
ST11	Are the storage conditions of the refrigerators per the vaccine manufacturer's recommendations? (Refrigerated (2°C to 8°C))
ST12	Is there Continuous temperature monitoring devices? If ✓, are there Written procedures describing the action in case of temperature deviating outside of the set standards and conditions?

Appendix 5 – Receipts at Isiolo Sub County Store Up to March 2022

	Batch	Antigen	Received
1	210005 Oxford/AstraZeneca	Oxford/AstraZeneca	200
2	210157 Oxford/AstraZeneca	Oxford/AstraZeneca	2,000
3	210215 Oxford/AstraZeneca	Oxford/AstraZeneca	2,000
4	210304 Oxford/AstraZeneca	Oxford/AstraZeneca	1,400
5	4120Z030 Oxford/AstraZeneca	Oxford/AstraZeneca	4,500
6	AB0024 Oxford/AstraZeneca	Oxford/AstraZeneca	600
7	ABW2953 Oxford/AstraZeneca	Oxford/AstraZeneca	400
8	ABZ8944 Oxford/AstraZeneca	Oxford/AstraZeneca	1,000
9	NH0296 Oxford/AstraZeneca	Oxford/AstraZeneca	1,500
10	NN0195 Oxford/AstraZeneca	Oxford/AstraZeneca	100
11	PV46704 Oxford/AstraZeneca	Oxford/AstraZeneca	320
12	PV46707 Oxford/AstraZeneca	Oxford/AstraZeneca	1,240
13	NOE442 - Janssen (Ad26.COVS2-S)	Janssen (Ad26.COVS2-S)	5,000
14	NOE443 - Janssen (Ad26.COVS2-S)	Janssen (Ad26.COVS2-S)	1,800

	NOE528 - Janssen	Janssen	
15	(Ad26.COVS2-S)	(Ad26.COVS2-S)	9,600
	Total		31,660

Appendix 6 – Receipts at Isiolo County Facilities up to March 2022

Antigen	Batch	Sub county	Facility name	Doses Received
Oxford/AstraZeneca	210215 - Oxford/AstraZeneca	Isiolo	Apu Dispensary	200
	4120Z030 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	4,300
	ABW2953 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	370
	PV46704 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	120
	PV46707 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	1,240
	NH0296 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	1,300
	210157 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	2,000
	210005 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	200
	AB0024 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	600
	210304 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	1,400
	ABZ8944 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	630
	210215 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	1,800
	NN0195 - Oxford/AstraZeneca	Isiolo	Isiolo District Hospital	100
	ABZ8944 - Oxford/AstraZeneca	Merti	Merti Sub County Hospital	120
	PV46704 - Oxford/AstraZeneca	Merti	Merti Sub County Hospital	30
	4120Z030 - Oxford/AstraZeneca	Merti	Merti Sub County Hospital	40
	ABZ8944 - Oxford/AstraZeneca	Garbatulla	Garbatulla Sub County Hospital	250
	NH0296 - Oxford/AstraZeneca	Garbatulla	Garbatulla Sub County Hospital	200
	4120Z030 - Oxford/AstraZeneca	Garbatulla	Garbatulla Sub County Hospital	160
	ABW2953 - Oxford/AstraZeneca	Garbatulla	Garbatulla Sub County Hospital	30
	PV46704 - Oxford/AstraZeneca	Garbatulla	Garbatulla Sub County Hospital	170
	Total			15,260

	Batch	Sub county	Facility name	Doses received
Janssen (Ad26.COV2-S)	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Aic Dispensary (Isiolo)	100
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Apu Dispensary	400
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Waso Aipca Dispensary (Isiolo)	100
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Bulla Pesa Dispensary (Isiolo)	400
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Eremet Dispensary	400
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Samburu CompleNo	100
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Oldonyiro Dispensary (Isiolo)	400
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Narrapu Dispensary	100
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Matercare Maternity Hospital	100
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Kipsing Dispensary	400
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Isiolo District Hospital	2,700
	NOE443 - Janssen (Ad26.COV2-S)	Isiolo	Isiolo District Hospital	1,650
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo	Gk Prison Dispensary (Isiolo)	400
	NOE442 - Janssen (Ad26.COV2-S)	Isiolo	Isiolo District Hospital	5,000
	NOE528 - Janssen (Ad26.COV2-S)	Merti	Merti Sub County Hospital	1,200
	NOE443 - Janssen (Ad26.COV2-S)	Merti	Merti Sub County Hospital	50
	NOE528 - Janssen (Ad26.COV2-S)	Merti	Bisan Biliqo Dispensary	400
	NOE528 - Janssen (Ad26.COV2-S)	Merti	Korbesa Dispensary	400
	NOE528 - Janssen (Ad26.COV2-S)	Garbatulla	Sericho Health Centre	400
	NOE528 - Janssen (Ad26.COV2-S)	Garbatulla	Kinna Health Centre	400
	NOE528 - Janssen (Ad26.COV2-S)	Garbatulla	Garbatulla Sub County Hospital	1,200
	NOE443 - Janssen (Ad26.COV2-S)	Garbatulla	Garbatulla Sub County Hospital	100
	Total			16,400

Appendix 7 – Utilization at Isiolo County Facilities upto 31 March ,2022

	Batch	Facilities	Receipts	Vaccinations Administered	Total Physical Count	Expired and Disposed (Qty)	Damage d and disposed (Qty)	Wastage and disposed (Qty)	Total Unexplained
Janssen (Ad26.COV2-S)	NOE528 - Janssen (Ad26.COV2-S)	Merti Sub County Hospital	1,200	165	1,085	-	-	-	(50)
	NOE443 - Janssen (Ad26.COV2-S)	Merti Sub County Hospital	50	118	-	-	-	-	(68)
	NOE528 - Janssen (Ad26.COV2-S)	Bisan Biliqo Dispensary	400	22	225	-	-	-	153
	NOE528 - Janssen (Ad26.COV2-S)	Korbesa Dispensary	400	263	145	-	-	-	(8)
	NOE528 - Janssen (Ad26.COV2-S)	Aic Dispensary (Isiolo)	100	57	-	-	-	-	43
	NOE528 - Janssen (Ad26.COV2-S)	Apu Dispensary	400	416	5	-	-	-	(21)
	NOE528 - Janssen (Ad26.COV2-S)	Waso Aipca Dispensary (Isiolo)	100	113	-	-	-	-	(13)
	NOE528 - Janssen (Ad26.COV2-S)	Bulla Pesa Dispensary (Isiolo)	400	421	15	-	-	-	(36)
	NOE528 - Janssen (Ad26.COV2-S)	Eremet Dispensary	400	251	80	-	-	-	69
	NOE528 - Janssen (Ad26.COV2-S)	Samburu CompleNo	100	91	-	-	-	-	9

	NOE528 - Janssen (Ad26.COV2-S)	Oldonyiro Dispensary (Isiolo)	400	366	90	-	-	22	(78)
	NOE528 - Janssen (Ad26.COV2-S)	Narrapu Dispensary	100	117	61	-	-	20	(98)
	NOE528 - Janssen (Ad26.COV2-S)	Matercare Maternity Hospital	100	174	-	-	-	-	(74)
	NOE528 - Janssen (Ad26.COV2-S)	Kipsing Dispensary	400	348	630	-	-	14	(592)
	NOE528 - Janssen (Ad26.COV2-S)	Isiolo District Hospital	2,700	414	365	-	-	-	1,921
	NOE443 - Janssen (Ad26.COV2-S)	Isiolo District Hospital	1,650	4,177	-	-	-	-	(2,527)
	NOE528 - Janssen (Ad26.COV2-S)	Gk Prison Dispensary (Isiolo)	400	394	20	-	-	-	(14)
	NOE442 - Janssen (Ad26.COV2-S)	Isiolo District Hospital	5,000	2,005	815	-	-	7	2,173
	NOE528 - Janssen (Ad26.COV2-S)	Sericho Health Centre	400	164	205	-	-	-	31
	NOE528 - Janssen (Ad26.COV2-S)	Kinna Health Centre	400	710	(300)	-	-	-	(10)
	NOE528 - Janssen (Ad26.COV2-S)	Garbatulla Sub County Hospital	1,200	253	530	-	-	-	417
	NOE443 - Janssen (Ad26.COV2-S)	Garbatulla Sub County Hospital	100	395	-	-	-	-	(295)
	Total		16,400	11,434	3,971	-	-	63	932

Oxford/AstraZeneca	ABZ8944 - Oxford/AstraZeneca	Merti Sub County Hospital	120	102	-	-	-	-	18
	PV46704 - Oxford/AstraZeneca	Merti Sub County Hospital	30	25	-	-	-	-	5
	4120Z030 - Oxford/AstraZeneca	Merti Sub County Hospital	40	7	-	-	-	-	33
	210215 - Oxford/AstraZeneca	Apu Dispensary	200	228	-	-	-	-	(28)
	4120Z030 - Oxford/AstraZeneca	Isiolo District Hospital	4,300	3,164	-	325	-	-	811
	ABW2953 - Oxford/AstraZeneca	Isiolo District Hospital	370	459	-	-	-	-	(89)
	PV46704 - Oxford/AstraZeneca	Isiolo District Hospital	120	518	-	-	-	-	(398)
	PV46707 - Oxford/AstraZeneca	Isiolo District Hospital	1,240	2,250	-	-	-	-	(1,010)
	NH0296 - Oxford/AstraZeneca	Isiolo District Hospital	1,300	610	-	-	-	-	690
	210157 - Oxford/AstraZeneca	Isiolo District Hospital	2,000	518	-	-	-	-	1,482

	210005 - Oxford/AstraZeneca	Isiolo District Hospital	200	25	-	-	-	-	175
	AB0024 - Oxford/AstraZeneca	Isiolo District Hospital	600	1,083	-	-	-	-	(483)
	210304 - Oxford/AstraZeneca	Isiolo District Hospital	1,400	1,024	-	-	-	-	376
	ABZ8944 - Oxford/AstraZeneca	Isiolo District Hospital	630	996	-	-	-	-	(366)
	210215 - Oxford/AstraZeneca	Isiolo District Hospital	1,800	1,162	-	-	-	-	638
	NN0195 - Oxford/AstraZeneca	Isiolo District Hospital	100	31	-	-	-	-	69
	ABZ8944 - Oxford/AstraZeneca	Garbatulla Sub County Hospital	250	300	-	-	-	-	(50)
	NH0296 - Oxford/AstraZeneca	Garbatulla Sub County Hospital	200	107	-	-	-	-	93
	4120Z030 - Oxford/AstraZeneca	Garbatulla Sub County Hospital	160	-	-	-	-	-	160
	ABW2953 - Oxford/AstraZeneca	Garbatulla Sub County Hospital	30	35	-	-	-	-	(5)

	PV46704 -	Garbatulla Sub							
	Oxford/AstraZeneca	County Hospital	170	167	-	-	-	-	3
	Total		15,260	12,809	-	325	-	-	2,126
	Grand Total		31,660	24,243	3,971	325	-	63	3,058

Appendix 8: Disposal at Sub County Level – Isiolo County

Subcounty	D1	D2	D3	D4	D5	D6	D7
Isiolo	NO	NO	NO	NO	NO	NO	NO
Merti	NO	NO	NO	NO	NO	NO	NO
Garbatulla	NO	NO	NO	NO	NO	NO	NO
Compliant	0	0	0	0	0	0	0
Non-compliant	3	3	3	3	3	3	3

KEY/DETAILS:

✓ - Yes

NO - No

D1	Was waste management plan developed at either the National and/or County level?
D2	Was there a budget developed for disposal of COVID 19 waste? (Compare actual with the budget and Report under observation if the budget was adequate or not)
D3	Did Covid 19 waste transported from one county to another have clearance from NEMA?
D4	Were disposed vaccine vials recorded and accounted for in the vaccine inventory report?
D5	Did the County/Store fill any application form for disposal of pharmaceutical waste issued by the Pharmacy and Poisons Board in compliance with the Guidelines for safe management of pharmaceutical waste?
D6	Are the disposals done at a NEMA approved pharmaceutical disposal site in compliance with the Guidelines for safe management of pharmaceutical waste

D7	Was disposal of pharmaceutical waste supervised by a Pharmacy and Poisons Board inspector OR Public Health Officer in compliance with the Guidelines for safe management of pharmaceutical waste?
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Appendix 9: Disposal at Facility Level – Isiolo County

Sub County	Facility	D1	D2	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12
Garbatulla	Garbatulla SC Hospital	No	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No
	Kinna Health	No	No	Yes	Yes	No	No	No	No	Yes	No	No	No
	Sericho	No	No	Yes	Yes	No	No	No	No	No	No	No	No
Isiolo	APU	No	No	Yes	Yes	Yes	Yes	No	No	Yes	No	No	No
	Bullapesa	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No
	Eremet	Yes	No	Yes	Yes	Yes	No	No	No	Yes	No	No	No
	GK prison	Yes	No	Yes	Yes	No	No	No	No	Yes	No	No	No
	Isiolo District Hospital	No	No	Yes	Yes	No	No	No	No	Yes	Yes	No	No
	Kipsing	Yes	No	Yes	Yes	No	No	No	No	Yes	No	No	Yes
	Matercare	No	No	No	No	No	No	No	No	No	No	No	No
	Narrapu	No	No	No	No	No	No	No	No	No	No	No	No
	Oldonyiro	Yes	No	Yes	Yes	No	No	No	No	Yes	No	No	No
Merti	Bisan Biliqo	Yes	No	Yes	No	No	No	No	No	Yes	No	No	Yes
	Korbesa	Yes	No	Yes	No	No	No	No	No	Yes	No	No	Yes
	Merti SC Hospital	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No
	Compliant	7	0	13	11	4	1	0	0	10	2	1	3
	Non-compliant	8	15	2	4	11	14	15	15	5	13	14	12

KEY/Details

✓ - Yes

NO - No

D1	Does the facility have a waste management plan?
D2	Was there a budget for the disposal of COVID 19 Waste?
D3	Was there pharmaceutical waste separated from the sharp waste and other healthcare wastes and the different wastes securely packaged in plastic bags or rigid containers which are clearly labeled?
D4	Was there pharmaceutical waste stored in designated quarantine stores and away from usable pharmaceutical ?(Applicable to facilities with large volumes of daily waste, that do not transport/dispose daily)
D5	Is the public health officer involved in the disposal of COVID 19 Waste? (Storage, Transportation and Supervision of Disposal)
D6	Does the Facility Transport Pharmaceutical Waste? (For facilities that do not have a NEMA approved Waste Disposal Site. These sites have an incinerator. N/B: A burning chamber is not an incinerator)
D7	Was there pharmaceutical waste is transported to a NEMA approved Waste Disposal Site. (Facility should have a copy for the approval of the site/incinerator and a separate documentation regarding approval for the transportation)
D8	Was there a pharmaceutical waste transported from one county to another had clearance from NEMA
D9	Does the facility have an incinerator, burning chamber or burning pit.
D10	Was the method used to dispose of sharp waste (syringes and needles) by the Healthcare facility and whether complying with the Guidelines for safe management of pharmaceutical waste and WHO Waste management of used COVID-19 vaccines vials and ancillary supply (Treatment should be by Incineration, Sharps are to be incinerated while other waste is to be burnt in a burning chamber)
D11	Did the quantity and the method used in the disposal of any vaccine vials (both wasted and Expired) by the Healthcare facility comply with the Guidelines for safe management of pharmaceutical waste and WHO Waste management of used COVID-19 vaccines vials and ancillary supply?(requirement is Treatment by disinfection with solution, encapsulation, autoclaving or inertization)
D12	Were the disposed vaccine vials recorded and accounted for in the vaccine inventory report?

Appendix 10: HR at Subcounty Level – Isiolo County

Sub County	HR1	HR2	HR3	HR4	HR5	HR6	HR7
Garbatulla	Yes	Yes	Yes	Yes	No	No	Yes
Merti	No	No	No	Yes	No	No	No
Isiolo	Yes	Yes	Yes	No	No	No	Yes
Compliant	2	2	2	2	0	0	2
Non-compliant	1	1	1	1	3	3	1

KEY/DETAILS:

✓ - Yes

NO - No

HR1	Was the county represented in National training for ToTs? If ✓ in date in the remarks column number of people involved
HR2	Were the sub county health management team trained on Covid 19 immunization?
HR3	Was the training well spread to all cadres supposed to be trained? Establish the composition of the sub county health management team trained and what was covered in the training
HR4	Was there a training plan and were the trainings done as per training plan?
HR5	Was there a specific training budget for Covid -19 immunization?
HR6	Does comparison of Expensive with actual Expensive for training on Covid 19 vaccination give rise to a variance?
HR7	Did you Obtain details of staff at national/county/subcounty/facility for the following Categories indicating their designation, attendance dates, Financier, etc?:

Appendix 11: HR at Facility Level – Isiolo County

	No	HR1	HR2	HR3	HR4	HR5	HR6
Garbatulla	Garbatulla SC	Yes	Yes	Yes	Yes	Yes	Yes
	Kinna Health	Yes	Yes	Yes	Yes	Yes	Yes
	Sericho	Yes	Yes	Yes	Yes	Yes	Yes
Isiolo	APU	Yes	Yes	Yes	Yes	Yes	No
	Eremet	Yes	Yes	Yes	Yes	Yes	Yes
	Isiolo District	Yes	Yes	Yes	Yes	Yes	Yes
	Matercare	Yes	No	No	Yes	Yes	No
	Bullapesa	Yes	Yes	Yes	Yes	Yes	Yes
	GK Prison	Yes	No	No	Yes	Yes	Yes
	Kipsing	Yes	Yes	Yes	Yes	Yes	Yes
	Narrapu	Yes	Yes	Yes	Yes	Yes	Yes
	Oldonyiro	Yes	Yes	Yes	Yes	Yes	Yes
Merti	Bisan Biliqo	Yes	Yes	Yes	Yes	Yes	No
	Merti SC	Yes	Yes	Yes	Yes	Yes	Yes
	Korbesa	Yes	Yes	Yes	Yes	Yes	Yes
	Compliant	15	13	13	15	15	12
	Non - compliant	0	2	2	0	0	3

KEY/DETAILS:

✓ - Yes

NO - No

HR1	Did the facility have adequate staff to carry out the Covid 19 vaccination (See guide from 5.1 below)
HR2	Did these staff have separation of roles and if Not was the staff trained to handle other roles?. (See guide from 5.1 below)
HR3	Were health Care Workers (HCW) trained before commencement of Covid 19 Vaccination at the facility? (HCW should be trained before being issued with vaccines. Compare date of training with the date the first doze of vaccine were received)
HR4	Were the health care workers trained on vaccine administration (i.e what was covered in the training)?

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HR5	Have you obtained the details of the facility's staff(involved in Covid-19 vaccination) as follows
HR6	Has any staff of the facility been used in training other staff? Ie CHV with Job Description of Trained on Mobilization, Awareness creation

Appendix 12: Coordination of Players at Sub County Level – Isiolo County

Description	CP1	CP2	CP3	CP4	CP5	CP6	CP7	CP8	CP9
Isiolo County	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Merti Subcounty	Yes	No	No	No	No	No	Yes	Yes	Yes
Garbatulla Subcounty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Isiolo Subcounty	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Compliant	3	2	2	2	2	2	3	3	3
Non - compliant	0	1	1	1	1	1	0	0	0

KEY/Details:

✓ - Yes

NO - No

CP1	Was a coordination taskforce/Committee at the county and sub-county formed?
CP2	Did the task force /Committee have terms of reference?
CP3	Were the TORs executed?
CP4	Did the county receive any directives/advisory/instruction from the national government in relation to Covid-19 vaccination?
CP5	Did the county/subcounty taskforce communicate to the National Task force?
CP6	Did the Committee/task force keep minutes of their meetings?
CP7	Did the county/subcounty carry out any advocacy?
CP8	Did the county/subcounty carried out mobilization?
CP9	Did the county/subcounty carry out any outreaches?

Appendix 13: Coordination of Players at Facility Level – Isiolo County

		CP1	CP2	CP3	CP4	CP5
Garbatulla	Garbatulla SC	Yes	Yes	Yes	Yes	Yes
	Kinna Health	Yes	Yes	Yes	Yes	Yes
	Sericho	Yes	Yes	Yes	Yes	Yes
Isiolo	APU	Yes	Yes	Yes	Yes	Yes
	Eremet	Yes	Yes	Yes	Yes	Yes
	Isiolo District	Yes	Yes	Yes	Yes	Yes
	Matercare	Yes	Yes	Yes	Yes	Yes
	Bullapesa	Yes	Yes	Yes	Yes	Yes
	GK Prison	Yes	Yes	Yes	Yes	No
	Kipsing	Yes	Yes	Yes	Yes	Yes
	Narrapu	Yes	Yes	Yes	Yes	Yes
	Oldonyiro	Yes	Yes	Yes	Yes	Yes
Merti	Bisan Biliqo	Yes	Yes	Yes	Yes	Yes
	Merti SC	Yes	Yes	Yes	Yes	Yes
	Korbesa	Yes	Yes	Yes	Yes	Yes
	Compliant	15	15	15	15	14
	Non - compliant	0	0	0	0	1

KEY/DETAILS:

✓ - Yes

NO – No

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Appendix 14: Monitoring and Supervision at Sub County Level – Isiolo County

	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15
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Isiolo	Yes	No	No	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No
Complaint	1	0	0	0	1	1	0	1	1	1	0	1	1	0
Non - Compliant	0	1	1	1	0	0	1	0	0	0	1	0	0	1

KEY/DETAILS:

✓

Yes

NO - NoError! Not a valid link.

Appendix 15: Monitoring and Supervision at Facility Level – Isiolo County

No	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11
Garbatulla	Yes	No	No	Yes	Yes	No	No	Yes	Yes	No	Yes
Kinna	No	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes
Sericho	No	No	No	Yes	No	No	No	No	No	No	Yes
Isiolo	No	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes
Eremet	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes
Isiolo District	No	No	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Matercare	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes
Bullapesa	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes
GK Prison	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	No	Yes
Kipsing	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes
Narrapu	No	No	No	Yes	No	No	No	Yes	Yes	No	Yes
Oldonyiro	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes
Bisan Biliqo	No	No	No	Yes	Yes	No	No	Yes	Yes	No	Yes
Merti SC	Yes	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes
Korbesa	No	No	No	Yes	Yes	No	No	Yes	Yes	No	Yes
Compliant	7	9	9	13	6	4	0	14	14	0	15
Non-compliant	8	6	6	2	9	11	15	1	1	15	0



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