

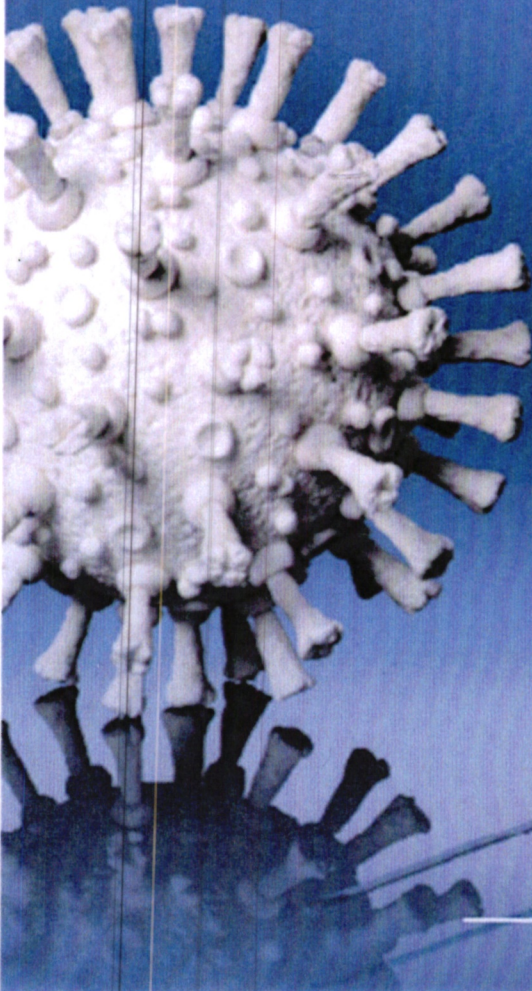
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**SPECIAL AUDIT REPORT OF THE AUDITOR-GENERAL
ON
COVID 19 VACCINE ROLL OUT
FOR
KWALE COUNTY
AS AT 31 MARCH 2022**

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June 2022

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LIST OF ABBREVIATIONS

The following abbreviations are used in this Report

Abbreviation	Full Name
AFREXIMBANK	African Export-Import Bank
AVAT	African Vaccine Acquisition Trust
eLMIS	Electronic Logistics Management Information System
FIFO	First In, First Out
GOK	Government Of Kenya
HR	Human Resource
IFMIS	Integrated Financial Management Information System
LRO	Legislative and Relations Office
NVIP	National Vaccines and Immunization program
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization
RN	Registered Nurse
PNO	Public Nursing Officer
RCO	Registered Clinical Officer
RN	Registered Nurse
KECHN	Kenya Enrolled Community Health Nurse
SNO	Senior Nursing Officer
KRCHN	Kenya Registered Community Health Nurse
BSN	Bachelor of Science Nursing

SCPHO	Sub County Public Health Officer
SCPHN	Sub County Public Health Nurse
CEPILOG	County Expanded Immunization Logistician

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1.0 EXECUTIVE SUMMARY

1.1 Background and Introduction

The Auditor-General carried out the 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 Kwale 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.

Challenges experienced during the audit included lack of definition of most of the vaccinating facilities in the Chanjo System and inadequacy and in complete of vaccine inventory records. The audit Team put in place several measures to mitigate the challenges including expanding the scope 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 the 47 Counties. Meetings were held with the auditee and the audit teams, and evidence was collected 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

Kwale County received in total 174,780 doses of various types of vaccines during the period under review. Out of the total of 174,780 Covid-19 Vaccine doses received in the County, a total of 119,648 doses were administered, 8,144 were still in stock at the time of the audit cutoff date on 31 March, 2022. The balance of 46,988 was either expired, damaged, wasted, or the vaccines were administered but not updated in the Chanjo System as at 31 March, 2022.

1.4.2 Budget

A review of the Kwale County health services budget for the 2021/2022 financial year revealed that the County Government of Kwale did not budget for the COVID-19 vaccination exercise but used the budget for the general COVID-19 expenditure 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 Mombasa Regional Store.

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

1.4.4 Storage of Vaccines

The Sub-County Stores complied to some extent with the storages conditions which had been set out for COVID-19 Vaccines. However, weaknesses were noted in the storage facilities including inadequate storage equipment and monitoring tools.

1.4.5 Disposal of Vaccines

The special audit noted that a total of 25,652 doses had expired as at 31 March, 2022. Out of these doses, 19,616 doses had not been disposed, while the balance totalling to 6,036 had been destroyed through incineration.

1.4.6 Human Resource Matters

The health care training was to be funded by the Government of Kenya and Donors/ Development Partners. Kwale County Management explained that their trainings were financed by the Government of Kenya and through the assistance of the development partners/donors. However, proper records were not maintained on training undertaken through the assistance of donors/development partners.

1.4.7 Coordination of Players

The coordination of the exercise was done by the Kwale County COVID-19 Vaccine Deployment and Vaccination Taskforce. However, appointment letters and minutes of the Taskforce were not provided for audit review.

1.4.8 Monitoring and Supervision

The audit established that COVID-19 Vaccines roll out was monitored and supervised by a committee so as to ensure smooth implementation of policies and guidelines issued from time to time by the National Government. However, the committee did not keep minutes and attendance schedules.

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 the processes such as failure to budget for the rollout, failure to fully adhere to waste disposal regulations, inadequate training, inadequate staff, inadequate tablets to access the Chanjo System and failure to provide data bundles to the staff updating data in the system. This impacted on the real time recording of information in the Chanjo System and unexplained variance (deficit) of 21,967 of vaccine doses valued at Kshs.12,750,955 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 Kwale 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 of Moderna, Johnson & Johnson, Pfizer and Sinopharm from other development partners. The Ministry of Health (MOH) launched campaign and kicked off the first vaccine deployment plan for the vaccines on 5 March 2021 with priority being given to frontline health workers and essential service providers including security personnel. According to the National COVID-19 vaccine deployment plan, the first vaccine deployment plan developed in March 2021 was revised in August 2021 in an effort to ensure that the entire adult population is vaccinated.

Kwale County received 3,000 doses batch number 4120Z00 of its first consignment of Astra Zeneca-Oxford COVID-19 vaccine in March 2021. This was sourced from the Mombasa Regional store and were all administered at Msambweni County Referral Hospital, Kinango Sub County Hospital, Kwale Sub County Hospital, Lunga Lunga Sub County Hospital and Tiwi RTHC. As at 31 March 2022, the special audit team established that the County had received 174,780 vaccines doses as tabulated below:

Vaccine Type	Distributed to Sub-County Stores
Janssen (Ad26.COVS-2)	61,950
Moderna	23,100
Oxford/AstraZeneca	62,460
Pfizer	27,270
Total	174,780

2.1 Objective of the Audit

The primary objective of the audit was to determine the efficiency and effectiveness of the COVID-19 vaccine rollout in Kwale County. This was 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.

2.2 Terms of Reference

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

Table 1: Terms of Reference

TOR	Detailed Procedures
1. Budget	<ul style="list-style-type: none"> How much was set aside for vaccines and related activities and how were the figures arrived at Budget approval process Allocation of the funds i.e. specific budget items Source of funds i.e. GOK and Donors

TOR	Detailed Procedures
2. Sources of Vaccines	<ul style="list-style-type: none"> • 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 from the different sources as well as shelf life of vaccines and prices where applicable • Consider whether vaccines came with syringes or not and the effect • Shelf life of vaccines (expiry) • 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	<ul style="list-style-type: none"> • 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/Syringes • Cost Vs Budget
4. Distribution	<ul style="list-style-type: none"> • How were vaccines 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	<ul style="list-style-type: none"> • 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 • Numbers expired • Recording and Accountability i.e. vaccines received, utilized and balance and expired • Cost vs budget

TOR	Detailed Procedures
6. Disposal	<ul style="list-style-type: none"> • Number of vaccines disposed • Criteria for disposal • Recording and accountability • Reports and feedback • Reconciliation of what was procured, utilized and unused and disposal • Costs vs budgets
7. Human Resource Matters (County Staff)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Is there a framework for coordination and communication of players? • Approval and appointment of taskforce and committees • Costs vs budgets

2.3 Scope of the Audit and Limitations

2.3.1 Scope

The audit reviewed all processes from the time COVID-19 vaccine is budgeted through administration or disposal for the expired stocks, the governance and the monitoring structures. The period covered was from the vaccine onset in March 2021 to 31 March, 2022.

2.3.2 Limitations

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

- i) Vaccine damages and wastages not recorded by the vaccinating facilities. This was mitigated by making reference to the vaccine wastages uploaded in the Chanjo System.
- ii) Manual records in some facilities were found to be inaccurate and incomplete. Under such circumstances, the audit team solely relied on the Chanjo System data which is the primary system.
- iii) Vaccine stock movements in the Chanjo System indicated that some vaccines receivable from the regional depot to the Sub County Stores had been reversed while the reality in the ground was that they were indeed received in the Sub-County stores. This was mitigated by undertaking physical vaccine stocks at the

affected stores, review of stores records and reconciling to the Chanjo System movements.

2.4.0 Audit Approach and Methodology

The Special Audit Team held entry and exit meetings with the Kwale County Health Management Team on 9 May 2022 and 2 June 2022 respectively. During the entry meeting, the County Management were sensitized on the audit process and the detailed work plan. The plan was subsequently adopted and applied in the execution of the Special audit.

The following are the main evidence gathering methodologies applied during the audit execution:

2.4.1 Document Review

The audit team reviewed various documents including the approved budgets, COVID-19 expenditure reports, procurement plans, payment vouchers, stores ledgers, Counter receipt and issue vouchers (S11 and S13) minutes, delivery notes, training reports and minutes of various committees among others.

2.4.2 Analytical Review

The audit team extracted the vaccine data from the Chanjo System and carried out a comparative analysis with the physical records maintained at the regional stores, sub county stores and vaccinating facilities.

2.4.3 Physical Verification

The audit team carried out physical verifications in four Sub County Stores in Kwale County and all vaccinating facilities in Kwale County as detailed in **Appendix 1**.

2.4.4. Interviews

The audit team interviewed senior officers from the Department of Health in the County Government to clarify the various issues and to assist in making an informed report as detailed in **table 1** below: -

Table 2: Persons Interviewed

	Name	Organization	Designation
1.	Francis Gwama M	Kwale County	County Executive Committee Member- Medical Services and Public Health
2.	Ndurumo Gakui	Kwale County	County Director- Administration
2.	Chimako Kaddi Mdzomba	Kwale County	County ICT Coordinator
3.	Redempta Muendo	Kwale County	County Public Health Officer
4.	Edward Mumbo	Kwale County	Director Nursing services & County EPI Logistician
5.	Nuru Salim Muhaso	Kwale County	Principal Accountant, Department of Medical Services and Public Health
6.	Yassin Hassim Hassan	Kwale County	County Health Promotion Officer

	Name	Organization	Designation
7.	Hashora Mwanguku	Kwale County	Sub County Public Health Officer- Lunga Lunga Sub County Store
8.	Simon Mwinga	Kwale County	Sub County Public Health Nurse- Kinango Sub County Store
9.	Binti Hamisi Swaleh	Kwale County	Msambweni Sub County Store County- Expanded Immunization Logistician
10.	Ndima Galole	Kwale County	Matuga Sub County Store-County Expanded Immunization Logistician

2.5 Audit Phases

The audit was divided into two phases; Phase one involved analysis of data maintained in eMIS, Chanjo System and Kenya Health Information System. The information was shared with the audit teams to inform the next phase.

Phase two involved review of processes, data and verifications at regional office in Mombasa and vaccinating facilities in Kwale County. This phase also involved verification of data already drawn in phase 1 and interview of the staff.

2.6 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 County of the status of the Vaccines Roll out in the Kwale bearing in mind the challenges and limitations experienced.

3.0 DETAILED FINDINGS

3.1 Budget and Sources of Vaccines

3.1.1. Unconfirmed Funding of COVID-19 Vaccination Activities

A review of the County's health services budget for the 2021/2022 financial year revealed that the county did not have a specific 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 they were not specifically budgeted for. This was contrary to Regulation 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, stated that the expenditure was budgeted under general COVID-19 Expenditure.

A review of budget and actual expenditure on COVID-19 provided for audit reviewed that a total of Kshs.117,894,684 had been expended on COVID-19 activities against a cumulative budget of Kshs.137,082,000 as at 31 March 2022 since 2020/2021 financial year.

3.1.2. Sources of Vaccines

The County received 174,780 vaccines between March 2021 and 31 March 2022 from the Government of Kenya (GOK). A review of the County's Health Services Budget for the 2021/2022 revealed that there was no provision for the COVID-19 vaccine roll out. Further, the special audit revealed the following anomalies as summarized below and detailed in **Appendix 2:**

Table 3: Sources of Vaccines

Criteria	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	5
Lack of budgetary support for COVID -19 from donors/National government	0	5
Failure to spent budgetary support on COVID -19 vaccination.	0	5
Failure by the subcounty/Facility to finance Distribution of	0	5

Vaccines, Outreaches, Trainings costs related to COVID-19 vaccination;		
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3.2.0 Storage of Vaccines

According to WHO Guidelines (**COVID-19 vaccination: supply and logistics guidance, 12th 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.

3.2.1. Storage at the County and Sub- Counties Stores

A review of documents provided for audit and physical verification carried out at the 4 Sub-County stores revealed several anomalies as summarized in below and detailed in **Appendix 3**. Further Kwale County did not have a store of its own. Consequently, the four Sub-Counties collected vaccines directly from the Regional Store.

Table 4: **Storage at the County and Sub-Counties Stores**

Observations/Findings	Number of Compliant Sub-County Stores	Number of Non-Compliant Sub-County Stores
Cold Chain and Supply Logistics		
Store have sufficient security to prevent loss of Covid vaccines as well as prevent unauthorized access	4	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	1	3
Broken or damaged items are withdrawn from usable stock and stored separately	4	0
There was sufficient lighting necessary to enable all operations to be carried out accurately and safely	3	1
All COVID -19 vaccines stored off the floor	0	4
Refrigerated and freezing storage environments fitted with signals to indicate that refrigeration	3	1

Observations/Findings	Number of Compliant Sub-County Stores	Number of Non-Compliant Sub-County Stores
has failed. The signal permitted resetting only by the authorized person		
The vaccines issued on a FIFO method and guided by the expiry date	4	0
There was a contingency plan in case of power failure, equipment breakdown, or cold chain breach	4	0
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	4	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	3	1
There was a cleaning log that must be completed, signed, and checked by the appropriately designated person.	2	2
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	2	2
There were appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination	2	2
The COVID -19 vaccines were stored in such a way as to prevent contamination or cross-contamination	4	0
Storage Conditions		
The storage conditions were compatible with the storage conditions specified on their labels. (Storage facilities protected goods from deterioration)	4	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.	1	3

Observations/Findings	Number of Compliant Sub-County Stores	Number of Non-Compliant Sub-County Stores
The storage conditions of the refrigerators are as per the vaccine manufacturer's recommendations (Refrigerated (2°C to 8°C))	4	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.	3	1
The store had stock in the Cold Room and were physical counted and grouped per vaccine and Batch Numbers	4	0

From the foregoing, the special audit team confirmed that the Kwale County Sub- Counties Stores did not fully comply with storages conditions.

3.2.2 Storage at the Facilities Level

A review of documents provided for audit and physical verification carried out at the forty-eight (48) health facilities revealed issues as summarized in below and detailed in **Appendix 4**.

Table 5: Storage at the Facilities Level

Findings/Observations	Number of Compliant Facilities	Number of Non-Compliant Facilities
Storage Area Security		
The refrigerator is well secured to prevent unauthorized access	0	48
The broken or damaged items withdrawn from usable stock and stored separately	18	30
There was sufficient lighting necessary to enable all operations to be carried out accurately and safely	37	11
All COVID -19 vaccines (Fridge) stored off the floor	46	2
Refrigerated and freezing storage environments fitted with signals to indicate that refrigeration has failed. The signal permitted resetting only by the authorized person.	41	7

Findings/Observations	Number of Compliant Facilities	Number of Non-Compliant Facilities
Storage Area Security		
The vaccines issued on a FIFO method and guided by the expiry date	21	27
There was a contingency plan in case of power failure, equipment breakdown, or cold chain breach	48	0
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	48	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.	1	47
There are appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination	37	11
The storage conditions of the refrigerators are as per the vaccine manufacturer's recommendations (Refrigerated (2°C to 8°C))	28	20
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.	48	0

In view of the above, the Special Audit Team confirmed that a significant number of Kwale Covid -19 vaccinating facilities did not have written procedures on sanitation, authorized access and guide on expiry date.

3.3.0. Distribution of Vaccines

3.3.1. Distribution at County Level

Documents provided for audit revealed that COVID-19 Vaccines on arrival in the Country should be transferred to the Central Stores which in turn distributes to the Regional Stores that in turn distributes to the County Stores. The County Stores should in turn distribute to the Sub- County Stores which in turn distributes to the facilities from where the vaccine is dispensed. However, this was not the case for Kwale County. The County does not have a county store; the Vaccines are dispatched directly from the Regional Store in the Chanjo System to the 4 sub-counties stores. Physically however, the vaccines were received by the Sub County stores.

The 174,780 doses of vaccines received in the County as at 31 March, 2022 was therefore distributed to the Sub- Counties and Facilities as summarized below and detailed at **Appendix 5**.

Table 6: Distribution at County Level

Vaccine Type	Distributed to County Stores	Distributed to Sub- County Stores	Distributed to Facilities	Variance	
Janssen (Ad26.COv2-S)	N/A			31,479	The variance is either as a result of receipts of vaccines doses not recorded at facilities, incorrectly recorded or unaccounted for doses at the Sub-Counties Stores.
		61,950	30,471		
Moderna	N/A	23,100	26,522	-3,422	
Oxford/AstraZeneca	N/A	62,460	55,741	6,719	
Pfizer	N/A	27,270	22,243	5,027	
Total	N/A	174,780	134,977	39,803	

According to the National Policy Guidelines on Immunization, 2013, storage and transportation of vaccines & 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 carried out revealed that the four Sub Counties stores properly monitored temperature during transportation of vaccines.

3.4.0. 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.

Examination of data maintained in the Chanjo System revealed that as at 31 March, 2022, 134,977 COVID-19 vaccine doses had been received at the county facilities. Utilization of vaccines including COVID-19 vaccines takes place at vaccinating facility. Documents

provided for audit revealed that there were 48 facilities that had been mapped in the Chanjo System.

Analysis of data maintained by the County and physical verification of vaccine balances at the vaccinating facilities revealed that, out of the total 134,977 Covid-19 Vaccine doses received at the facilities, a total of 122,395 doses were administered while -971 vaccine doses were in stock. The balance of 1,077 was either expired, damaged or wasted as at 31 March, 2022 as summarized in below and detailed in **Appendix 6**. There was however an unexplained variance of 21,967 vaccine doses.

Table 7: Utilization of Vaccines

Vaccine Type	Doses Received	Doses Administered	Doses In Stock	Expired Doses	Doses Damaged	Doses Wasted	Unexplained Doses	Estimated Price per Dose (Kshs.)	Total Amount (Kshs.)
Janssen (Ad26.CO V2-S)	30,471	38,441	1,105	0	0	416	(9,491)	753	(7,146,723)
Moderna	26,522	19,524	29	26	26	26	6,891	505	3,479,955
Oxford/AstraZeneca	55,741	52,171	-559	142	141	141	3,705	446	1,652,430
Pfizer	22,243	12,259	-1,546	53	53	53	11,371	670	7,618,570
Total	134,977	122,395	-971	221	220	636	21,967		12,750,955

Note 1: The difference of (9,491) was either due to gains in vaccines administered or failure to correctly record vaccines received at the vaccinating facilities.

Note 2: The doses in stock of negative 971 as at 31 March 2022 may have been caused by inaccurate recording of vaccines received or administered at the vaccinating facilities in the Chanjo System.

3.4.1. Administered Doses

The Chanjo System indicates that a total of 119,648 doses had been administered by the County between 1 March, 2021 to 31 March, 2022. The vaccine doses administered are as summarised below:

Table 8: Administered Doses

S/No.	Vaccine Type	First Doses	Second Doses	Buster Doses	Grand Total
1	AstraZeneca	27,597	19,086	154	46,837
2	Moderna	12,120	8,112	104	20,336
3	Janssen	39,696	0	2	39,698
4	Pfizer	8,231	4,146	400	12,777
	Total	87,644	31,344	660	119,648

The disparity between the administered doses of 122,395 as per audit analysis and the administered doses from the Chanjo System of 119,648 for the same time period (1 March, 2021 and 31 March, 2022) was traced to retrospective entities system for vaccinations.

3.4.2. Expired Doses

Vaccine doses totalling to 25,652 had expired as at 31 March, 2022. Out of these doses, 19,616 doses had not been disposed by the time of the special audit in May 2022 while the balance totalling to 6,036 had been destroyed through incineration as summarized in below:

Table 9: Expired Doses

Vaccine Type	Expired and not Disposed	Expired and Disposed	Grand Total
Astrazeneca	10,540	3,770	14,310
Jansen	855	0	855
Moderna	373	112	485
Pfizer	7,848	2,154	10,002
Total	19,616	6,036	25,652

3.4.3. Wasted Doses and Broken Vials

The special audit revealed that no records were maintained in the Sub-County Stores and facilities to record any wastages and or damaged vials. However, the Chanjo System reflected 2,945 wasted doses as at 31 March 2022. Further, field visit revealed that some wasted vaccines vials were destroyed, some of the facilities were putting them in the bin liners and burnt in the burning pits while others kept them in the sharp boxes and incinerated.

3.4.4. Unexplained Vaccines Variances

Documents provided for audit revealed that 134,977 vaccine doses were received in the vaccinating facilities in the County. However, reconciliation of the vaccines received, administered, in stock, expired, damaged and wasted revealed an unexplained variance of 21,967 doses valued at Kshs.12,750,955. Further, Janssens Vaccine indicated a positive variance of 9,491 doses mainly attributed to gains during the vaccine administration.

Documents provided for audit revealed that out of 134,977 vaccine doses received in the vaccinating facilities. However, reconciliation of the vaccine received, administered, in stock, expired, damaged and wasted revealed an unexplained variance of 20,634 doses. The following weakness observed during the audit could have contributed to an unexplained variance: -

- a. Wastages not reported at the facilities,
- b. vaccines doses utilized during the outreaches may not have been subsequently updated, and
- c. Vaccination data was not entered accurately, causing over-administration in some batches and under-administration in others.

3.5. Disposal of Vaccines

The special audit noted that a total of 19,616 doses of expired vaccine had not been disposed of while a total of 8,981 doses expired and wasted vaccines had been destroyed as the time of audit. However, no records were maintained for wasted vaccines.

A review of documents provided for audit revealed non-compliance with the disposal requirement as per Section 6.1 of the WHO Standard Operating Procedures (SOP) on waste management of COVID-19 vaccines vials and ancillary supply. The procedure states that any used or discarded COVID-19 vaccine vials MUST be collected safely and separately from the rest of the waste. Both the empty vials and those with remaining vaccine doses discarded at the end of the daily vaccination activity shall be collected and safely stored until they are collected for final treatment and disposal. These vials should be counted and recorded by the responsible team for the purpose of vaccination activity analysis (e.g. utilization, coverage, wastage, etc.). Further, Section 6.6 provides that neutralized COVID-19 vaccine vials can be safely disposed in a manner that is not accessible or reusable, and both being an environmental nor a health threat. The findings on disposal of vaccines are as summarized below and detailed in **Appendix 7 and 8**.

Table 10: Disposal of Vaccines

Observation/Findings	Sub County Stores		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Lack of a developed waste management plan	4	0	48	0
Lack of budget for disposal of COVID-19 waste	0	4	0	48
Lack of NEMA clearance when transporting COVID-19 waste from one county to another or from one region to another for stores without a NEMA approved Waste Disposal Site	N/a	N/A	N/a	N/A
Failure to record or to account for vaccine vials in the vaccine inventory report	1	3	2	46
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	4	N/a	N/A
Failure to dispose in a NEMA approved pharmaceutical disposal site in compliance with the Guidelines for safe management of pharmaceutical waste	1	3	24	24
Disposal of pharmaceutical waste without supervision by a Pharmacy and Poisons Board inspector OR Public Health Officer in compliance with the	0	12	41	7

Observation/Findings	Sub County Stores		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Guidelines for safe management of pharmaceutical waste				
Disposing without a certificate of safe disposal of pharmaceutical waste in compliance with the Guidelines for secure management of pharmaceutical waste	0	4	3	45
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 of used COVID-19 vaccines vials and ancillary supply	N/a	N/A	42	6
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	45
Failure to have a pharmaceutical waste stored in designated quarantine stores and away from usable pharmaceutical	N/A	N/A	42	6
Lack of an incinerator, burning chamber or burning pit	N/A	N/A	47	1

In the circumstances, the undisposed expired, damaged and wasted vaccine may pose a health risk to the 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

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. The health care training was to be funded by the Government of Kenya and Donors/ development partners.

Immediately after the COVID-19 vaccines were rolled out, trainings for different level personnel in the National and County Governments were conducted. Kwale county Management explained that trainings in the county were undertaken and funded by the National Government through the County Government. Further, several Donors or Development Partners offered assistance in training. However, no correspondence or documentation regarding Donor or Development Partner facilitation and support was provided for audit review.

A review of the documents provided for audit revealed several anomalies as summarized below and detailed in **Appendix 9 and 10**.

Table 11: Human Resources at County Level

Observation/Findings	Sub County Stores		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.	4	0	N/A	N/A
Counties and Sub- Counties Health Management Team not trained on COVID -19 immunization	4	0	48	0
Trainings not well spread to all necessary cadres	4	0	N/A	N/A
Lack of a training plan and trainings not done as per training plan	0	4	0	48
Lack of a specific training budget for COVID -19 immunization	0	4	0	48
Variance between budget and actual expenditure for training on COVID -19 vaccination.	0	4	0	48
Lack of details including designation, attendance dates, financier of staff at national/county/Sub County/facility	1	3	48	0
Lack of adequate staff to carry out the COVID -19 vaccination	N/a	N/A	43	5
Lack of separation of roles and duties	N/a	N/A	28	20
Lack of prior training on COVID – 19 including vaccine administration	N/a	N/A	46	2
Failure to use trained staff to train other staff	N/a	N/A	8	40

In the foregoing, the special audit team could not establish the adequacy of Human Resources engagement in the COVID -19 vaccines roll out programme.

3.7. Coordination of Players

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 **Appendix 11, 12 and 13.**

Table 12: Coordination at County Level

Observation/Findings	County	Sub County Stores		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	4	0	N/a	N/A
Task force /committee without terms of reference (TOR)	0	2	2	N/a	N/A
Failure to comply with the TORS	1	2	2	N/a	N/A
Lack of directives/advisory/instruction from higher levels in the COVID - 19 Vaccine management	0	4	0	48	0
Lack of upward/downward communication in COVID - 19 Vaccine Roll out	0	4	0	48	0
Lack of committee meetings	1	4	0	N/a	N/A
Failure to carry out advocacy	0	4	0	47	1
Failure to carry out mobilization	0	4	0	47	1
Failure to carry out mobilization outreaches	0	4	0	47	1

The coordination at the County Level was done by the Kwale County (COVID-19) Emergency Response Committee. Although the Terms of Reference (TOR) was provided for audit review, the minutes of the committee were not provided. In the circumstances, it was not possible to confirm whether the TOR was complied with.

Further, despite the Chanjo System being web based, there was no plan of how data bundles would be availed to support continuous data capture. This affected the information on the quantity of the doses held by the County in the Chanjo System and the accuracy of receipted and issued doses and the reported cases of number of people

vaccinated pointing to an inadequacy on coordination between the National and the County Government.

From the foregoing, the coordination of various players in COVID – 19 Vaccine roll out may not have been effective in Kwale County.

3.8 Monitoring and Supervision

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 **Appendix 14, 15 and 16.**

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

Observation/Findings	County		Sub County Stores		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	4	0	N/A	N/A
Lack tablets from the Ministry	1	0	4	0	22	26
Tablets not in good working conditions	1	0	0	4	20	28
Personnel involved in the rollout not facilitated by air time	0	1	1	3	10	38
Lack of mechanism/measures where patients could report adverse effect after vaccination.	N/A	N/A	4	0	44	4
Lack of Adverse effect booklet etc. that are required to report adverse effects	N/A	N/A	4	0	25	23
Failure to monitor temperature during transportation of vaccines	N/A	N/A	4	0	47	1

Observation/Findings	County		Sub County Stores		Facilities	
	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant	Number of Compliant	Number of Non-Compliant
Failure to record temperature every morning and evening in the temperature monitoring chart/tool	N/A	N/A	4	0	45	3
Failure to monitor for the expiry of the vaccines?	N/A	N/A	4	0	46	2
Failure to monitor the Pfizer and Moderna vaccines for the 30 days expiry period after thawing	N/A	N/A	4	0	44	4

In view of the above, 26 facilities out of 48 facilities had not received tablets from the MOH for use in the recording on vaccine receipts and administration. Of the 22 facilities that had received the tablets, 20 facilities reported their tablets as functional and being put into use. 38 facilities reported not having received the monthly airtime. Similarly, the 4 Sub County Stores had each received tablets from MOH and were in good working condition. Three of the four Sub Counties personnel indicated not having received the monthly airtime.

Consequently, there was inconsistency in the release of the monthly airtime to the tablets in the facilities and the Sub Counties.

3.0 IRREGULARITIES AND WEAKNESSES IN MANAGEMENT CONTROLS OF VACCINES AND INSTITUTIONS

4.1.1. Irregularities and Weaknesses 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 and Weaknesses

	Irregularities and Weaknesses		Recommendations
1	Delays in collection of waste for incineration		The County management should institute a sound waste management program

2.	Unprocedural disposal of expired/damaged/wasted vaccines		The County management should ensure strict compliance with the set guidelines on disposal of pharmaceutical waste
3.	Inadequate waste disposal equipment such of incinerator		The County management should consider mobilizing funds for procurement of adequate waste disposal equipment
4.	Low intake of COVID-19 Vaccine		The County management should ensure adequate resources are deployed in advocacy and mobilization to improve on COVID-19 Vaccine uptake
5.	Failure to ensure physical security on storage of vaccine		
6.	Failure to adhere to the set guidelines on storage of COVID-19 vaccines		The County management should ensure strict compliance with the set guidelines on storage of vaccine
7.	Delay in distribution of tablets to the health facilities for data capture		Tablets and other equipment should be distributed to the facilities on time and their use regularly monitored
8.	Inadequate personnel at the vaccinating centers		Enhance human capital resource in the facilities
9.	Poor record keeping in management of vaccines at both the stores and the facilities		Have records keeping personnel at the facilities.
10.	Non recording of expired/damaged/wasted vaccines		Proper recording of the expired/wasted/damaged vaccines
11.	Lack of a county budget on COVID -19 programs and action plans		The county should have a budget specifically for managing COVID -19 activities
12.	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

5.0. CONCLUSION

The objective of the Special Audit was to determine the efficiency and effectiveness of the COVID -19 vaccine roll out in Kwale County. Following the findings, the County should ensure that all vaccinating facilities are defined in the Chanjo System, and effective supervision of the activities at the County, Sub County and facilities on all matters relating to receipts, issues and administering of vaccines is instituted. The above weaknesses resulted in an unexplained variance (deficit) of 21,967 of vaccine doses valued at Kshs 12,750,955 based on the average Vaccine cost during the period.

The County should also adhere to the cold chain and supply logistics guidelines as issued by WHO and MOH. In order to meet the increasing demand for health service, there is need to continuously assess the adequacy of health workers and build their capacity for effective service delivery to the citizens of Kwale County.



CPA Nancy Gathungu CBS
AUDITOR-GENERAL

24 June, 2022

Nairobi

APPENDICES

Appendix 1: List of Sub County Stores and Vaccinating Facilities - Kwale County

Sub County	Sub County Store	Vaccinating Facilities
Kinango	Kinango Sub County Store	Vinyunduni Dispensary
		Samburu Sub County Hospital
		Ndavaya Health Centre
		Mkanyeni Dispensary
		Miguneni Dispensary
		Mbita Dispensary
		Mazeras Health Centre
		Mabesheni Dispensary
		Lutsangani Dispensary
		Kinango Sub County Hospital
		Gandini Dispensary (Kinango)
		Maviririni Dispensary
		Kilibasi Dispensary
Lunga Lunga	Lunga Lunga Sub County Store	Lunga Lunga Sub County Hospital
		Chindi Dispensary
		Godo Dispensary
Matuga	Matuga Sub County Store	Bilashaka Dispensary
		Waa Dispensary
		Chitsanze Dispensary
		Deri Dispensary
		Tiwi Rhtc
		Shimba Hills Health Centre
		Pongwe Dispensary
		Ng'Ombeni Dispensary
		Mwaluvanga Dispensary
		Mwaluphamba Dispensary
		Mwachome Dispensary
		Mteza Dispensary
		Msulwa Dispensary
		Mkundi Dispensary
		Mkongani Health Centre
Mbegani Dispensary		
Mazumalume Dispensary		

		Magodzoni Dispensary
		Lukore Dispensary
		Kiteje Dispensary
		Kizibe Dispensary
		Kombani Dispensary
		Kwale Sub County Hospital
		Boyani Dispensary
Msambweni	Msambweni Sub County Store	Zigira (Community) Dispensary
		Shiraz Dispensary
		Diani Beach Hospital (Kwale)
		Diani Health Centre
		Msambweni County Referral Hospital
		Mbuwani Dispensary
		Magaoni Health Centre
		Kinondo Hospital

Appendix 2: Budget at County and Sub-County Level – Kwale County

	B1	B2	B3	B4
Kwale County	No	No	No	No
Kinango Sub County	No	No	No	No
Lunga Lunga Sub County	No	No	No	No
Matuga Sub County	No	No	No	No
Msambweni Sub County	No	No	No	No
Compliant	0	0	0	0
Non-compliant	5	5	5	5

Key/Details:

B1	Did the county receive any Covid No9 related budgetary support from donors/National government?
B2	Did the county spent on Covid No9 vaccination?
B3	Did the subcounty/Facility finance the following costs related to covid No9 vaccination;

B4

Was the associated Covid-Nog vaccination costs, including transportation, training and procurement of auxiliary services such as syringes and safety boxes, budgeted for? Distribution Outreaches ,Training and Acquisition of auxiliary facilities.

Appendix 3: Storage at Sub-Counties Stores

Row Labels	ST1	ST2	ST3	ST4	ST5	ST6	ST7	ST8	ST9	ST10	ST11	ST12	ST13	ST14	ST15	ST16	ST17	ST18	ST19
Kinango	yes	yes	No	yes	yes	yes	yes	yes	yes	No	yes	yes	yes	yes	yes	yes	yes	yes	No
Lunga Lunga	No	yes	No	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	yes	No	yes	No	yes	yes
Matuga	yes	yes	No	yes	yes	yes	yes	yes	yes	No	yes	yes	yes	yes	yes	yes	yes	yes	No
Msambweni	No	yes	No	No	yes	yes	yes	yes	yes	No	yes	yes	yes	yes	No	yes	No	No	No
Complied	2	4	0	3	4	4	4	4	4	1	4	3	4	4	2	4	2	3	1
No Complied	2	0	4	1	0	0	0	0	0	3	0	1	0	0	2	0	2	1	3

Key / Details

KEY	
S1	Are there appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination?

S 2	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?
S 3	Are all COVID -19 vaccines stored off the floor?
S 4	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.)
S 5	Are the Broken or damaged items withdrawn from usable stock and stored separately?
S 6	Are the COVID -19 vaccines stored in such a way as to prevent contamination or cross-contamination?
S 7	Are the storage conditions compatible with the storage conditions specified on their labels? (Storage facilities should protect goods from deterioration.)
S 8	Are the storage conditions of the refrigerators per the vaccine manufacturer's recommendations?
S 9	Are the vaccines issued on a FIFO method and guided by the expiry date?

S 10	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?
S 11	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?
S 12	Are there Written procedures and a sanitation program indicating the frequency of cleaning and the methods used to clean the premises and storage areas?
S 13	Does the building have sufficient security to prevent loss of Covid vaccines as well as prevent unauthorized access?
S 14	Dose the county have any stock in the Cold Room? If yes perform Physical count of dozes 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.
S 15	Is there a cleaning log that must be completed, signed, and checked by the appropriately designated person?
S 16	Is there a contingency plan put in place in case of power failure, equipment breakdown, or cold chain breach?

S 17	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.)
S 18	Is there sufficient lighting necessary to enable all operations to be carried out accurately and safely?
S 19	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.)

Appendix 4: Storage at the Health Facilities.

APPENDIX 4- STORAGE FACILITIES		STF 1	STF 2	STF 3	STF 4	STF 5	STF 6	STF 7	STF 8	STF 9	STF 10	STF 11	STF 12
Row Labels													
Gandini Dispensary		No	No	No	No	No	No	Yes	Yes	No	No	No	Yes
Kilibasi dispensary		No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Kinango sub county Hospital		No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes
Lutsangani Dispensary		No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Mabesheni Dispensary		No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes

Maviririni dispensary	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Mazaras Dispensary	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Mbita dispensary	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Miguneni dispensary	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Mkanyeni Dispensary	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Ndavaya Health Centre	No	No	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Samburu Sub county Hospital	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Vinyunduni Dispensary	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Chindi Dispensary	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Godoo Dispensary	No	No	No	No	No	No	No	Yes	Yes	No	Yes	Yes	Yes
Lunga Lunga Sub county Hospital	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Bilashaka Dispensary	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Boyani Dispensary	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Chitsanze dispensary	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes
Deri Dispensary	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Kiteje Dispensary	No	No	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Kizibe Dispensary	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Kombani Dispensary	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes

Magaoni Health Centre	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	Yes
Mbuwani Dispensary	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes
Msambweni County Referral Hospital	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Zigira Dispensary	No	Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes
Diani Beach Hospital	No	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Kinondo Kwetu Health Services	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Shiraz dispensary	No	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes
Compliant	0	18	37	46	41	21	48	48	1	37	28	48
Non Compliant	48	30	11	2	7	27	0	0	47	11	20	0

Key/Details

S1	Is the refrigerator well secured to prevent unauthorized access?
S2	Were broken or damaged items withdrawn from usable stock and stored separately?
S3	Is there sufficient lighting necessary to enable all operations to be carried out accurately and safely?
S4	Are all COVID -19 vaccines (Fridge) stored off the floor?
S5	Is the Refrigerator is fitted with signals to indicate that refrigeration has failed? (The signal should permit resetting only by the authorized person.)
S6	Are the vaccines issued on a FIFO method and guided by the expiry date?
S7	Is there a contingency plan in case of power failure, equipment breakdown, or cold chain breach
S8	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)

S9	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)
S10	Are there appropriate written procedures for the clean-up of any spillage to ensure the complete removal of any risk of contamination?
S11	Are the storage conditions of the refrigerators per the vaccine manufacturer's recommendations? (Refrigerated (2°C to 8°C))
S12	Is 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?

Appendix 5 – Receipts at Kwale County Facilities as at 31 March 2022

Vaccine	Sub county	Facilities	Total
Moderna	Kinango	Kinango Sub County Hospital	3,080
	Kinango	Samburu Sub County Hospital	2,660
	Lunga Lunga	Lunga Lunga Sub County Hospital	5,220
	Matuga	Deri Dispensary	70
	Matuga	Kombani Dispensary	150
	Matuga	Kwale Sub County Hospital	4,844
	Matuga	Mkongani Health Centre	312
	Matuga	Tiwi Rhtc	238
	Matuga	Waa Dispensary	126
	Masambweni	Diani Beach Hospital (Kwale)	2,412
	Masambweni	Kinondo Hospital	2,240
	Masambweni	Msambweni County Referral Hospital	4,960
	Masambweni	Shiraz Dispensary	210
	SUB TOTAL		
Vaccine	Sub county	Facilities	Total
Oxford/Astrazeneca	Kinango	Kinango Sub County Hospital	9,486
	Kinango	Mabesheni Dispensary	260
	Kinango	Mazeras Health Centre	90
	Kinango	Mkanyeni Dispensary	100
	Kinango	Ndavaya Health Centre	120
	Kinango	Samburu Sub County Hospital	5,785
	Lunga Lunga	Chindi Dispensary	580
	Lunga Lunga	Lunga Lunga Sub County Hospital	5,500

Matuga	Bilashaka Dispensary	330
Matuga	Deri Dispensary	230
Matuga	Kiteje Dispensary	50
Matuga	Kizibe Dispensary	20
Matuga	Kombani Dispensary	560
Matuga	Kwale Sub County Hospital	7,778
Matuga	Lukore Dispensary	60
Matuga	Magodzoni Dispensary	50
Matuga	Mazumalume Dispensary	100
Matuga	Mbegani Dispensary	200
Matuga	Mkongani Health Centre	640
Matuga	Mkundi Dispensary	20
Matuga	Mteza Dispensary	50
Matuga	Mwachome Dispensary	100
Matuga	Ng'Ombeni Dispensary	80
Matuga	Pongwe Dispensary	100
Matuga	Shimba Hills Health Centre	190
Matuga	Tiwi Rhtc	640
Matuga	Waa Dispensary	320
Msambweni	Diani Beach Hospital (Kwale)	4,510
Msambweni	Diani Health Centre	220
Msambweni	Kinondo Hospital	3,942
Msambweni	Magaoni Health Centre	40
Msambweni	Mbuwani Dispensary	100
Msambweni	Msambweni County Referral Hospital	12,660

	Msambweni	Shiraz Dispensary	680
	Msambweni	Zigira (Community) Dispensary	150
SUB TOTAL			55,741
Vaccine	Sub County	Facilities	Total
PFIZER	Kinango	Kinango Sub County Hospital	4,949
	Kinango	Samburu Sub County Hospital	1,490
	Lunga Lunga	Lunga Lunga Sub County Hospital	2,458
	Matuga	Bilashaka Dispensary	90
	Matuga	Chitsanze Dispensary	360
	Matuga	Deri Dispensary	300
	Matuga	Kombani Dispensary	510
	Matuga	Kwale Sub County Hospital	1,670
	Matuga	Lukore Dispensary	24
	Matuga	Magodzoni Dispensary	72
	Matuga	Mazumalume Dispensary	120
	Matuga	Mbegani Dispensary	360
	Matuga	Mkongani Health Centre	198
	Matuga	Mkundi Dispensary	42
	Matuga	Mteza Dispensary	90
	Matuga	Mwachome Dispensary	150
	Matuga	Pongwe Dispensary	150
	Matuga	Tiwi Rhtc	240
	Matuga	Waa Dispensary	290
	Msambweni	Diani Beach Hospital (Kwale)	1,362
	Msambweni	Diani Health Centre	114
Msambweni	Kinondo Hospital	630	

	Msambweni	Magaoni Health Centre	96
	Msambweni	Mbuwani Dispensary	60
	Msambweni	Msambweni County Referral Hospital	5,902
	Msambweni	Shiraz Dispensary	396
	Msambweni	Zigira (Community) Dispensary	120
SUB TOTAL			22,243
Vaccine	Sub county	Facilities	Total
Janssen	Kinango	Gandini Dispensary (Kinango)	50
	Kinango	Kinango Sub County Hospital	5,610
	Kinango	Lutsangani Dispensary	300
	Kinango	Mabesheni Dispensary	200
	Kinango	Mazeras Health Centre	495
	Kinango	Mbita Dispensary	50
	Kinango	Miguneni Dispensary	100
	Kinango	Mkanyeni Dispensary	250
	Kinango	Ndavaya Health Centre	295
	Kinango	Samburu Sub County Hospital	3,300
	Kinango	Vinyunduni Dispensary	100
	Lunga Lunga	Chindi Dispensary	450
	Lunga Lunga	Lunga Lunga Sub County Hospital	4,100
	Matuga	Bilashaka Dispensary	100
	Matuga	Chitsanze Dispensary	200
	Matuga	Deri Dispensary	250
	Matuga	Kiteje Dispensary	45
	Matuga	Kizibe Dispensary	100
	Matuga	Kombani Dispensary	680

Matuga	Kwale Sub County Hospital	2,450
Matuga	Lukore Dispensary	526
Matuga	Magodzoni Dispensary	180
Matuga	Mazumalume Dispensary	100
Matuga	Mbegani Dispensary	50
Matuga	Mkongani Health Centre	400
Matuga	Mkundi Dispensary	25
Matuga	Msulwa Dispensary	60
Matuga	Mteza Dispensary	100
Matuga	Mwachome Dispensary	50
Matuga	Mwaluphamba Dispensary	85
Matuga	Mwaluvanga Dispensary	115
Matuga	Ng'Ombeni Dispensary	40
Matuga	Pongwe Dispensary	170
Matuga	Shimba Hills Health Centre	370
Matuga	Tiwi Rhtc	650
Matuga	Waa Dispensary	150
Msambweni	Diani Beach Hospital (Kwale)	2,050
Msambweni	Diani Health Centre	380
Msambweni	Kinondo Hospital	1,500
Msambweni	Magaoni Health Centre	45
Msambweni	Mbuwani Dispensary	100
Msambweni	Msambweni County Referral Hospital	2,830
Msambweni	Shiraz Dispensary	670
Msambweni	Zigira (Community) Dispensary	700

SUB TOTAL			30,471
GRAND TOTAL			134,977

Appendix 6 – Utilization at Kwale County Facilities as at 31 March 2022

Vaccine	Facility	Receipts	Vaccinations Administered	Total Physical Count (as At)	Expired and Disposed (Qty)	Damaged and disposed (Qty)	Wastage and disposed (Qty)	Total Un accounted for	
Moderna	Kinango Sub County Hospital	3080	2284	1	3	3	3	781	
	Samburu Sub County Hospital	2660	1026	0	3	3	3	1461	
	Lunga Lunga Sub County Hospital	5220	3663	0	3	3	3	1557	
	Deri Dispensary	70	0	0	1	1	1	70	
	Kombani Dispensary	150	191	0	1	1	1	-50	
	Kwale Sub County Hospital	4844	2736	0	3	3	3	1851	
	Mkongani Health Centre	312	94	0	2	2	2	182	
	Tiwi Rhtc	238	117	14	2	2	2	72	
	Waa Dispensary	126	71	0	2	2	2	55	
	Diani Beach Hospital (Kwale)	2412	2324	0	3	3	3	88	
	Kinondo Hospital	2240	1950	0	3	3	3	290	
	Msambweni County Referral Hospital	4960	4939	14				21	
	Shiraz Dispensary	210	129	0				81	
	Total		26,522	19,524	29	26	26	26	6917
	Vaccine	Facilities	Receipts	Vaccines Administered	Total Physical	Expired and	Damaged and	Wastage and	Total Un accounted for

				Count (as At	Disposed (Qty)	disposed (Qty)	disposed (Qty)	
Oxford/Astrazeneca	Kinango Sub County Hospital	9486	5840	-421	15	15	15	4067
	Mabesheni Dispensary	260	0	0	1	1	1	260
	Mazeras Health Centre	90	9	20	1	1	1	61
	Mkanyeni Dispensary	100	29	0	1	1	1	58
	Ndavaya Health Centre	120	7	69	1	1	1	44
	Samburu Sub County Hospital	5785	3345	29	15	14	14	2295
	Chindi Dispensary	580	43	200	2	2	2	331
	Lunga Lunga Sub County Hospital	5500	5925	-670	15	15	15	245
	Bilashaka Dispensary	330	45	20	2	2	2	245
	Deri Dispensary	230	144	0	2	2	2	45
	Kiteje Dispensary	50	0	16	1	1	1	34
	Kizibe Dispensary	20	2	1	1	1	1	8
	Kombani Dispensary	560	623	10	6	6	6	-176
	Kwale Sub County Hospital	7778	6979	33	16	16	16	371
	Lukore Dispensary	60	12	1	1	1	1	22
	Magodzoni Dispensary	50	0	0	1	1	1	19
	Mazumalume Dispensary	100	6	0	1	1	1	94
	Mbegani Dispensary	200	81	0	2	2	2	106
	Mkongani Health Centre	640	393	40	6	6	6	173
	Mkundi Dispensary	20	18	2	1	1	1	-11
	Mteza Dispensary	50	93	-50	1	1	1	-3
	Mwachome Dispensary	100	64	0	1	1	1	36
	Ng'Ombeni Dispensary	80	0	2	1	1	1	78
	Pongwe Dispensary	100	69	20	1	1	1	-24

	Shimba Hills Health Centre	190	3	0	1	1	1	187
	Tiwi Rhtc	640	303	9	8	8	8	226
	Waa Dispensary	320	240	0	3	3	3	80
	Diani Beach Hospital (Kwale)	4510	4336	0	16	16	16	174
	Diani Health Centre	220	2	0	1	1	1	218
	Kinondo Hospital	3942	3713	0	15	15	15	229
	Magaoni Health Centre	40	11	20				9
	Mbuwani Dispensary	100	43	30				27
	Msambweni County Referral Hospital	12660	19206	0				-6546
	Shiraz Dispensary	680	562	0	1	1	1	118
	Zigira (Community) Dispensary	150	25	60	2	2	2	65
Total		55,741	52,171	-559	142	141	141	3146
Vaccine	Facilities	Receipts	Vaccinations Administered	Total Physical Count (as At	Expired and Disposed (Qty)	Damaged and disposed (Qty)	Wastage and disposed (Qty)	Total Un accounted for
Pfizer	Kinango Sub County Hospital	4949	546	18	4	4	4	4385
	Samburu Sub County Hospital	1490	390	6	3	3	3	1083
	Lunga Lunga Sub County Hospital	2458	947	-153	4	4	4	1664
	Bilashaka Dispensary	90	105	-15	1	1	1	0
	Chitsanze Dispensary	360	59	234	2	2	2	62
	Deri Dispensary	300	20	0	1	1	1	-74
	Kombani Dispensary	510	429	0	4	4	4	76

	Kwale Sub County Hospital	1670	1894	-2332	4	4	4	1990
	Lukore Dispensary	24	1	30	1	1	1	-10
	Magodzoni Dispensary	72	47	0	1	1	1	0
	Mazumalume Dispensary	120	48	84	2	2	2	-12
	Mbegani Dispensary	360	95	0	2	2	2	251
	Mkongani Health Centre	198	55	0	2	2	2	143
	Mkundi Dispensary	42	35	7	1	1	1	0
	Mteza Dispensary	90	90	-54	2	2	2	51
	Mwachome Dispensary	150	55	0	1	1	1	95
	Pongwe Dispensary	150	4	144	1	1	1	0
	Tiwi Rhtc	240	64	12	2	2	2	127
	Waa Dispensary	290	206	4	2	2	2	80
	Diani Beach Hospital (Kwale)	1362	973	120	4	4	4	269
	Diani Health Centre	114	0	106	1	1	1	8
	Kinondo Hospital	630	474	54	4	4	4	102
	Magaoni Health Centre	96	61	60				-25
	Mbuwani Dispensary	60	26	60				-26
	Msambweni County Referral Hospital	5902	5154	60				748
	Shiraz Dispensary	396	387	-9	2	2	2	15
	Zigira (Community) Dispensary	120	94	18	2	2	2	8
Total		22,243	12,259	-1546	53	53	53	9825
Vaccine	Facilities	Receipts	Vaccinations Administered	Total Physical Count (as At	Expired and Disposed (Qty)	Damaged and disposed (Qty)	Wastage and disposed (Qty)	Total Un accounted for
Janssen	Gandini Dispensary (Kinango)	50	5	0	0	0	0	45

Kinango Sub County Hospital	5610	6444	-80	0	0	0	-754
Lutsangani Dispensary	300	0	259	0	0	0	41
Mabesheni Dispensary	200	56	35	0	0	0	109
Mazeras Health Centre	495	19	432	0	0	0	44
Mbita Dispensary	50	37	-22	0	0	0	35
Miguneni Dispensary	100	0	100	0	0	0	0
Mkanyeni Dispensary	250	72	0	0	0	14	164
Ndavaya Health Centre	295	19	253	0	0	0	23
Samburu Sub County Hospital	3300	4900	-2405	0	0	8	857
Vinyunduni Dispensary	100	57	1	0	0	4	38
Chindi Dispensary	450	68	50	0	0	4	328
Lunga Lunga Sub County Hospital	4100	10096	623	0	0	0	-6619
Bilashaka Dispensary	100	125	-196	0	0	0	171
Chitsanze Dispensary	200	86	23	0	0	2	89
Deri Dispensary	250	27	0	0	0	4	219
Kiteje Dispensary	45	22	-52	0	0	12	63
Kizibe Dispensary	100	21	74	0	0	20	-15
Kombani Dispensary	680	831	64	0	0	3	-218
Kwale Sub County Hospital	2450	4068	120	0	0	187	-1925
Lukore Dispensary	526	10	242	0	0	0	274
Magodzoni Dispensary	180	72	25	0	0	29	54
Mazumalume Dispensary	100	160	48	0	0	0	-108
Mbegani Dispensary	50	13	1	0	0	1	35
Mkongani Health Centre	400	763	623	0	0	0	-986
Mkundi Dispensary	25	5	20	0	0	5	-5
Msulwa Dispensary	60	31	55	0	0	0	-26
Mteza Dispensary	100	144	-10	0	0	7	-41

	Mwachome Dispensary	50	56	3	0	0	2	-11
	Mwaluphamba Dispensary	85	13	-10	0	0	11	71
	Mwaluvanga Dispensary	115	73	11	0	0	0	31
	Ng'Ombeni Dispensary	40	0	148	0	0	0	-108
	Pongwe Dispensary	170	116	2	0	0	46	6
	Shimba Hills Health Centre	370	1	351	0	0	18	0
	Tiwi Rhtc	650	484	98	0	0	35	33
	Waa Dispensary	150	96	20	0	0	0	34
	Diani Beach Hospital (Kwale)	2050	1148	95	0	0	0	807
	Diani Health Centre	380	4	-125	0	0	0	501
	Kinondo Hospital	1500	1609	60	0	0	0	-169
	Magaoni Health Centre	45	11	25				9
	Mbuwani Dispensary	100	24	60				16
	Msambweni County Referral Hospital	2830	5956	90				-3126
	Shiraz Dispensary	670	675	32	0	0	4	-41
	Zigira (Community) Dispensary	700	25	-38	0	0	0	713
Sub Totals		30,471	38,441	1,105	0	0	416	- 9491
Grand Totals		134,977	122,395	- 971	221	220	636	21,967

Appendix 7: Disposal of Vaccines at the Sub County Stores-Kwale County

Row Labels	DIS 1	DIS 2	DIS 3	DIS 4	DIS 5	DIS 6	DIS 7
Kwale							
Kinango	Yes	No	No	No	No	No	No
Lunga							
Lunga	Yes	No	No	Yes	No	No	No
Matuga	Yes	No	No	No	No	No	No
Msambweni	Yes	No	No	No	No	Yes	No
Compliant	4	0	0	1	0	1	0
Non Compliant	0	4	4	3	4	3	4

Key/Details

DIS 1	Was waste management plan developed at either the National and/or County level?
DIS 2	Was budget developed for disposal of COVID 9 waste? Compare actual with the budget and Report under Remarks.
DIS 3	Did COVID No9 waste transported from one county to another have clearance from NEMA?
DIS 4	Were disposed vaccine vials recorded and accounted for in the vaccine inventory report?
DIS 5	Did the County/Store filled out 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?
DIS 6	Are the disposals done at a NEMA approved pharmaceutical disposal sites in compliance with the Guidelines for safe management of pharmaceutical waste
DIS 7	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?

Appendix 8: Disposal of Vaccines at the Facility Level-Kwale County

Row Labels	DP1	DP2	DP3	DP4	DP5	DP6	DP7	DP8	DP9	DP10	DP11	DP12
Bilashika Dispensary	Yes	No	Yes	Yes	Yes	No	Yes	No	Yes	Yes	No	No
Gandini Dispensary	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No
Kilibasi dispensary	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No
Kinango sub county Hospital	Yes	No	No	No	Yes	No	No	Yes	No	No	No	No
Lutsangani Dispensary	Yes	No	No	No	Yes	No	Yes	No	Yes	Yes	No	No
Mabesheni Dispensary	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No
Maviririni dispensary	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No
Mazeras Dispensary	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No
Mbita dispensary	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No
Miguneni dispensary	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	No
Mkanyeni Dispensary	Yes	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No
Ndavaya Health Centre	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No
Samburu Sub county Hospital	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No
Vinyunduni Dispensary	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No
Chindi Dispensary	Yes	No	Yes	Yes	No	No	No	Yes	Yes	No	No	No
Godo Dispensary	Yes	No	Yes	Yes	No	No	No	No	Yes	No	No	No
Lunga Lunga Sub county Hospital	Yes	No	Yes	Yes	No	No	No	No	Yes	Yes	No	No
Bilashika Dispensary	Yes	No	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Boyani Dispensary	Yes	No	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	No

Chitsanze dispensary	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Deri Dispensary	Yes	No	No	No	No	No	No	No	No	No	No	Yes
Kiteje Dispensary	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Kizibe Dispensary	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Kombani Dispensary	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Kwale sub county Hospital	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Lukore Dispensary	Yes	No	Yes	Yes	Yes	No	No	Yes	No	No	No	Yes
Magodzoni Dispensary	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Mazumalume Dispensary	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes
Mbegan! Dispensary	Yes	No	Yes	Yes	No	No	No	Yes	Yes	Yes	No	Yes
Mkongani Model Health Centre	Yes	No	No	Yes	No	No	Yes	No	No	No	No	Yes
Mkundi Dispensary	Yes	No	No	Yes	Yes	Yes	No	Yes	No	No	No	Yes
Msulwa Dispensary	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Mteza	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Mwachome dispensary	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Mwaluphamba Dispensary	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Mwaluvanga dispensary	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Ng'ombeni Dispensary	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Pongwe Dispensary	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	Yes
shimba Hills Health centre	Yes	No	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes
Tiwi Rural And Training Health centre	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Waa Dispensary	Yes	No	No	Yes	No	No	No	Yes	Yes	Yes	No	Yes
Diani Health Centre	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

Magaoni Health Centre	Yes	No	Yes	No	Yes	No	No	No	Yes	Yes	No	No
Mbuwani Dispensary	No	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No
Msambweni County Referral Hospital	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	No
Zigira Dispensary	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No
Diani Beach	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No
Kinondo	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No
Shiraz dispensary	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No
Compliant	46	0	42	44	41	7	24	31	47	39	3	2
Non compliant	2	48	6	4	7	41	24	17	1	9	45	46

KEY/ DETAILS

DP 1	Does the facility have a waste management plan?
DP 2	Was there a budget for the disposal of COVID -19 Waste?
DP 3	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?
DP 4	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)
DP 5	Is the public health officer involved in the disposal of COVID -19 Waste? (Storage, Transportation and Supervision of Disposal)
DP 6	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)

DP 7	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 documentaion regarding approval for the transportation)
DP 8	Was there a pharmaceutical waste transported from one county to another had clearance from NEMA
DP 9	Does the facility have an incenerator, burning chamber or burning pit.
DP 10	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 incenerated while other waste is to be burnt in a burning chamber)
DP 11	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)
DP 12	Were the disposed vaccine vials recorded and accounted for in the vaccine inventory report?

Appendix 9: HR at Sub County Level – Kwale County

APPENDIX 9- Human resources at sub County level							
Row Labels	HR 1	HR 2	HR 3	HR 4	HR 5	HR 6	HR 7
Kwale County							
Kinango	No	No	No	Yes	Yes	No	Yes
Lunga Lunga	No	Yes	No	Yes	Yes	No	Yes
Matuga	No	No	No	Yes	Yes	No	Yes

Msambweni	No	No	No	Yes	Yes	No	Yes
Compliant	0	1	0	4	4	0	4
Non compliant	4	3	4	0	0	4	0

Key/ Detail

HR 1	Was there a training plan and were the trainings done as per training plan?
HR 2	Did you Obtain details of staff at national/county/sub county/facility for the various Categories indicating their designation, attendance dates, Financier, etc?:
HR 3	Does comparison of Expenditure with actual expenditure for training on covid No9 vaccination give rise to a variance? If yes indicate the variance amount in the remarks Column
HR 4	Was the county represented in National training for ToTs? If yes indicate in the remarks column number of people involved (Fill details in No. 8 below)
HR 5	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 (Fill details in table 8 below)
HR 6	Was there a specific training budget for covid -No9 immunization?
HR 7	Were the sub county health management team trained on covid No9 immunization?

Appendix 10: HR at Facility Level – Kwale County

Row Labels	HR F 1	HR F 2	HR F 3	HR F 4	HR F 5	HR F 6
Kinango Sub County						
Bilashaka Dispensary	Yes	Yes	No	Yes	Yes	Yes
Gandini Dispensary	Yes	Yes	Yes	Yes	Yes	Yes
Kilibasi dispensary	No	Yes	Yes	Yes	Yes	Yes
Kinango sub county Hospital	No	Yes	Yes	Yes	Yes	Yes
Lutsangani Dispensary	No	Yes	Yes	Yes	Yes	Yes
Mabesheni Dispensary	No	Yes	Yes	Yes	Yes	Yes
Mavirivirini dispensary	No	Yes	Yes	Yes	Yes	Yes
Mazeras Dispensary	No	Yes	Yes	Yes	Yes	Yes
Mbita dispensary	No	Yes	Yes	Yes	Yes	Yes
Miguneni dispensary	No	Yes	Yes	Yes	Yes	Yes
Mkanyeni Dispensary	No	Yes	No	Yes	Yes	Yes
Ndavaya Health Centre	Yes	Yes	No	Yes	Yes	Yes
Samburu Sub county Hospital	Yes	Yes	Yes	Yes	Yes	Yes

Vinyunduni Dispensary	No	Yes	No	Yes	Yes	Yes
Lunga Lunga Sub County						
Chindi Dispensary	No	Yes	No	Yes	Yes	Yes
Godo Dispensary	No	Yes	No	Yes	Yes	Yes
Lunga Lunga sub county hospital	No	Yes	Yes	Yes	Yes	Yes
Matuga Sub County						
Bilashaka Dispensary	No	Yes	Yes	Yes	Yes	Yes
Boyani Dispensary	No	Yes	No	Yes	Yes	Yes
Chitsanze dispensary	No	Yes	No	Yes	Yes	Yes
Deri Dispensary	Yes	Yes	Yes	Yes	Yes	Yes
Diani Health Centre		Yes	Yes	Yes	Yes	
Kiteje Dispensary	No	Yes	Yes	Yes	Yes	Yes
Kizibe Dispensary	No	Yes	No	Yes	Yes	Yes
Kombani Dispensary	No	Yes	Yes	Yes	Yes	Yes
Kwale sub county Hospital	No	Yes	Yes	Yes	Yes	Yes
Lukore Dispensary	Yes	Yes	Yes	Yes	Yes	Yes
Magodzoni Dispensary	No	Yes	No	Yes	Yes	Yes
Mazumalume Dispensary	No	Yes	Yes	Yes	Yes	Yes
Mbegani Dispensary	No	Yes	No	Yes	Yes	Yes

Mkwani Dispensary	Yes	Yes	Yes	Yes	Yes	No	Mkwani Dispensary
Mkundi Dispensary	No	Yes	Yes	Yes	Yes	No	Mkundi Dispensary
Msulwa Dispensary	No	Yes	No	Yes	Yes	No	Msulwa Dispensary
Mteza Dispensary	No	Yes	Yes	Yes	Yes	No	Mteza Dispensary
Mwachome dispensary	No	Yes	No	Yes	Yes	No	Mwachome dispensary
Mwaluphamba Dispensary	No	Yes	No	Yes	Yes	No	Mwaluphamba Dispensary
Mwaluanaga dispensary	No	Yes	Yes	Yes	Yes	No	Mwaluanaga dispensary
Ng'ombeni Dispensary	No	Yes	No	Yes	Yes	No	Ng'ombeni Dispensary
Pongwe Dispensary	No	Yes	No	Yes	No	No	Pongwe Dispensary
shimba Hills Health centre	No	Yes	Yes	Yes	Yes	No	shimba Hills Health centre
Tiwi Rural And Training Health centre	No	Yes	Yes	Yes	Yes	No	Tiwi Rural And Training Health centre
Waa Dispensary	No	Yes	Yes	Yes	Yes	No	Waa Dispensary
Msamwani Sub County							
Diani Health Centre	No	Yes				No	Diani Health Centre
Magaoi Health Centre	Yes	Yes	No	Yes	No	Yes	Magaoi Health Centre
Mbuwani Dispensary	No	Yes	Yes	Yes	Yes	No	Mbuwani Dispensary

Msambweni County referral Hospital	Yes	Yes	Yes	Yes	No	Yes
Zigira Dispensary	No	No	No	Yes	yes	Yes
Diani Beach Hospital	No	Yes	No	Yes	Yes	Yes
Kinondo Kwetu Health Services	No	Yes	Yes	Yes	Yes	Yes
Shiraz dispensary	No	Yes	No	Yes	Yes	Yes
Grand Total						
Compliant	8	43	28	48	46	48
Non Compliant	40	5	20	0	2	0

Key / Details

HR F 1	Has any staff of the facility been used in training other staff? Ie CHV with Job Description of Trained on Mobilization, Awareness creation
HR F 2	Did the facility have adequate staff to carry out the Covid 9 vaccination (See guide from . below)
HR F 3	Did these staff have separation of roles and if not was the staff trained fto handle other roles?. (See guide from .Yes below)
HR F 4	Have you obtained the details of the facility's staff(involved in Covid-Yes9 vaccination) as follows
HR F 5	Were health Care Workes (HCW) trained before commencement of covid Yes9 Vaccination at the facility? (HCW should be trained before being issued with vaccines
	Compare date of traing with the date the first doze of vaccine were received)
HR F 6	The health care workers were trained on vaccine administration

Compare date of training with the date the first dose of vaccine were received)

Appendix 11: Coordination at County Level

County	CP1	CP2	CP3	CP4	CP5	CP6	CP7	CP8	CP9
Kwale County	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Compliant	1	1	0	1	1	0	1	1	1
Non-Compliant	0	0	1	0	0	1	0	0	0

Key / Details

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 tasks executed?
CP4	Did the county receive any directives/advisory/instruction from the national government in relation to COVID-19 vaccination?
CP5	Did the county/Sub County taskforce communicate to the National Task force?
CP6	Did the committee/task force keep minutes of their meetings?
CP7	Did the county/Sub County carry out any advocacy?
CP8	Did the county/Sub County carry out mobilization?
CP9	Did the county/Sub County carry out any outreaches?

Appendix 12: Coordination at the Sub County Level

Row Labels	C1	C2	C3	C4	C5	C6	C7	C8	C9
Kinango	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Lunga Lunga	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes
Matuga	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
Msambweni	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes

Compliant	4	2	2	4	0	4	4	4	4
Non Compliant	0	2	2	0	4	0	0	0	0

Key/ Details

C 1	Was there was a coordination taskforce/committee at the county and sub-county?
C 2	Did the task force /committee have terms of reference? Attach/ Hperlink evidence in the remarks column.
C 3	Were the tors executed?
C 4	Did the county receive any directives/advisory/instruction from the national government in relation to COVID-19 vaccination?
C 5	Did the county/subcounty taskforce communicate to the National Task force?
C 6	Did the committee/task force keep minutes of their meetings? Review the minutes of the different committees and note whether resolutions were implemented and any gaps in cordination (Populate the findings in the remarks column)
C 7	Did the county/subcounty carry out any advocacy ?
C 8	Did the county/subcounty carried out mobilization?
C 9	Did the county/subcounty carry out any outreaches?

Appendix 13: Coordination at the Facility Level

Row Labels	C 1	C 2	C 3	C 4	C 5
Kinango Sub County					
Gandini Dispensary	Yes	Yes	Yes	Yes	Yes
Kilibasi dispensary	Yes	Yes	Yes	Yes	Yes
Kinango Sub county hospital	Yes	Yes	Yes	Yes	Yes
Lutsangani Dispensary	Yes	Yes	Yes	Yes	Yes
Mabesheni Dispensary	Yes	Yes	Yes	Yes	Yes

mavirivirini dispensary	Yes	Yes	Yes	Yes	Yes
Mazeras Dispensary	Yes	Yes	Yes	Yes	Yes
Mbita dispensary	Yes	Yes	Yes	Yes	Yes
Migweni dispensary	Yes	Yes	Yes	Yes	Yes
Mkanyeni Dispensary	Yes	Yes	Yes	Yes	Yes
Ndayaya Health Centre	Yes	Yes	Yes	Yes	Yes
Samburu sub county hospital	Yes	Yes	Yes	Yes	Yes
Vinyunduni Dispensary	Yes	Yes	Yes	Yes	Yes
Lunga Lunga Sub County					
Chindi Dispensary	Yes	Yes	Yes	Yes	Yes
Godo Dispensary	Yes	Yes	Yes	Yes	Yes
Lunga Lunga sub county Hospital	Yes	Yes	Yes	Yes	Yes
Matuga Sub County					
Bilashaka Dispensary	Yes	Yes	Yes	Yes	Yes
Boyani Dispensary	Yes	Yes	Yes	Yes	Yes
Chitsanze dispensary	Yes	Yes	Yes	Yes	Yes
Deri Dispensary	Yes	Yes	Yes	Yes	Yes
Kiteje Dispensary	Yes	Yes	Yes	Yes	Yes
Kizibe Dispensary	Yes	Yes	Yes	Yes	Yes
Kombani Dispensary	Yes	Yes	Yes	Yes	Yes
Kwale SC Hospital	Yes	Yes	Yes	Yes	Yes
Lukore Dispensary	Yes	Yes	Yes	Yes	Yes
Magodzoni Dispensary	Yes	Yes	Yes	Yes	Yes
Mazumalume Dispensary	Yes	No	Yes	Yes	Yes
Mbegani Dispensary	Yes	Yes	Yes	Yes	Yes
Mkongani Model Health Centre	Yes	Yes	Yes	Yes	Yes
Mkundi Dispensary	Yes	Yes	Yes	Yes	Yes
Msulwa Dispensary	Yes	Yes	Yes	Yes	Yes
Mteza Dispensary	Yes	Yes	Yes	Yes	Yes

Key/ Details	Key	C1	C2	Compliant	No- Compliant
Mwachome dispensary	Yes	Yes	Yes	48	0
Mwaluphamba Dispensary	Yes	Yes	Yes	48	0
Mwaluanga dispensary	Yes	Yes	Yes	47	1
Ng'ombeni Dispensary	Yes	Yes	Yes	47	1
Pongwe Dispensary	Yes	Yes	Yes	47	1
Shimba hills Health Centre	Yes	Yes	Yes	47	1
Tiwi Rural And Training Health centre	Yes	Yes	Yes	47	1
Waa Dispensary	Yes	Yes	Yes	47	1
Msamwani Sub County					
Diani Health Centre	Yes	Yes	Yes	47	1
Magaoni Health Centre	Yes	Yes	Yes	47	1
Mbuwani Dispensary	Yes	Yes	Yes	47	1
Msamwani County Referral Hospital	Yes	Yes	Yes	47	1
Zigira Dispensary	Yes	Yes	Yes	47	1
Diani Beach Hospital	Yes	Yes	Yes	47	1
Kinondo Kwetu Health Services	Yes	Yes	Yes	47	1
Shiraz dispensary	Yes	Yes	Yes	47	1
Compliant				47	1
No- Compliant				47	1

Key	C1	C2
Does the facility receive COVID -19 vaccine related directives/information from the National/county?	from the National/county?	National/county/subcounty government
Did the facility receive communication from the National/county/subcounty government		

C3	Has the Facility carried out advocacy?
C4	Has the Facility carried out mobilization?
C5	Did the Facility carry out any outreaches?

Appendix 14: Monitoring and Supervision at the County Level

County	M11	M22	M33	M44	M55	M66	M77	M88	M99	M1000	M111	M1212	M1313	M14	M15
Kwale County	No	No	No	No	Yes	Yes	No	No	Yes	Yes	No	No	No	No	No
Compliant	1	0	0	0	1	1	0	0	1	1	0	0	0	0	0
Non-	0	1	1	1	0	0	1	1	0	0	1	1	1	1	1

M11	Did the County designate an in charge/Committee for monitoring COVID -19 vaccine rollout?
M22	Were there terms of reference for the M&E committee?
M33	Were there reports of the M & E committee
M44	Are the recommendation of the monitoring and evaluation team implemented?
M55	Did the county receive any tablets from the Ministry?
M66	Were the tablets distributed?
M77	Are the tablets in good working conditions?
M88	Are the Personnel involved in the rollout been receiving airtime?
M99	Did the county/Sub County put in place any measures to ensure patients report adverse effect?
M1000	Has the County/Sub County/facility received Adverse effect booklet etc. that are required to report adverse effects?
M111	Has the Sub County/facility experienced any instance of adverse effect?
M1212	Does the County/Sub County/Facility monitor temperature during transportation of vaccines?
M1313	Does the County/Sub County record temperature every morning and evening in the temperature monitoring chart?
M14	Does the County/Sub County/Facility monitor for the expiry of the vaccines?
M15	Has the Sub County/County monitored the Pfizer and Moderna vaccines for the 30 days expiry period after thawing?

Appendix 15: Monitoring and Supervision at the sub County Level

Row Labels	MO1	MO2	MO3	MO4	MO5	MO6	MO7	MO8	MO9	MO10	MO11	MO12
Kinango	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Lunga Lunga	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Matuga	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Msambweni	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes	No	No
Complied	4	4	1	0	4	4	4	4	3	4	0	3
Non Complied	0	0	3	4	0	0	0	0	1	0	4	1

Key/ Detail

MO1	Did the Sub County designate an in charge for monitoring covid No9 vaccine rollout?
MO2	Did the county receive any tablets from the Ministry?
MO3	Are the Personnel involved in the rollout been receiving airtime?
MO4	Are the tablets in good working conditions?
MO5	Did the county/Sub County put in place any measures to ensure patients report adverse effect?
MO6	Does the County/Sub-county record temperature every morning and evening in the temperature monitoring chart?
MO7	Does the County/Sub-county/Facility monitor for the expiry of the vaccines?
MO8	Does the County/Sub-county/Facility monitor temperature during transportation of vaccines?

MO9	Has the County/sub county/facility received Adverse effect booklet etc that are required to report adverse effects?
MO10	Has the Sub County/County monitored the Pfizer and Moderna vaccines for the 30 days' expiry period after thawing?
MO11	Has the sub county/facility experienced any instance of adverse effect?
MO12	Were the tablets distributed?

Appendix 16: Monitoring and Supervision at the Facility Level

Row Labels	MO1	MO2	MO3	MO4	MO5	MO6	MO7	MO8	MO9	MO10	MO11
Kinango Sub County											
Gandini Dipensary	No	yes	No	yes	yes	yes	No	No	No	No	No
Kilibasi dispensary	yes	No	yes	No	yes	yes	yes	yes	yes	No	No
Lutsangani Dispensary	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
godii	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Mabesheni Dispensary	yes	No	yes	No	yes	yes	yes	yes	No	No	No
Mavirivirini dispensary	yes	No	yes	No	yes	yes	yes	yes	No	yes	No
Mazeras Dispensary	yes	yes	yes	yes	yes	yes	yes	yes	No	No	No
Mbita Dispensary	yes	No	yes	No	yes	yes	yes	yes	No	yes	No
Migweni dispensary	yes	No	yes	yes	yes	yes	yes	yes	No	No	No
Mkanyeni Dispensary	yes	yes	yes	yes	yes	yes	yes	yes	No	No	yes

Kombani Dispensary	yes	yes	yes	yes	yes	yes	No	yes	yes	yes	yes
Kwale SC Hosp	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Lukore Dispensary	No	yes	yes	yes	No	yes	yes	yes	yes	yes	No
Magodzoni Dispensary	yes	No	yes	yes	yes	yes	No	yes	yes	No	No
Mazumalume Dispensary	yes	No	yes	yes	yes	yes	No	yes	yes	No	No
Mkongani Model Health Centre	yes	yes	yes	yes	yes	No	yes	yes	yes	yes	No
Mkundi Dispensary	yes	No	yes	yes	yes	yes	No	yes	No	No	No
Msulwa Dispensary	yes	yes	yes	yes	yes	yes	No	yes	yes	yes	No
Mteza Dispensary	yes	No	yes	yes	yes	yes	No	yes	No	No	No
Mwachome dispensary	No	No	yes	No	yes	yes	No	No	No	No	No
Mwaluphamba Dispensary	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Mwaluvanga dispensary	yes	No	yes	yes	yes	yes	No	yes	No	No	No
Ng'ombeni Dispensary	yes	No	No	yes	No	yes	No	yes	No	No	No
Pongwe Dispensary	yes	No	yes	yes	yes	yes	No	yes	No	No	No
shimba hills health centre	yes	No	yes	yes	yes	yes	No	yes	No	No	No

	1	2	3	4	5	6	7	8	9	10	11	12
Tiwi Rural And Training Health centre	yes	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	4
Waa Dispensary	yes	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	28
Msamwani Sub County												
Diani Health Centre	yes	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	4
Mbwani Dispensary	yes	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	28
Msamwani County Referral Hospital	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	44
Zigira Dispensary	yes	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	20
msambweni												
Diani Beach Hospital	yes	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	20
Kinondo Kwetu Health Services	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	44
Magaooni Health Centre	yes	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	20
Shiraz dispensary	yes	yes	yes	yes	yes	yes	yes	yes	yes	No	yes	20
Complied	44	44	44	44	46	45	22	44	44	10	30	10
Non Complied	4	4	4	1	2	3	26	4	4	28	18	38

Key / Details

MO1	Are the pfizer and Moderna vaccines been monitored for the 0 days expiry period after thawing.
MO2	Are the tablets in good working conditions?
MO3	as the County/sub county/facility put in place to ensure patients report adverse effect
MO4	Did you receive any tablets for covid yes9 vaccine data entry?
MO5	Does the County/Sub-county record temperature every morning and evening in the temperature monitoring chart
MO6	Does the County/Sub-county/Facility monitor for the expiry of the vaccines?
MO7	Does the County/Sub-county/Facility monitor temperature during transportation of vaccines
MO8	Has the county/sub county/Facility been making use of the temperature monitoring tools?
MO9	Has the County/sub county/facility received any Adverse effect booklet etc that are required to report adverse effects?
MO10	Has the subcounty/facility experienced any instance of adverse effect?
MO11	Have you been receiving airtime and how often?



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