Application Form for Country Proposals

Providing approximately two years of support for an HPV Demonstration Programme

Submitted by
The Government of the Republic of Kenya

Date of submission: 30th October 2012

Deadline for submission: 31 October 2012

Please submit the Proposal using the form provided.

Enquiries to: proposals@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public. The Proposal and attachments must be submitted in English, French, Spanish, or Russian.

Note: Please ensure that the application has been received by the GAVI Secretariat on or before the day of the deadline.

The GAVI Secretariat is unable to return submitted documents and attachments to countries. Unless otherwise specified, documents will be shared with the GAVI Alliance partners and the general public.

GAVI ALLIANCE
GRANT TERMS AND CONDITIONS

Countries will be expected to sign and agree to the following GAVI Alliance terms and conditions in the application forms, which may also be included in a grant agreement to be agreed upon between GAVI and the country:

FUNDING USED SOLELY FOR APPROVED PROGRAMMES
The applicant country ("Country") confirms that all funding provided by the GAVI Alliance for this application will be used and applied for the sole purpose of fulfilling the programme(s) described in this application. Any significant change from the approved programme(s) must be reviewed and approved in advance by the GAVI Alliance. All funding decisions for this application are made at the discretion of the GAVI Alliance Board and are subject to IRC processes and the availability of funds.

AMENDMENT TO THIS PROPOSAL
The Country will notify the GAVI Alliance in its Annual Progress Report if it wishes to propose any change to the programme(s) description in this application. The GAVI Alliance will document any change approved by the GAVI Alliance, and this application will be amended.

RETURN OF FUNDS
The Country agrees to reimburse to the GAVI Alliance, all funding amounts that are not used for the programme(s) described in this application. The country's reimbursement must be in US dollars and be provided, unless otherwise decided by the GAVI Alliance, within sixty (60) days after the Country receives the GAVI Alliance's request for a reimbursement and be paid to the account or accounts as directed by the GAVI Alliance.

SUSPENSION/ TERMINATION
The GAVI Alliance may suspend all or part of its funding to the Country if it has reason to suspect that funds have been used for purpose other than for the programmes described in this application, or any GAVI Alliance-approved amendment to this application. The GAVI Alliance retains the right to terminate its support to the Country for the programmes described in this application if a misuse of GAVI Alliance funds is confirmed.

ANTICORRUPTION
The Country confirms that funds provided by the GAVI Alliance shall not be offered by the Country to any third person, nor will the Country seek in connection with this application any gift, payment or benefit directly or indirectly that could be construed as an illegal or corrupt practice.

AUDITS AND RECORDS
The Country will conduct annual financial audits, and share these with the GAVI Alliance, as requested. The GAVI Alliance reserves the right, on its own or through an agent, to perform audits or other financial management assessment to ensure the accountability of funds disbursed to the Country.

The Country will maintain accurate accounting records documenting how GAVI Alliance funds are used. The Country will maintain its accounting records in accordance with its government-approved accounting standards for at least three years after the date of last disbursement of GAVI Alliance funds. If there is any claims of misuse of funds, Country will maintain such records until the audit findings are final. The Country agrees not to assert any documentary privilege against the GAVI Alliance in connection with any audit.

CONFIRMATION OF LEGAL VALIDITY
The Country and the signatories for the government confirm that this application is accurate and correct and forms a legally binding obligation on the Country, under the Country's law, to perform the programmes described in this application.

CONFIRMATION OF COMPLIANCE WITH THE GAVI ALLIANCE TRANSPARENCY AND ACCOUNTABILITY POLICY

The Country confirms that it is familiar with the GAVI Alliance Transparency and Accountability Policy (TAP) and will comply with its requirements.

ARBITRATION

Any dispute between the Country and the GAVI Alliance arising out of or relating to this application that is not settled amicably within a reasonable period of time, will be submitted to arbitration at the request of either the GAVI Alliance or the Country. The arbitration will be conducted in accordance with the then-current UNCITRAL Arbitration Rules. The parties agree to be bound by the arbitration award, as the final adjudication of any such dispute. The place of arbitration will be Geneva, Switzerland. The language of the arbitration will be English.

For any dispute for which the amount at issue is US$ 100,000 or less, there will be one arbitrator appointed by the GAVI Alliance. For any dispute for which the amount at issue is greater than US $100,000 there will be three arbitrators appointed as follows: The GAVI Alliance and the Country will each appoint one arbitrator, and the two arbitrators so appointed will jointly appoint a third arbitrator who shall be the chairperson.

The GAVI Alliance will not be liable to the country for any claim or loss relating to the programmes described in this application, including without limitation, any financial loss, reliance claims, any harm to property, or personal injury or death. Country is solely responsible for all aspects of managing and implementing the programmes described in this application.

USE OF COMMERCIAL BANK ACCOUNTS

The eligible country government is responsible for undertaking the necessary due diligence on all commercial banks used to manage GAVI cash-based support, including HSS, ISS, CSO and vaccine introduction grants. The undersigned representative of the government confirms that the government will take all responsibility for replenishing GAVI cash support lost due to bank insolvency, fraud or any other unforeseen event.

1. Application Specification

Q1. Please specify for which type of GAVI support you would like to apply to.

Preferred vaccine (bilavent (GSK) or quadrivalent (Merck)) See *below*for more information	Month and year of first vaccination	Preferred second presentation[1]
Quadrivalent vaccine (Merck)	May 2013	Bivalent

For more information on vaccines:
http://www.who.int/immunization_standards/vaccine_quality/PQ_vaccine_list_en/en/index.html

[1] This "**Preferred second presentation**" will be used in case there is no supply available for the preferred presentation of the selected vaccine ("**Vaccine**" column). If left blank, it will be assumed that the country will prefer waiting until the selected vaccine becomes available.

2. Executive Summary

Q2. Please summarize the country's HPV Demonstration Programme plan.

Cervical cancer is the second most common cancer and the leading cause of cancer deaths in Kenya. It is estimated that every year 2454 women in the country are diagnosed with the disease, approximately 68% (1676) of whom die annually. At present, approximately 10.3 million women aged above 15 years are at risk of developing the disease. Unless concerted efforts are made to prevent and control the disease, it is projected that the incidence of cervical cancer will rise to 4261 cases per year with 2955 (69%) annual deaths by the year 2025. About 38.8% women in the general population are estimated to harbour cervical human papillomavirus (HPV) infection, approximately 61% of them harbouring types 16 and 18 [WHO, 2010].

The currently available HPV vaccines are both licensed and registered for use in Kenya. The country has demonstrated some success with vaccination of adolescent girls using tetanus toxoid. More recently, there has been limited experience with HPV vaccination through various research settings. However, full experience with vaccination of adolescents is lacking. As such, strategies for effectively delivering the vaccine to this age group need to be tried out in a demonstration project, before they are applied nationally.

In view of this, the Government of Kenya, through the Ministries of Health intends to vaccinate a total of 8455 girls in Standard 4 of primary school in Kitui County in the eastern part of Kenya. An additional 166 non-school going girls aged 10 years will be vaccinated through health care facilities and through outreach vaccination campaigns.

The proposed demonstration programme is expected to begin in July 2013, with an aim of vaccinating at least 75% of eligible girls through a school based strategy, and outreach for those who are not in school. During the second year of the programme, the vaccination will be delivered along with additional health interventions such as de-worming and iron supplementation to the adolescents of the same age group. The administrative unit for Kenya is the county, a conglomeration of several districts, each of which is further subdivided into smaller administrative units.

At the end of the two years of the demonstration programme, findings from the evaluation focusing on the proportion of girls that will have been vaccinated, acceptability of the vaccine, feasibility and cost of delivering the vaccine. This data will inform the national plan for the national introduction of the HPV vaccine in 2015.

3. Immunisation Programme Data

Q3. Please provide national coverage estimates for DTP3 for the two most recent years from the WHO/UNICEF Joint Reporting Form in the table below. If other national surveys of DPT3 coverage have been conducted, these can also be provided in the table below.

Trends of national DTP3 coverage (percentage)			
Vaccine	**Reported** (WHO/UNICEF Joint Reporting Form)		**Survey** (Kenya Demographic and Health Survey (DHS)) 2008-09
	2011	2010	2006-2007
DTP 3	88.0%	83.0%	86.4%

Q4. If survey data is included in the table above, please indicate the years the surveys were conducted, the full title, and if available the age groups the data refer to.

Kenya Demographic and Health Survey, 2008-09. Data on DTP3 vaccination coverage was collected based on a cohort of children aged 12-23 months born within the five years preceding the survey.

Note: The IRC may review previous applications to GAVI for a general understand of country's capacities and challenges.

4. HPV Demonstration Programme Plan

4.1 District(s) profile

Q5. Please describe which district or districts have been selected for the HPV Demonstration Programme, completing all components listed in the table below.

Component	Kitui County
Topography (% urban, % semi-urban, % rural, % remote, etc.)	Urban: 28% Rural: 72% Data source: Administrative data
Number and type of administrative subunits, e.g., counties, towns, wards, villages	10 Districts Data source: District Health Information Software 2 (DHIS2)
Total population	627,762 Data source: Kenya Population and Housing Census report, 2009
Total female population (%)	332,714 (53%) Data source: Kenya Population and Housing Census report, 2009
Total female population aged 9-13 years (% of total female population)	43,253 (13%) Data source: Kenya Population and Housing Census report, 2009

<table>
<tr><td>Number and type of public health facilities</td><td><table>
<tr><td>Dispensary</td><td>117</td></tr>
<tr><td>Health Centre</td><td>6</td></tr>
<tr><td>Sub districts Hospital</td><td>5</td></tr>
<tr><td>District Hospital</td><td>1</td></tr>
</table>
Data source: MOH Master Facility List (www.ehealth.or.ke)</td></tr>
<tr><td>Number and type of health workers in all district public health facilities</td><td><table>
<tr><td>Medical Specialists</td><td>6</td></tr>
<tr><td>General Medical Officers</td><td>20</td></tr>
<tr><td>Clinical Officers</td><td>53</td></tr>
<tr><td>Kenya Registered Community Health Nurses</td><td>221</td></tr>
<tr><td>Kenya Enrolled Community Health Nurses</td><td>109</td></tr>
<tr><td>Nursing Officers</td><td>52</td></tr>
<tr><td>Public Health Officers</td><td>34</td></tr>
<tr><td>Public Health Technicians</td><td>22</td></tr>
<tr><td>Community Health Extension Workers</td><td>94</td></tr>
<tr><td>Health Record & Information Officers</td><td>8</td></tr>
<tr><td>Health Record & Information Technicians</td><td>12</td></tr>
<tr><td>Pharmacists</td><td>2</td></tr>
<tr><td>Pharmaceutical Technologists</td><td>16</td></tr>
<tr><td>Medical Engineering Technologists</td><td>10</td></tr>
</table>
Data source: District Health Information Software 2 (DHIS 2) [https://hiskenya.org/]</td></tr>
<tr><td>Number and type of private health facilities</td><td><table>
<tr><td>Private Enterprise Health Facilities</td><td>19</td></tr>
<tr><td>Private Practice - Clinical Officer</td><td>2</td></tr>
<tr><td>Private Practice - Nurse/Midwife</td><td>9</td></tr>
<tr><td>Private Practice – Unspecified</td><td>2</td></tr>
</table>
Data source: MOH Master Facility List- (http://www.ehealth.or.ke)</td></tr>
<tr><td>Number and type of health workers on staff in private health facilities in the district</td><td>[<table>
<tr><td>General Medical Officers</td><td>4</td></tr>
<tr><td>General Clinical Officers</td><td>21</td></tr>
<tr><td>Nurses</td><td>90</td></tr>
<tr><td>Laboratory Technicians</td><td>21</td></tr>
</table></td></tr>
<tr><td>Number and type of public and private primary and secondary schools</td><td><table>
<tr><td>Primary schools</td><td>771</td></tr>
<tr><td>Secondary Schools</td><td>179</td></tr>
</table>
Data source: Ministry of Education - Kitui County</td></tr>
<tr><td>Number of teachers in public and private primary and secondary schools</td><td><table>
<tr><td>Primary school Teachers</td><td>8036</td></tr>
<tr><td>Secondary School Teachers</td><td>1773</td></tr>
</table>
Data source: Ministry of Education- Kitui County</td></tr>
<tr><td>Estimates of the number and percent of girls attending</td><td><table>
<tr><td>9 year old girls</td><td>8104 (98.0%)</td></tr>
<tr><td>10 year old girls</td><td>8289 (98.0%)</td></tr>
</table></td></tr>
</table>

school for each of the following ages: 9 year old girls 10 year old girls 11 year old girls 12 year old girls 13 year old girls	11 year old girls	6584 (98.0%)
	12 year old girls	7359 (98.0%)
	13 year old girls	7620 (98.0%)
	Data source: Kenya National Bureau of Statistics	
Estimates of the number and percent of girls out of school for each of the following ages: 9 year old girls 10 year old girls 11 year old girls 12 year old girls 13 year old girls	9 year old girls	162
	10 year old girls	166
	11 year old girls	132
	12 year old girls	147
	13 year old girls	152
	Data source: Kenya National Bureau of Statistics	

Q6. Please give a brief description of why this district (or districts) was (were) selected to participate in the HPV Demonstration Programme.

Under the recently promulgated Constitution (2010), the administrative unit in Kenya is the county. This is a devolved governance entity that is made of several small districts and constituencies. The county essentially represents the original 47 districts that were present in the country at independence. As such, Counties are equivalent to the original districts except that now they are semi-autonomous in terms of governance.

Kitui County was selected due to its resemblance to many of the other 46 Counties. The county, located in Eastern Kenya is large and comprises of 6 constituencies and 10 districts. Consisting of a 72% rural population, the majority of inhabitants are subsistence farmers. Due to its large size, the county resembles a large proportion of the rest of the country. While the north-eastern part of is wet, the rest of the county is semi-arid and consists of a large proportion of hard-to-reach population, both geographically and economically. The county's urban areas resemble most urbanized parts of the country. Though it is largely populated by people from one ethnic community, it's urban and border populations have mixed ethnic and sociocultural dynamics. This makes the county almost a replica of the country.

The county's profile will make it possible for data that will be generated from the HPV Demonstration Programme to be generalised to the rest of the country. Such data will include the logistics of vaccinating adolescents; effective modalities for advocacy, communication and social mobilization, advocacy; and coordination of multiple players within and outside the health sector.

The county has 8455 school-going girls aged 9-13 years. The high Primary school enrolment of 98.0% will allow a school-based programme will successfully reach almost all girls aged 9-13 years, the target age for vaccination, with information and services. The Demonstration Programme to target a single grade in primary school (Standard 4). It is estimated that 94% of the girls in Standard 4 in the county are aged 9-13years.

Like the rest of the country, the county boasts of a large network of development and implementing partners supporting the implementation of various health interventions, including an elaborate school health programme. This network of partners also has a vibrant programme that provides cervical cancer screening and treatment, thereby providing a ready platform for community engagement. This will allow the demonstration programme the opportunity to document successes and challenges for HPV vaccination and use the lessons learned to successfully plan and implement a national roll out in 2015.

Q7. Please describe the operations of the EPI programme in the district(s) selected for the HPV Demonstration Programme.

The EPI programme in Kitui County performs well in routine vaccination and outreach campaigns. Data from DHIS2 demonstrates that in 2011, the county reported DTP3 coverage of 88.3%, which is identical to the national average of 88.0% during that year as reported by WHO and UNICEF and slightly better than the 86.8% reported by the District Health Information Software 2 (DHIS2). Coverage for PCV3 was by DHIS2 reported as 86.5% for the county against 83.0% for the country. This supports the finding that despite parts of the county being hard-to-reach, the cold chain compares remarkably well to the rest of the country. Though routine measles vaccination coverage is low in the county at 78.9%, compared to the national average of 84.1%, coverage during vaccination campaigns has been good.

Kitui County has the following health care infrastructure and activities to support to routine vaccination and outreach campaigns.

<table>
<tr><th>Component</th><th>Kitui County</th></tr>
<tr><td>Number and type of administrative subunits (e.g. health facilities) used for routine vaccine delivery</td><td>
<table>
<tr><th>Type of Health Facility</th><th>No.</th></tr>
<tr><td>Dispensary</td><td>137</td></tr>
<tr><td>District Hospital</td><td>3</td></tr>
<tr><td>Health Centre</td><td>22</td></tr>
<tr><td>Other Hospital</td><td>1</td></tr>
<tr><td>Sub-District Hospital</td><td>7</td></tr>
<tr><td>Grand Total</td><td>170</td></tr>
</table>
</td></tr>
<tr><td>Number and type of outreach sessions in a typical month used for routine vaccine delivery</td><td>Outreach vaccination visit by community health extension workers (CHEWs): 10 sessions</td></tr>
<tr><td>DPT3/Pentavalent coverage</td><td>88.3% in 2011. Data source: District Health Information Software 2 (DHIS2)</td></tr>
<tr><td>Oral Polio3 coverage</td><td>86.3 % in 2011. Data source: DHIS2</td></tr>
<tr><td>Measles coverage</td><td>78.9% in 2011. Data source: DHIS2</td></tr>
<tr><td>TT2+ (pregnant women)</td><td>56.5%, 2011. Data source: DHIS2</td></tr>
</table>

Q8. Please summarize the performance of the district EPI programme as reported in any recent evaluation, for example identifying resources available, management, successes, and challenges.

The most recent report for supportive supervision to health care facilities in Kitui County demonstrates average overall performance. Strengths that were identified include acceptable stock management with most of the vaccines being available. On average, health care workers had good knowledge and practice of cold chain. Despite staff shortage in the county, human resource management has been able to plan vaccination activities in a manner that allows provision of services without interruption. The county has a well established community health structure that uses community health workers to mobilize the community..

Challenges to immunisation in Kitui include poverty among the population, long distances to health care facilities and low attendance for antenatal care (low TT2+ coverage). These challenges have partially been overcome by outreach vaccination campaigns.

Q9a. Please describe any current or past linkages the district EPI programme has had with the primary and/or secondary schools in the district, e.g., going to schools for health education, delivery of vaccinations, outreaches, etc.

The Ministry of Public Health and Sanitation through the Division of Vaccines and Immunisation, responsible for the Kenya Expanded Programme on Immunisation has recently vaccinated Primary school adolescent girls with tetanus toxoid through a school based programme covering several Counties, including Kitui, in the eastern part of the country. Lessons that were learnt from the programme included the need for community engagement and male involvement in such interventions. This is important information that will contribute to the success of the HPV vaccine Demonstration Programme in the county.

The Ministry has had other successful health programmes targeting primary and secondary schools with health education messages, de-worming and hand washing in Kitui County through the Division of Child and Adolescent Health and the Division of Reproductive Health.

The HPV Demonstration Programme will piggy-ride on these currently ongoing school health programmes to leverage resources and strengthen the current projects. This will be an inclusive programme carried out in collaboration with the different departments and partners.

Q9b. Please indicate if gender aspects relating to introduction of HPV vaccine are addressed in the demonstration programme?

HPV vaccination will be administered to girls only, in primary school in standard 4. Both boys and girls will be provided with health education on HPV and cervical cancer. Additional health education will focus on hygiene and hand washing. In the second year of the demonstration programme, other feasible services based on findings of assessment in the first year such as de-worming and iron supplementation will be integrated, targeting both girls and boys.

Q9c. Please describe any recent evidence of socio-economic and/or gender barriers to the immunisation programme through studies or surveys?

There is currently no gender barriers in accessing and utilising immunisation services by Kenyan children from all surveys carried out in the country. Research demonstrates no significant gender differences in access and utilisation of immunisation services in Kenya between boys and girls. A recent report by the Swiss Tropical Institute titled *Gender and Immunisation (*funded by GAVI and WHO) demonstrates that in Kenya, boys and girls have equal access to immunization services.

However, reports demonstrate the existence of socioeconomic barriers to immunisation. These factors have been identified through several qualitative surveys and include, competing tasks by the caregiver for time to go to health facility, long distance to the health facility, long waiting time at the health facility, illness of the mother or caregiver, reluctance of the mother or caregiver to take the child for immunisation, lack of clean clothes to cloth the child in while coming to the health facility and lack of knowledge about vaccine schedule.

These barriers are currently being addressed with the ongoing improvement of immunisation services through increased number of immunising health facilities to increase access, and through increased reduces distance, and reduces populations hence waiting periods at these facilities.

4.2 Objective 1: HPV vaccine delivery strategy

Q10. Please describe the HPV vaccine delivery strategy selected (school-based, facility-based, outreach, mixed, other, etc.) and the rationale for its selection.

The HPV Vaccine Demonstration Programme will be delivered through a mixed strategy consisting of a school-based arm targeting girls in standard 4 of Primary Education and facility-based and outreach campaigns to vaccinate 10 year-old girls who are out of school. With the high primary school enrolment rate of 96.4% in 2011, it is expected that the majority of girls will be reached through schools. Since 94.0% of school-going girls in standard 4 are aged 9-13 years, targeting this standard will reach the recommended age-group for vaccination.

Below are the national primary school enrolment rates in Kenya:

Time Period	Source	Female (%)	Male (%)
2007	Kenya Economic Survey	89.0	94.1
2008	Kenya Economic Survey	90.5	94.6
2010	Kenya Economic Survey	92.3	90.6
2011	Kenya Economic Survey	96.4	94.9

The schedule for administering the vaccine will be synchronised with the school calendar. It is projected that the first dose will be given in May 2013 at the beginning of second term for that year. The second dose will be administered in July 2013 before end of second term and the third dose given in November 2013, during the third term.

For the 166 non-school going 10 year-old girls, the vaccine will be administered through outreach vaccination campaigns and at nearby health care facilities. Community Health Workers will be used to reach the non-school going girls for immunisation in nearest health care facility or at outreach.

Note: If the application proposes to use school as a venue for HPV vaccine delivery the minimal proportion of girls of the target vaccination cohort or target grade that is enrolled in school must be 75% nationwide (not only in the selected district).

Q11. If schools are being used as a venue for HPV vaccine delivery, please state the percentage of girls in the target age group which are attending school in the district(s).

Age	No. (% of Total)	No. not in school	Total
9 year old girls	8104 (98.0%)	162	8266
10 year old girls	8289 (98.0%)	166	8455
11 year old girls	6584 (98.0%)	132	6716
12 year old girls	7359 (98.0%)	147	7506
13 year old girls	7620 (98.0%)	152	7772
Total	**37956 (98.0%)**	**759**	**38715**

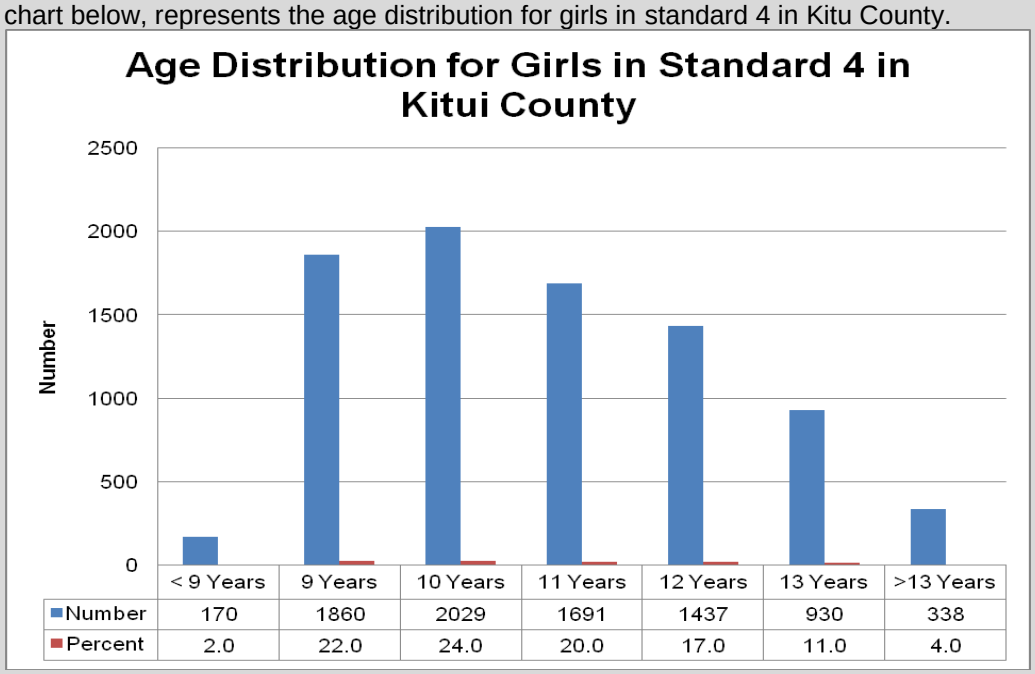
Q12. Please identify a single year of age (or single grade in school) target vaccination cohort within the target population of 9-13 year old girls. Describe the total number of girls included and the proportion of the adolescent (10-19 year old) and female (all ages) population they represent. Identify the data source for this information and state whether these data have been validated by other means.

Girls in standard 4 of primary school in Kitui County will be vaccinated. There are approximately 38715 girls aged 9-13 years in the county, 98% (37956) of whom attend school. Girls in standard 4 in Kitui county represent 21.8% of all girls aged 9 to 13 years and 22.3% of all school-going girls aged 9-13 years. All school-going girls who are in standard 4 represent 12.8% of all girls aged 10-19 years and 2.5% of the total female population.

Data source: Kenya National Bureau of Statistics

Q13. If the target population is a single grade in school, describe the percentage of girls in the target grade which are between the ages of 9 and 13 years and the data source.
Note: If the strategy selects eligible girls based on their grade in school, then at least 80% of the girls in the target age group should be between 9 and 13 years of age (the WHO recommended age group for HPV vaccine).

Of all the school-going girls who are in standard 4 in Kitui County, 94% of them are aged 9-13 years. Of the 6% who are outside the age bracket of 9-13 years, 2% are 8 years or younger below while 4% are aged 14 years or older. Data source: Ministry of Education, Kitui County. The column chart below, represents the age distribution for girls in standard 4 in Kitu County.



	< 9 Years	9 Years	10 Years	11 Years	12 Years	13 Years	>13 Years
Number	170	1860	2029	1691	1437	930	338
Percent	2.0	22.0	24.0	20.0	17.0	11.0	4.0

Q14. Please describe how eligible out-of-school girls will be identified and the mechanism for providing them an opportunity to receive HPV vaccine.

Kenya has a well developed Community Health Strategy where community health workers and community health extension workers will be used to identify, register, and refer out-of-school girls aged 10 years to the nearest health care facilities for immunisation and follow up. In addition, local village administrators will assist in ensuring non-school going girls are vaccinated. Boys and girls attending school will be requested to inform non-school going girls aged 10 years about the vaccination and refer them to nearby health care facilities. The Ministries of Health will also invest in specific advocacy, communication and social mobilisation strategy targeting non school going girls in the target age group, where it will utilise multiple channels of communication such as village meetings, religious organisation gatherings, local radio stations and any other opportunities.

Q15. Please describe the mechanism for reaching all the target girls with three doses who were missed on the main vaccination days, specifying plans for reaching hard-to-reach or marginalized girls.

Vaccination will be carried out in on certain days for all schools in the county. For those who will miss vaccination on that day, they will be requested to get at the nearest health care facility. Community sensitisation will provide information to teachers, parents, religious leaders and the entire community to have girls who missed vaccination at school to obtain it from the nearest health care facility. If they are unable to do so, they will also be informed of the subsequent monthly outreach campaign.

Q16. Please summarize ability to manage all the technical elements which are common to any new vaccine introduction, e.g. cold chain equipment and logistics, waste management, vehicles and transportation, adverse events following immunization (AEFIs), surveillance, and monitoring, noting past experience with new vaccine introductions (such as rotavirus, pneumococcal vaccine, or others).

In February 2011, the country introduced pneumococcal vaccine, PCV-10 vaccine countrywide with support from GAVI and other partners. In 2013, the country plans to introduce rotavirus vaccine and measles second dose vaccine country wide pending GAVI approval of support.

The country has a vast experience with vaccines, including introduction of new ones. The logistics for introduction of HPV vaccine, including cold chain, waste management transport surveillance and monitoring will fit in snugly within an established and functional immunization programme.

We are alert to the unique challenges that HPV vaccination may present since the target age group of girls aged 9-13 years is not the typical age group targeted by routine EPI vaccines.

The following summary of lessons learnt from previous national vaccine introductions will be useful in informing implementation of the HPV Demonstration Programme in Kitui County.

Lessons Learned	Action Points
Delays in vaccine clearance at the port of entry (airport)	The Ministry of Public Health and Sanitation (MOPHS) has negotiated for import waivers exemption code for EPI vaccines arriving through the UNICEF procurement mechanisms. A letter from the Ministry of Finance has been issued and a copy is attached. This will improve clearance speed of vaccines and injection materials thereby eliminating delays at the port of entry. DVI will also get into a contract with DHL to provide airport clearance service. It is anticipated that this will significantly reduce the time taken to clear vaccines once they arrive in the country.
Training provided an opportunity to revisit and address the VMA recommendations on vaccine management at all levels and updated health care workers on proper vaccine management.	Training for immunization program staff and health workers will precede vaccination of the girls in Kitui county. All training will be used as an opportunity to sensitize health workers on effective communication skills for creating caregiver and public awareness on the vaccine and demand creation for immunization in general. Training will also serve as an opportunity to sensitize health workers on proper vaccine management. Monitoring and evaluation will be incorporated into the training that will be followed up with supportive supervision and AEFI monitoring. The Demonstration Programme will use the opportunity to strengthen immunization reporting in general by reminding health care providers of the importance of all other routine vaccine reporting.
Advocacy, communication and social mobilization are key to demand creation for new vaccine introduction	Lessons learnt from the recently introduced PCV-10 will be useful in strengthening vaccine forecast and distribution as well as preparing for the clearing of HPV vaccines upon procurement. To enhance advocacy and create demand, a launch ceremony for the HPV Demonstration Programme in Kitui County will be organized with involvement of key opinion leaders in the county to promote community buy-in.

	The communication on introduction of HPV vaccine which is outside the typical age group for vaccination will target health care workers and the general community to facilitate and generate a culture of immunization in children over one year of age.
Planning for vaccine introduction	For effective and efficient organization and planning, a technical committee has already been set up with defined terms of reference to handle various aspects of the planning for the demonstration programme. This team will be expanded to include members from Kitui County.
Cold chain capacity	For cold chain capacity, a cold chain inventory assessment and subsequent upgrades are being updated to the inventory performed in 2011.

Q17. Please describe the cold chain status for the selected district and the data source(s) for this information. Information such as the number of cold storage facilities, function and working order of the facilities, storage capacity (and any excess capacity), distribution mechanism for routine delivery of vaccines, status of vaccine carriers and icepacks (e.g., supply shortages or excesses), and plan for HPV vaccine storage and distribution during the HPV Demonstration Programme.

Component	Kitui County
Number and type of cold storage facilities	77 refrigerators
Functioning and working order of the facilities	Refrigerators: Functioning well- 65 Non-functional- 6
Storage capacity (any excess)	7844 litres (+2-+8 °C), 21% of the facilities have surplus storage
Distribution mechanism	Pull system at the district level. The districts collect vaccines and commodities from a regional store then distribute to health care facilities using a pull system
Number and status of vaccine carriers	242 vaccine carriers and cool boxes in functional order 4 non-functional
Number and status of icepacks (any shortages or excess)	300 (small) 40 (medium) 70 (large)

Q18. Additional district cold chain information if necessary:

The Division of Vaccines and Immunization (DVI) is in the process of procuring additional refrigerators for EPI. A proportion of these will be taken to Kitui County. In addition, construction of a larger warehouse in Nairobi currently under way.

4.3 Objective 1: HPV vaccine delivery training and community sensitisation & mobilisation plans

Q19. Please describe initial plans for training of health workers and others who will be involved in the HPV Demonstration Programme.

The HPV Demonstration Programme will draw on experience gained from introduction of new vaccines including pentavalent and pneumococcal vaccines.

At the national level, a team of trainers exists and has been tasked with development of training materials and tools. This team consists of experts in vaccines, trainers in health training institutions, researchers already involved in HPV demonstration at institutional level among others. This team will train the Kitui County health team and individual district health teams in the county. The trained district health trainers will train health care workers in their respective districts. The district team will follow up the trained health care workers with supportive supervision.

Q20. Please describe initial communication plans for sensitizing and mobilizing communities for the HPV Demonstration Programme.

The Division of Vaccines and Immunisation and Division of Reproductive Health will work with Department of health promotion at the Ministry of Health and the Ministry of Education to develop information, education and communication (IEC) materials for HPV vaccine advocacy communication and social mobilization.

During the training, the health workers will also be sensitised on the IEC material and asked to make use of them. As part of the training, health workers will also be oriented on interpersonal communication that can be used to create and sustain demand for the vaccine, with a specific focus on reducing community misconceptions of the vaccine.

The school teachers, head teachers and district education officers will be educated on general knowledge about cervical cancers, HPV vaccine and how to communicate and engage the community. They primary school officials will be used as advocates for the programme both within and outside the school system.

General sensitisation and mobilisation will include both electronic and print materials such as radio and television where applicable and newspapers, posters and flyers for girls, their teacher and their parents.

Data from local studies on the introduction of HPV vaccination including acceptability, will be used during development and implementation of the communication strategy

Q21. Briefly describe any initial thinking about potential barriers or risks to community acceptance and the process or communication plan that might be used to address this. Consider briefly describing any positive leverage points that might be beneficial for programme implementation to promote acceptability.

Data from studies on HPV and tetanus toxoid vaccination in Kenya have been useful in informing the planned HPV Demonstration Project on potential barriers and how to overcome them.

Community sensitization:
The fact that the vaccination programme targets girls only may become a barrier to acceptability if messaging is not packaged well. We plan to engage the community in Kitui with education, advocacy and social mobilization to prevent the risks of myths and misconceptions derailing the programme. Prior to initiation of vaccination, community buy-in will be sought through meetings with key opinion leaders and shapers.

Community mobilization:
The demonstration project is a school based programme. The current primary school enrolment rate in Kitui is 98.0%. Since primary school enrolment is mandatory in Kenya, we may encounter

difficulties identifying the 166 non-school going 10 year old girls in Kitui due to fear by parents and guardians that they may victimised or even arrested.

This will be overcome by community engagement with assurance that victimisation will not occur. We will hold discussions with the county education and administrative leadership to eliminate this risk so that eligible non-school going girls also get vaccinated.

Integration into school programmes:
For effective and efficient integration within the school system the demonstration programme will have clearly defined roles for the teachers, school head, school health coordinator, public health nurse, nurse and education officers in the county and its constituent districts. The Ministry of Public Health and the Ministry of Education already have a working relationship through the School Health Policy. This has further been enhanced by obtaining buy-in from the Minister for Education. At the local level, we plan to strengthen linkages between the two ministries. The HPV Demonstration Programme will integrate HPV vaccination into the existing school health programmes for purposes of sustainability.

Logistics, planning and forecasting
The logistics planning and forecasting of vaccine and other logistics is an issue that will be targeted through proper planning and forecasting. The HPV Demonstration Programme will provide practical skills how on how to manage and monitor the HPV vaccination programme into the routine vaccination system

4.4 Objective 1: HPV vaccine delivery evaluation plan

Q22. Indicate the agency/person who will lead the evaluation required for the "Learn by Doing" objective.

The Ministry of Health will lead the technical evaluation with support from partners. The funding for the demonstration assessment will include funds from Government of Kenya, GAVI funding and other partners.

The assessment will evaluate the following key objectives

1. Vaccine coverage
2. Acceptability, feasibility, affordability and sustainability of the delivery strategy
3. Appropriateness and acceptability of information, educational and communication material
4. Effectiveness of strategies to reach girls who are out of school

Monitoring and evaluation will be guided by the technical advisory group with the day to day running being managed by a local team of experts in each district in the county.

4.5 Objective 2: Assessment of adolescent health interventions

Q23. Please summarize the anticipated activities for the assessment of adolescent health interventions, such as planning milestones, stakeholder meetings, methodology for the assessment, process for identifying a lead for this activity, and the process to involve the TAG in this work.
Start with; already existing adolescent health interventions. How they are delivered. How they are assessed and any impact they have achieved. Also mention the opportunity new vaccine presents for their expansion and that they will be assessed the same way.

During the first year of the Demonstration Programme, interventions will be limited to education on hygiene, hand washing and nutrition to boys and girls.

In the second year, additional interventions will be introduced including de-worming and administration of haematinics.
Already existing interventions include hand washing and de-worming which is administered mainly through the school health program.

4.6 Objective 3: Development or revision of cancer control or cervical cancer prevention and control strategy

Q24. Please summarize the planned activities for the development or revisions of a national cervical cancer prevention and control strategy, such as planning milestones, stakeholder meetings, methodology for developing the strategy, process for identifying a lead for this activity, and the process to involve the TAG in this work.

The Ministries of Health have recently launched and disseminated the National Cervical Cancer Prevention Strategy 2012-2015. This strategy specifically mentions the role of HPV vaccination to girls aged 9-13 years. The Demonstration Programme will inform the need to revise the Cancer Prevention Strategy.

In addition, data from the Demonstration Programme will be useful in reviewing the comprehensive cervical cancer prevention strategy in Kenya. The team overseeing this will be composed of experts in immunisation, reproductive health, cancer control, professional bodies, health training institutions and other appropriate stakeholders.

4.7 Technical advisory group

Q25. Please identify the membership and terms of reference for the multi-disciplinary technical advisory group established that will develop and guide implementation of the HPV Demonstration Programme and list the representatives (at least positions, and ideally names of individuals) and their agencies.

- Countries are encouraged to use their ICC or a subset of the ICC as the multi-disciplinary TAG.
- The TAG must at least have representatives from the national EPI programme, cancer control, education, and the ICC (if separate from the ICC), and adolescent and/or school health (if they are represented within the Ministry of Health).

Enter the family name in capital letters.

Agency/Organisation	**Name/Title**	**Area of Representation**[1]
Ministry of Health/DRH	Dr. Bashir ISSAK	Reproductive Health/Health Systems
Ministry of Health/DRH	Dr. Agnes NAKATO	Reproductive Health/Health Economy
Ministry of Health/DVI	Dr. Tatu KAMAU	Vaccines and Immunisation
Ministry of Health/DCAH	Dr. Stewart KABAKA	Child and Adolescent Health/School Health
Ministry of Health/DVI	Dr. Collins TABU	Vaccines and Immunisation/Epidemiology
WHO	Dr. Sergon KIBET	Vaccines and Immunisation
UNICEF	Dr. Peter OKOTH	Vaccines and Immunisation
Ministry of Health/NCDs	Dr. Patrick WAIHENYA	Non-communicable Diseases
Ministry of Education	Agnes Odawa KINYANYI	Education/Guidance and Counselling
Kenyatta National Hospital	Dr. Nelly MUGO	Reproductive Health Research

Jhpiego	Dr. Nancy KIDULA	Reproductive Health/Maternal Health
IntraHealth International	Dr. Gathari NDIRANGU	Reproductive Health/Cervical Cancer Prevention
Clinton Health Access Initiative	Gerald MACHARIA	Public Health
Ministry of Health/DRH	Anne NJERU	Adolescent Health/Health Communication

[1]Area of representation includes cancer control, noncommunicable disease, immunisation, adolescent health, school health, reproductive health, maternal or women's health, cervical cancer prevention, nursing association, physicians, health communications, midwives, civil society group, education, etc.

Q26. If known, please indicate who will act as the chair of the technical advisory group.

Enter the family name in capital letters.

	Name/Title	**Agency/Organisation**	**Area of Representation**
Chair of Technical Advisory Group	Dr. Bashir ISSAK	DRH	Reproductive Health

4.8 Project manager/coordinator

Q27. List the contact details, position, and agency of the person who has been designated to provide overall coordination for the day-to-day activities of the two-year HPV Demonstration Programme, taking note that a technical officer/lead/manager from EPI might be most suitable as a part of their current role and responsibilities.

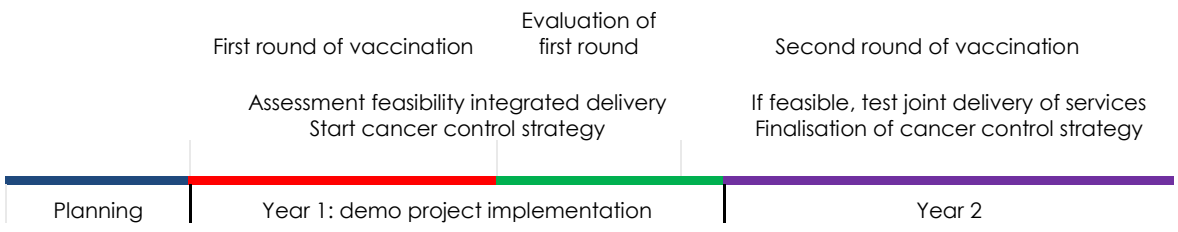
Enter family name in capital letters.

Name	Dr. Agnes NAKATO	**Title**	Program Manager
Tel no	+254724730347		
Fax no		**Agency**	Ministry of Public Health and Sanitation/Division of Reproductive Health
Email	anakato_drh@dfh.or.ke	**Address**	P.O. Box 43319 Nairobi

5. Timeline

The HPV Demonstration Programme will include immunization of the cohort of girls in two consecutive years (Figure I). Countries are required to begin vaccinating in the demonstration district within two years of the application.

Figure I. HPV Demonstration Programme timeline



Please see accompanying MS Excel sheet.

Q28. Please modify as necessary and complete the timeline below for the main activities for HPV vaccination, assessment of adolescent health interventions, and development/revision of a national cervical cancer prevention and control strategy planned for the HPV Demonstration Programme. Applicants may want to complete this in MS Excel.

(Find Attached)

6. Budget

Q29. Please provide a draft budget for year 1 and year 2, identifying activities to be funded with GAVI's programmatic grant as well as costs to be covered by the country and/or other partner's resources. DVI/DRH

Note: If there are multiple funding sources for a specific cost category, each source must be identified and their contribution distinguished in the budget.

Cost category	Funding source	Estimated costs per annum in US$	
		Year 1	Year 2
TAG meetings	GAVI		
	MOH	4,000	4000
Programme management and coordination	GAVI	12,000	8,000
Cold chain equipment	MOH	20,000	
Other capital equipment (describe)	GAVI	2,000	
Personnel, including salary supplements and/or per diems	GAVI	16,000	12,000
Transport (Vaccine Distribution, Meetings, Supervision, Implementation)	GAVI	5,000	3,000
Training	GAVI	6,000	4,000
Community sensitization and mobilization	GAVI	10,000	
Waste disposal	MOH	4,000	3,000
AEFI monitoring	MOH	1,500	1,500
Monitoring and supportive supervision	GAVI	10,000	12,000
Evaluation of vaccine delivery	GAVI	10,000	10,000
	MOH		
Assessment of feasibility of integrating ADH with HPV vaccines	GAVI	10,000	0
Drafting national cervical cancer prevention and control strategy	GAVI	15,000	0
Technical assistance from local experts	MOH	10,000	10,000
Subtotal for which GAVI funds are being requested			
Subtotal from other funding sources		135,500	67,500
TOTAL			

Assumptions

-TAG meetings each quarter for the two years of implementation
Program management costs to cover administrative services and supplies, communication,
-Cold chain equipment to close the capacity gap as outlined. Similarly, MOH funds will used to replace non function vaccine carriers for both school based immunisation and outreaches alike
-Other capital equipment include procurement of computer (s) for you by district team involved in the project
-Personnel, including salary supplements and/or per diems. To cover allowances and other field expenses for vaccinators, supervisors and other support staff e.g. drivers during each round of the campaign.
-Transport to cover vaccine distribution costs from central vaccine stores to Kitui twice every year. (one round for dose one and two and second round for dose three). This also includes transport cost for trainers, supervisors and vaccinator during training, supervision and actual campaign activities.
-Training to cover trainings costs of hiring venue, development and production of training materials to train all vaccinators in the first year of the project and subsequent training there after
-Community sensitization and mobilisation to hold meetings with school teachers and other key opinion leaders in the districts. Costs to be covered include meeting venues meals and transport reimbursement.
-Monitoring and supportive supervision - development and production of reporting tools to be used in the demonstration project district
-Evaluation of vaccine Delivery - technical assessment mission at the end of year one and two to evaluate vaccine delivery systems, impact on routine immunisation systems and potentials for national roll out.
-Assessment of feasibility of integrating ADH with HPV vaccines
Drafting national cervical cancer prevention and control strategy cost of strategy writing meetings in the first year of the demonstration project. Offsite meetings and follow up meetings.
-Technical assistance from local experts

7. Procurement of HPV vaccine

HPV vaccines must be procured through UNICEF. Auto-disable syringes and disposal boxes will be provided.

Q30. Using the estimated total for the target population in the district and adding a 25% buffer stock contingency, please describe the estimated supplies needed for HPV vaccine delivery in each year in the table below.

Required supply item	Quantity required per year	Year 1	Year 2
Number of vaccine doses	31910	$ 159,550	$ 159,550
Number of AD syringes	35421	$ 16,647	$ 16,647
Number of safety boxes	394	$ 2.36	$ 2.36
Total		**$ 176,200**	**$ 176,200**

Formula

Number of Doses required multiplied by 3 doses plus 5% wastage.

Buffer is 25% of required doses

Total requirements is buffer plus number of doses

Number of AD syringes is1 multiplied by total doses plus a 10% wastage

Number of safety boxes is number of total syringes divided by 100 plus a 10% wastage

factor

Cost: HPV vaccine= 5.00$
AD syringes= 0.47$
Boxes = 0.006$

Q31. Please indicate how funds for operational costs requested in your budget in section 6 should be transferred by the GAVI Alliance (if applicable).

We propose that the funds for operational costs requested in the budget above should be transferred to the Ministry of Health's special GAVI account:

GAVI Health System Management Project
Central Bank of Kenya
Account Number: 010101453

8. Financial Management Arrangements Data Sheet

Information to be provided by the recipient organization/country	
1. Name and contact information of the recipient organization(s)	**Permanent Secretary** **Ministry of Public Health and Sanitation/Kenya**
2. Experiences of the recipient organization with GAVI, World Bank, WHO, UNICEF, GFATM or other donors-financed operations (e.g. receipt of previous grants)	**Yes or No?** **If YES,** please state the name of the grant, years and grant amount: Pneumococcal vaccine (PCV-10) introductory grant- **2010- USD 443,500** HSS grant **2007 – 2010, USD 9,903,000** ISS grants **For completed Grants:** • What are the main conclusions with regard to use of funds? The grants were very successful in increasing health work force, immunisation health system, the general health system and ultimately help to improve coverage and protect Kenyan children from vaccine preventable diseases. Please refer to reports submitted with the Annual Progress Reports (APRs) for a comprehensive detail of accounts. **For on-going Grants:** • Most recent financial management (FM) and procurement performance rating? • Financial management (FM) and procurement implementation issues?
3. Amount of the proposed GAVI HPV Demo grant (US	USD. 145,000 from GAVI. There are several cost that

Dollars)	the Government of Kenya and its' partners may incur during the demonstration project. This will be raised through internal fund raising to ensure a successful demonstration project.
4. Information about financial management (FM) arrangements for the GAVI HPV Demo Programme:	
• Will the GAVI Demo Programme resources be managed through the government standard expenditure procedures channel?	Yes.
• Does the recipient organization have an FM or Operating Manual that describes the internal control system and FM operational procedures?	Yes. For Government funded expenditures, reporting arrangements are guided by the Exchequer and Audit Act - Chapter 412 of the Laws of Kenya and the Finance Act of 2005
• What is the budgeting process?	
• What accounting system is used or will be used for the GAVI HPV Demo Programme including whether it is a computerized accounting system or a manual accounting system?	Financial reporting arrangements: For Government funded expenditures, reporting arrangements are guided by the Exchequer and Audit Act - Chapter 412 of the Laws of Kenya and the Finance Act of 2005 Reporting is through an Integrated Financial Management Information System (IFMIS) software
• What is the staffing arrangement of the organization in accounting, auditing, and reporting? Does the implementing entity have a qualified accountant on its staff assigned to the GAVI HPV Demo Programme?	Yes. The accountant in the Department of Family Health will be assigned to oversee the accounts. In addition, the implementing entity (DVI) has in the last year received increased partner support in making improvements in the supply chain which includes strengthening procurement. This support will be extended to the selected district
• What is the bank arrangement? Provide details of the bank account at the Central Bank or at a commercial bank proposed to receive GAVI HPV funds and the list of authorized signatories. Include titles.	Government bank accounts: • Ministry of Finance - Pay Master General Account - operated through the Central Bank of Kenya • Ministry of Public Health & Sanitation general account - operated through a Semi Autonomous Government Agency - Kenya Commercial Bank • Ministry of Public Health & Sanitation project account for GAVI funded activities - this is a commercial bank account - Standard Chartered Bank Ltd

• In the implementation of the HPV Demonstration Programme, do you plan to transfer funds from central to decentralized levels (provinces, districts etc.)? If yes, how will this funds transfer be executed and controlled?	Channelling of government funds to sub-national levels: • The allocation schedule of funding for sub-national levels within the Ministry of Public Health & Sanitation is the responsibility of the head of the respective unit/programme/project • The allocations for sub-national allocations are based on criteria which vary from unit to unit and sometimes from year to year • Once the allocation schedule is completed it is submitted to the Chief Finance Officer and the Principle Accounts Controller for verification of availability of funds and then the CFO issues 'Authorizations-to-Incur-Expenditure' (AIEs) & cheques to respective sub-national levels.
• Does the implementing entity keep adequate records of financial transactions, including funds received and paid, and of the balances of funds held?	Yes
• How often does the implementing entity produce interim financial reports?	Once a Year
• Are the annual financial statements audited by an external audit firm or Government audit institution (e.g. Auditor General Department…)?	Auditor General.
5. Information about procurement management arrangements for the GAVI HPV Demo Programme:	
• What procurement system is used or will be used for the GAVI HPV Demo Programme?	The Government currently procures through UNICEF. It is expected that HPV will be procured through similar mechanism.
• Does the recipient organization have a procurement plan or a procurement plan will be prepared for this HPV Demo Programme?	The country currently procures through UNICEF and it is expected that HPV will be procured through similar mechanism. The Government of Kenya through the Division of Vaccines and Immunisation will be responsible for procuring of AD syringes and Safety boxes for the

	demonstration project.
• Is there a functioning complaint mechanism?	The Government has a complaint mechanism through the Public Procurement Oversight Authority. The department is responsible for ensuring that all pblic procurement plan are in line with the acts governing public procurement.
• What is the staffing arrangement of the organization in procurement? Does the implementing entity have an experienced procurement specialist on its staff?	The Division of vaccines has 3 pharmacist who have several years of experience, training and practice in procurement of Vaccines and other commodities. The Division of reproductive health also has several practitioners who have vast experience in management of different commodities
• Are there procedures in place for physical inspection and quality control of goods, works, or services delivered?	There are different approaches for different commodities. Vaccines: Vaccines are received and handled by the Division of Vaccines and Immunisation. The vaccines are inspected to ensure that temperature control has been maintained. The batch numbers, quantities and Vaccine Vial monitor are confirmed to be matching with the airway bill. A vaccine arrival report is then generated and forwarded to UNICEF. The safety boxes and syringes undergo a further inspection by the Kenya Bureau of Statistics to ensure that they conform to Kenyan standards.

9. Signatures

9.1 Government

The Government of Kenya acknowledges that this Programme is intended to assist the government to determine if and how it could implement HPV vaccine nationwide. If the Demonstration Programme finds HPV vaccination is feasible (i.e. greater than 50% coverage of targeted girls) and acceptable, GAVI will encourage and entertain a national application during the second year of the Programme. Application forms and guidelines for national applications are available at www.gavialliance.org. The data from the Demonstration Programme and timing of a national application are intended to allow uninterrupted provision of vaccine in the demonstration district and nation-wide scale-up.

The Government of Kenya would like to expand the existing partnership with the GAVI Alliance for the improvement of the health of adolescent girls in the country, and hereby requests for GAVI support for an HPV Demonstration Programme.

The Government of Kenya commits itself to improving immunisation services on a sustainable basis. The Government requests that the GAVI Alliance and its partners contribute financial and technical assistance to support immunisation of targeted adolescent girls with HPV vaccine as outlined in this application.

The Government of Kenya acknowledges that some activities anticipated in the demonstration programme could be considered research requiring approval by local ethics committees (e.g., collecting data from a random sample of parents of eligible girls for the HPV vaccine coverage survey). We acknowledge we are responsible for consulting and obtaining approval from appropriate local ethics committees (e.g., human subject protection committee or Institutional Review Boards) in our country, as required. By signing this application, the Government of Kenya and the TAG members acknowledge that such approval may be necessary and that it will obtain such approval as appropriate.

The table in Section 6 of this application shows the amount of support requested from the GAVI Alliance as well as the Government of Kenya's financial commitment for the HPV Demonstration Programme.

Please note that this application will not be reviewed by GAVI's Independent Review Committee (IRC) without the signatures of both the Minister of Health and Minister of Education or their delegated authority.

Q33. Please provide appropriate signatures below.

Enter family name in capital letters.

Minister of Health (or delegated authority)		**Minister of Education** (if social mobilization, vaccination or other activities will occur through schools) **(or delegated authority)**	
Name	Mr. Mark Bor, CBS Permanent Secretary, Ministry of Public Health and Sanitation	**Name**	Prof. George I. Godia, EBS Permanent Secretary, Ministry of Education
Date		**Date**	
Signature		**Signature**	

Minister of Finance (or delegated authority)	
Name	
Date	
Signature	

Q34. This application has been compiled by:

Enter the family name in capital letters.

Full Name	**Position**	**Telephone**	**Email**
Dr Agnes NAKATO	Program Manager	+254724730347	anakato_drh@dfh.or.ke
Dr Collins TABU	Epidemiologist	+254717333233	ctabu_dvi@dfh.or.ke

Dr. Gathari NDIRANGU	Obstetrician/Gynaecologist	+254722804750	gndirangu@gmail.com

9.2 National Coordinating Body – Inter-Agency Coordinating Committee (ICC) for Immunisation

Q35. We the members of the ICC, HSCC, or equivalent committee met on [Type text] to review this proposal. At that meeting we endorsed this proposal on the basis of the supporting documentation which is attached.

The endorsed minutes of this meeting are attached as DOCUMENT NUMBER : [Type text].

Enter the family name in capital letters.

Name/Title	Agency/Organisation	Signature
Dr. S.K. SHARIF – Director of Public Health and Sanitation	Ministry of Public Health and Sanitation	
Dr. Anna WAMAE – Head Department of Family Health	Ministry of Public Health and Sanitation	
Dr. Bashir ISSAK- Head, Division of Reproductive Health	Ministry of Public Health and Sanitation	
Dr. Tatu KAMAU- Head Division of Vaccines and Immunisation	Ministry of Public Health and Sanitation	
Dr. Stewart KABAKA- Head, Division of Child and Adolescent Health	Ministry of Public Health and Sanitation	
Dr. Simon MUEKE- Head, Division of Obstetrics and Gynaecology	Ministry of Public Health and Sanitation	
Dr. Sheila MACHARIA- Senior Health Specialist	USAID- Kenya	
Dr. Joyce LAVUSSA- National Program Officer	WHO- Kenya	
Mr Gerald MACHARIA – Regional Director East Africa	Clinton Health Access Initiative	
Mr. Ketema BIZUNEH – Head of Health	UNICEF- Kenya	
Dr. Patricia ODERO- Head, Health Section	GIZ	
Dr. Marsden SOLOMON – Regional Health Advisor	FHI360, Kenya	
Dr. Nancy KIDULA- Senior Reproductive Health Advisor	Jhpiego, Kenya	
Dr. John ONG'ECH- Assistant Director, Reproductive Health	Kenyatta National Hospital	
Prof. Zahida QURESHI- Chair, Department of Obstetrics and Gynaecology	University of Nairobi	

Q36. In case the GAVI Secretariat has queries on this submission, please contact:

Enter family name in capital letters.

Name	Dr Tatu KAMAU	**Title**	Head Division of Vaccine and Immunisation
Tel no	+254 020 2013370		
Fax no		**Address**	P.O Box 43319-00100 Nairobi, Kenya
Email	head_dvi@dfh.or.ke		

Name	Dr Issak BASHIR	**Title**	Head, Division of Reproductive Health
Tel no	+2540 0202013370		
Fax no		**Address**	P.O Box 43319-00100 Nairobi, Kenya
Email	head_drh@dfh.or.ke drbashirim@yahoo.com		

10. Optional supplementary information

Q37. (***Optional***) If available, countries may provide additional detail in the table below on training content, role, and framework.

Who will be trained	**Role in vaccine delivery** *(e.g., sensitization, mobilization, immunization, supervision, monitoring, etc.)*	**Training content** *(e.g., basics on cervical cancer, HPV, HPV vaccine, IEC messages, safe injections, AEFI monitoring, etc.)*	**Who will provide the training?**
Health workers	Immunization and social mobilisation.	Basics of cervical cancer, HPV messages, AEFI monitoring,	National level officers.
District Public Health Nurses(MOH Supervisors) and District Education Officer (MOE supervisor)	Coordination between Ministry of Health and Ministry of Education. Mobilizing staff and assigning responsibilities. Linking health facilities and Schools. Mobilizing staff, resources, equipment and commodities	Basics of cervical cancer, How to communicate with communities, HPV messages, Community mobilisation etc	National level officers
Teachers	Communicate to the girls and boys receiving HPV and other interventions, create list of children eligible, complete reporting forms, mobilize girls who did not receive the vaccine to receive vaccines at fixed	General HPV messages, How to maintain records	National officers MOE and MOH.

	facilities.		
School officials	Communicate to the girls and boys receiving HPV and other interventions, create list of children eligible, complete reporting forms, mobilize girls who did not receive the vaccine to receive vaccines at fixed facilities.	General HPV messages, How to maintain records	National officers MOE and MOH.
District leaders including but not limited to religious leader, chiefs, administrative leaders and other opinion leaders	Mobilisation of children outside school system. Community advocacy efforts.	General HPV messages. Community mobilisation.	District level supervisors.
Community Health Workers	Mobilisation of children outside school system. Community advocacy efforts.	General HPV messages. Community mobilisation.	Facility supervisors
	[Type text]	[Type text]	[Type text]
Other:	[Type text]	[Type text]	[Type text]

Q38. (***Optional***) If available, countries may provide additional detail in the table below on the types of information and/or materials that may be used/disseminated, to which audience, by which mechanism, and the frequency of each.

The table below give a brief overview of the IEC material strategy. The material will be completed using the timeline as provided.

Types of information or materials *(e.g., leaflet, poster, banner, handbook, radio announcement, etc.)*	**Audience receiving material** *(girls, parents, teachers, health workers, district officials, community groups, etc.)*	**Method of delivery** *(e.g., parent meetings, radio, info session at school, house visit, etc.)*	**Who delivers** *(e.g., teachers, health workers, district official, etc.)*	**Frequency & Timing** *(e.g., daily, weekly, twice before programme starts, etc.; day of vaccination, two weeks before programme begins, etc.;)*
Leaflet	Parents, Teachers and Students	Delivery through schools	Health workers	To be decided
Radio message	Public	Radio	Health worker	To be decided
Posters	General information poster for the public	Delivery through schools and health centres	N/A	N/A
Release forms	Parents and Guardians	Delivery through schools	Teachers	To be decided
Leaflet	Parents, Teachers and Students	Delivery through schools	Health workers	To be decided

Q39. (***Optional***) Technical partners (e.g. local WHO staff) are required to participate in planning and conducting the evaluation of HPV vaccine delivery. Please specify if such (an) expert(s) already exist on the country team (name, title, organization). Alternatively, or in addition, an international participant can be requested through technical partners if additional expertise is thought necessary.

Organisation	Officers Name	Technical expertise
Ministry of Public Health and Sanitation-Kenya	Dr Collins Tabu	Epidemiology, Programme Management, Immunization and Child Health.
WHO	Dr Sergon Kibet	Public Health, Immunization, Child health and Programme Management
UNICEF	Dr Peter Okoth	Public Health, Immunization, Child Health and Programme Management
CHAI	Dr Antony Ngatia	Public Health and Immunization
IntraHealth Imternational	Dr. Gathari NDIRANGU	Reproductive Health/Public Health/Cervical Cancer Prevention

Q40. (***Optional***) In the table below, countries can provide a brief summary of the current adolescent health services or interventions and health education activities and implementing agencies in the district selected to implement the HPV Demonstration Programme.

Please add additional tables if necessary.

	intervention	**intervention**	**intervention**	**intervention**
Description of intervention	[Type text]	[Type text]	[Type text]	[Type text]
Agency and provider delivering the intervention	[Type text]	[Type text]	[Type text]	[Type text]
Target population by age, grade, and sex	[Type text]	[Type text]	[Type text]	[Type text]
Number and types of facilities implementing	[Type text]	[Type text]	[Type text]	[Type text]
Geographic location(s) of the intervention (where in the country)	[Type text]	[Type text]	[Type text]	[Type text]
Timing of the intervention (when)	[Type text]	[Type text]	[Type text]	[Type text]
Frequency of the intervention (how often)	[Type text]	[Type text]	[Type text]	[Type text]
Coverage of the target population (recent year)	[Type text] year [Type text] data source [Type text]	[Type text] year [Type text] data source [Type text]	[Type text] year [Type text] data source [Type text]	[Type text] year [Type text] data source [Type text]
Coordinating agency	[Type text]	[Type text]	[Type text]	[Type text]
Collaborating partners	[Type text]	[Type text]	[Type text]	[Type text]
Implementation costs of the intervention, if known	[Type text]	[Type text]	[Type text]	[Type text]
Funding source, if known	[Type text]	[Type text]	[Type text]	[Type text]
Data source(s) for the information on each intervention	[Type text]	[Type text]	[Type text]	[Type text]

Q41. (***Optional***) Provide a brief summary of the current cervical cancer prevention and treatment services and implementing agencies in the district selected to implement the HPV Demonstration Programme. If available, countries can include information on target populations, delivery structure, and funding sources.

Q42. (***Optional***) Describe the plan for securing Ministry of Health approval of the draft national cervical cancer prevention and control strategy and any activities for dissemination to national, sub-national, and/or local partners and stakeholders.

Q43. (***Optional***) If known, please indicate the representatives of the TAG that will be involved in the assessment of the feasibility of integrating selected adolescent health interventions with delivery of HPV vaccine.

This is yet to be decided. The assessment team will include members from the Technical Advisory Group and other partners who will provide technical expertise for the assessment.

Q44. (***Optional***) If known, please indicate the representatives of the TAG that will be involved in the development or revision of a draft national cervical cancer prevention and control strategy.

Enter the family name in capital letters.

	Name/Title	**Agency/Organisation**	**Area of Representation**
TAG member involved in cervical cancer strategy		[Type text]	[Type text]
TAG member involved in cervical cancer strategy		[Type text]	[Type text]
TAG member involved in cervical cancer strategy		[Type text]	[Type text]
TAG member involved in cervical cancer strategy		[Type text]	[Type text]

Q45. (***Optional***) If present, please describe the distribution of de-worming medication (anti-helminths) in the district(s).

Component	**District 1** [Type text] name
Organization of the de-worming programme	[Type text]
Lead agency	[Type text]
Implementing agency and partners	[Type text]
Funding source(s)	[Type text]
Frequency and timing of implementation, e.g. twice yearly in March and October	[Type text]
Number in target population by age group and sex	[Type text], data source [Type text]
De-worming coverage by age group and sex	[Type text], data source [Type text]

Q46. (***Optional***) If present and relevant, please describe any organized semi-annual health days (e.g., Child Health Days) that are currently implemented in the district(s).

Component	**Kitui**
Organization of the semi-annual health days	Malezi Bora
Lead agency	Ministry of Public and Sanitation

Implementing agency and partners	Ministry of Public and Sanitation- Partners WHO, UNICEF, Micronutrient Initiative, USAID and other partners
Funding source(s)	Government of Kenya, Partners
Frequency and timing of implementation, e.g. twice yearly in March and October	2 weeks duration in June and November
Services delivered	Immunization, growth monitoring, ORS and Zinc provision, Vitamin A supplementation, deworming and provision of insecticide treated mosquito nets to protect them from malaria
Number in target population by age group and sex	0-59 months and their mothers
Coverage of the different services delivered by age group and sex	Immunisation- 80% Vitamin A supplementation – 60%

Q47. (**Optional**) If present, please describe any organized health education programmes implemented at schools and/or in the community that are currently implemented in the district(s).

Component	**Kitui**
Organization of the health education programme	[Type text]
Lead agency	[Type text]
Implementing agency and partners	[Type text]
Funding source(s)	[Type text]
Frequency of services, e.g. once a month, weekly, etc.	[Type text]
Services delivered	[Type text]
Location(s) of service delivery	[Type text]
Number in target population by age group and sex	[Type text], data source [Type text]
Coverage of the different services delivered by age group and sex	[Type text], data source [Type text]