

## 2A: VACCINE FORECASTING SHEET

NAME of County/Sub County/ Facility	YEAR									
	BCG	bOPV	IPV	DPT- HEPB+Hib	PCV 10	ROTA	MR	YELLOW FEVER	HPV	TT/Td
<b>1. ANNUAL/QUARTERLY/MONTHLY VACCINE NEEDS (DOSES) BASED ON TARGET POPULATION (ALL CHILDREN UNDER 0-11,12-59 MONTHS OF AGE; ADOLESCENTS 9-14, ALL CHILD BEARING AGE WOMEN)</b>										
[A] Target population										
[B] Doses in immunization schedule	1	4	1	3	3	2	2	1	2	3
[C] Expected Coverage										
[D] Wastage factor	5	1.25	1.11	1.25	1.11	1.33	2	1.05	1.5	1.25
[E] Total dose required this year = (A x B x D)										
<b>2. QUANTITY FOR SUPPLY PERIOD (DOSES)</b> <b>SUPPLY PERIOD: HF = 1 MONTH; SUB COUNTY STORE = 3 MONTHS; REGIONAL STORE= 3 MONTHS</b>										
[F] Supply period (months)										
[G] Supply period (years) = (F/12)										
[H] Total doses required for supply period =(E x G)										
<b>3. MINIMUM STOCK (DOSES) ANY TIME YOUR STOCK REACH THIS LEVEL, YOU MUST REORDER IMMEDIATELY</b>										
[I] Reserve stock proportion = (25%)	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25	0.25
[J] Minimum or Reserve stock = (H x I)										
<b>4. MAXIMUM STOCK (DOSES) - YOUR STOCK CEILING, NEVER STOCK MORE THAN THIS AT ANY POINT IN TIME</b>										
[K] Maximum stock = (H + J)										
<b>5. QUANTITY TO BE ORDERED (DOSES) YOU MUST CALCULATE THIS EVERY TIME YOU WANT TO ORDER VACCINES</b>										
[L] Quantity in stock at this time ( Physical Count)										
[M] Quantity to order (doses) = (K-L)										

Complied by..... Signature.....

Date.....

1  
C

Annex 7:

VACCINE ORDERING SHEET

LEVEL: Central:       Regional:       Sub County:       Health Facility:

Name of the County: ..... Sub County: ..... Health Facility: .....

Date of Last Order: ..... Date of this order: ..... Expected date of next order: .....

TOTAL POPULATION											
Children aged 0-11 months (under 1 year)											
Pregnant women											
Antigen	Amount to be Stocked in Doses		Number of children Vaccinated Since the last order	Stock Available			Ordered amount	Amount Received			
	Minimum	Maximum		Amount in Doses	Batch Number	Expiry date	Amount in Doses	Amount in Doses	Batch Number	Expiry date	VVM Stage
Pneumococcal											
DPT-HepB-HiB											
HPV Vaccine											
Td											
IPV											
Rotavirus											
BCG											
Measles Rubella											
Oral Polio											
BCG Diluent											
MR Diluent											

The Officer Requesting.....Designation.....Date.....Signature.....

Issued by.....Designation.....Date.....Signature.....

Received by.....Designation.....Date.....Signature.....

A  
G

## Activity ONE (1)

### ROTAVIRUS VACCINE (Rotavac®)

*(Dynamic labeling of vaccine when moved to different storage temperature)*

Store vaccine between 2°C and 8°C for up to 180 Days from the Date thawing is Done

Batch No

Date Thawed

**\*Indicate New expiry date**

**Note:** *If the expiry date printed by manufacturer is earlier than the calculated new expiry date, only indicate the date thawed and do not cross out the expiry*

New expiry date

**\*After this date, do NOT use the Vaccine.**

Name:

Designation:

## Activity TWO (2)

### ROTAVIRUS VACCINE (Rotavac®)

*(Dynamic labeling of vaccine when moved to different storage temperature)*

Store vaccine between 2°C and 8°C for up to 180 Days from the Date thawing is Done

Batch No

Date Thawed

**\*Indicate New expiry date**

**Note:** *If the expiry date printed by manufacturer is earlier than the calculated new expiry date, only indicate the date thawed and do not cross out the expiry*

New expiry date

**\*After this date, do NOT use the Vaccine.**

Name:

Designation:

