**Rwanda**

**PEF Targeted Country Assistance (TCA) Narrative**

**for 2022-2025 Multi-Year Planning**

This PEF Targeted Country Assistance (TCA)narrative contextualises Rwanda TCA plan for for 2022-2025and how the support we are requesting from Gavi will help the country to reach our immunisation goals.

*(Populated by Gavi)*

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| **Total Envelope** | **Indicative allocation per 2022-2025** | **%** |
| $2,819,374 | **2022** | $704,731 | 25% |
| **2023** | $704,881 | 25% |
| **2024** | $704,881 | 25% |
| **2025** | $704,881 | 25% |

1. **Key objectives for the EPI program and known gaps/bottlenecks (0.5 page)**

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| ***1.1 Country context***  |
| Since its establishment in 1984, the Rwanda immunization program strives to make immunization services universely accessible. Efforts have been made to reach and maintain the immunization coverage targets for traditional and new vaccines delivered in the immunization schedule, and Rwanda reported the highest coverage for fully immunized children in Sub-Sharan Africa[[1]](#footnote-2). According to Rwanda DHS 2019-20, the coverage of fully vaccinated children is 96%, and 84.4% have received all age-approriate doses[[2]](#footnote-3) . Prior to Covid-19, HPV vaccination coverage had been constantly above 90% with a narrow drop out between the first dose and the second dose. Rwanda is committed to reach every child with quality vaccination services to consistently minimize zero dose and under-immunized children, increase and sustain the most highest coverage for age-appropriate doses. The overall objective of the Rwanda EPI program is to control, eliminate and eradicate VPDs as to substantially reduce vaccine preventable diseases related morbidity, disability and mortality. Strengthening immunization program and sustaining capacity at all levels of the health system will be essential to ensure vaccines delivery system reaches zero-dose children and missed communities with equity lens in a sustainable manner. Specifically, the EPI plan to: 1. Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025
2. Enhance performance of the logistics and supply chain system of the Immunization Programme to ensure availability of supplies and safeguard of vaccine potency at all levels of immunization supply chain
3. Enhance continuous data quality improvement and utilization of data for evidence-based decision making (EBDM) at all levels of the health system
4. Strengthen social and behavior change communication approaches that promote demand for and uptake of immunization services so as to achieve and sustain a minimum of 96 % coverage of the fully immunized by 2025
5. Strengthen the oversight functions of the Immunization Program for sustainability of quality immunization programme that can achieve and sustain a minimum of 96% coverage of the fully immunized by 2025
6. Promote immunization digitalisation, research and innovations.

These objectives guide the Immunization program towards achieving equitable and sustainable vaccination services accessible to everyone. There are still gaps to fill especially in having all children vaccinated on time (age-appropriate doses) and respecting the vaccination calendar.  |

1. **Current TA needs of Rwanda immunisation system (1-2 pages)**

***The table below summarizes the planned allocation of PEF TCA towards investments areas and high-level objectives. Gavi-supported investment areas and a menu of objectives are available for reference in Gavi’s*** [***Programme Funding Guidelines***](https://www.gavi.org/news/document-library/gavi-programme-funding-guidelines)***.***

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| **High-level Plan** | **Budget (USD)** | **%** |
|   | **2022** | **322,283** |  |
| Human resources for health | Strengthen the oversight functions of the Immunization Program for sustainability of quality immunization programme that can achieve and sustain a minimum of 96% coverage of the fully immunized by 2036 |  70,000  | 21.7 |
| Supply chain | Enhance performance of the logistics and supply chain system of the Immunization Programme to ensure availability of supplies and safeguard of vaccine potency at all levels of immunization supply chain |  20,000  | 6.2 |
| Health information systems and monitoring and learning | Promote immunization digitalisation, research and innovations |  160,000  | 49.6 |
| Vaccine-preventable disease surveillance | Enhance continuous data quality improvement and utilization of data for evidence-based decision making (EBDM) at all levels of the health system |  8,309  | 2.6 |
| Demand generation and community development | Strengthen social and behavior change communication approaches that promote demand for and uptake of immunization services so as to achieve and sustain a minimum of 96 % coverage of the fully immunized by 2026 |  32,000  | 9.9 |
| Governance, policy, strategic planning and programme management | Strengthen the oversight functions of the Immunization Program for sustainability of quality immunization programme that can achieve and sustain a minimum of 96% coverage of the fully immunized by 2027 |  31,974  | 9.9 |
|   | **2023** | **951,244.00** |  |
| Service delivery | Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025 |  50,000  | 5.3 |
| Human resources for health | Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025 |  93,500  | 9.8 |
| Supply chain | Enhance performance of the logistics and supply chain system of the Immunization Programme to ensure availability of supplies and safeguard of vaccine potency at all levels of immunization supply chain |  343,000  | 36.1 |
| Health information systems and monitoring and learning | Enhance continuous data quality improvement and utilization of data for evidence-based decision making (EBDM) at all levels of the health system |  170,500  | 17.9 |
| Vaccine-preventable disease surveillance | Enhance continuous data quality improvement and utilization of data for evidence-based decision making (EBDM) at all levels of the health system |  30,115  | 3.2 |
| Demand generation and community development | Strengthen social and behavior change communication approaches that promote demand for and uptake of immunization services so as to achieve and sustain a minimum of 96 % coverage of the fully immunized by 2027 |  98,000  | 10.3 |
| Governance, policy, strategic planning and programme management | Enhance continuous data quality improvement and utilization of data for evidence-based decision making (EBDM) at all levels of the health system |  166,129  | 17.5 |
|   | **2024** | **993,553** |  |
| Service delivery | Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025 |  277,050  | 27.9 |
| Human resources for health | Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025 |  97,500  | 9.8 |
| Supply chain | Enhance performance of the logistics and supply chain system of the Immunization Programme to ensure availability of supplies and safeguard of vaccine potency at all levels of immunization supply chain |  110,000  | 11.1 |
| Demand generation and community development | Strengthen social and behavior change communication approaches that promote demand for and uptake of immunization services so as to achieve and sustain a minimum of 96 % coverage of the fully immunized by 2025 |  201,449  | 20.3 |
| Health information systems and monitoring and learning | Promote immunization digitalisation, research and innovations |  73,500  | 7.4 |
| Vaccine-preventable disease surveillance | Enhance continuous data quality improvement and utilization of data for evidence-based decision making (EBDM) at all levels of the health system |  30,115  | 3.0 |
| Governance, policy, strategic planning and programme management | Strengthen the oversight functions of the Immunization Program for sustainability of quality immunization programme that can achieve and sustain a minimum of 96% coverage of the fully immunized by 2029 |  190,939  | 19.2 |
| Health financing | Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025 |  13,000  | 1.3 |
|   | **2025** | **552,294** |  |
| Service delivery | Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025 |  24,550  | 4.4 |
| Human resources for health | Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025 |  104,500  | 18.9 |
| Supply chain | Enhance performance of the logistics and supply chain system of the Immunization Programme to ensure availability of supplies and safeguard of vaccine potency at all levels of immunization supply chain |  125,000  | 22.6 |
| Health information systems and monitoring and learning | Enhance continuous data quality improvement and utilization of data for evidence-based decision making (EBDM) at all levels of the health system |  9,500  | 1.7 |
| Vaccine-preventable disease surveillance | Enhance continuous data quality improvement and utilization of data for evidence-based decision making (EBDM) at all levels of the health system |  30,115  | 5.5 |
| Demand generation and community development | Strengthen social and behavior change communication approaches that promote demand for and uptake of immunization services so as to achieve and sustain a minimum of 96 % coverage of the fully immunized by 2029 |  100,000  | 18.1 |
| Governance, policy, strategic planning and programme management | Strengthen the oversight functions of the Immunization Program for sustainability of quality immunization programme that can achieve and sustain a minimum of 96% coverage of the fully immunized by 2030 |  146,129  | 26.5 |
| Health financing | Strengthen the Immunization Programme so as to increase immunization coverage for all-age appropriate coverage from 84.4% to 88% and sustain fully immunization coverage beyond the current 96% for the fully immunized children in all districts by 2025 |  12,500  | 2.3 |

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| ***2.1 Please reflect and describe your immunisation system's current TA needs as they are aligned with investments made by Government, Gavi and bilateral/multilateral donors. Your answers shall provide the context of and rationale for the requested TCA support from Gavi.* *Please explicitly note the duration of the requested support.*** |
| The immunization program has been strengthening the service delivery system to ensure the eligible population, mainly children, is reached with all the vaccines in the national schedule. Invesment have been made in regards to cold chain capacity at all level of the health system, vaccine supply chain management, capacity of health professional for the service provision and data management infrastructure. Although efforts were made to minimize the number of children missing vaccinations, 4% of children remained unreached and 16% did not receive their vaccine doses at appropriate age. In addition, COVID-19 affected the provision of vaccination services as reported by administrative coverage which evidenced the decrease of 8.3% and 7.9% of Penta3 and MCV2 respectively in 2021 compared with 2019, and the increase of district reporting coverage below 80%. Addressing the remaining needs is critical to build a resilient immunization system able to deliver services and contribute to the achievement of people’s enjoyment of the highest attainable physical and mental health, but also an investment for a future healthier, safer and more prosperous country as highlighted by Rwanda National Transformation Strategy and Vision 2050[[3]](#footnote-4),[[4]](#footnote-5) . The current TA will support to strengthening and sustaining the program capacity to ensure every eligible person is reached with immunization services and therefore protected against VPDs. |
| * 1. ***How will the requested TCA support advance Gavi's 5.0 mission per the country's context with focus on:***
* ***identifying and reaching zero-dose and consistently missed children and communities: microplanning,***
* ***improving stock reporting and vaccine management at sub-national level;***
* ***enhancing strong leadership, management and coordination, including use of data for decision-making;***
* ***introduction and scale up of vacciness;***
* ***programmatic sustainability.***
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| Rwanda is among the country reporting the highest immunisation coverage for all antigens. However, there are still eligible children who are missed every year and those who get vaccines late. Although we have good records of national coverages for years, subnational data analysis shows substandard coverages in some districts. The assessment and prioritization of TCA needs focus on identifying and reaching zero-dose children and missed communities, by strengthening program management and oversight at national and sub-national levels, planning and monitoring, data generation and use, ensuring continuous improvement of vaccine supply and cold chain at all levels of the health system. As vaccination evolves and new vaccines became available, Rwanda immunization program prioritizes the introduction of new vaccines to make access to vaccines a fundamental right. The requested TCA priority interventions will support the program to implement cost-effective initiatives intending to continuously build capacity for services delivery such as strengthening e-learning platforms for immunization and establishing mechanism such as public private partnership framework to increase domestic funding for financial sustainability of the immunization program. New technologies will be used to enhance vaccines management, reduce paper-based tools by digitizing vaccine service delivery, logistics and data monitoring.  |
| ***2.3 Use of new vaccine introductions and campaigns planned during this period to further strengthen the areas indicated under question 2.2***  |
| The planning for the introduction of new vaccines and high quality SIAs offer opportunities to assess the readiness and capacity of the immunization program to manage the program, deliver and monitor the uptake of the vaccines. This readiness assessment will be utilized to identify and address gaps in the immunization delivery system. The identification of the target population for the SIAs and new vaccines will also be used to identify zero-dose children and missed communities for other vaccines and will reduce costs by reaching them during the campaigns or at the occasion of introduction of new vaccines. Increased awareness and risk communication activities during campaigns and new vaccine introduction will help to enhance awareness and community engagement and improve demand and uptake for vaccines already in use. |
| ***2.4 Describe how the TCA support will help re-establish routine immunisation services and any other COVID-19 related recovery activities.*** *Please indicate any COVID-19 related reallocation that may have occurred for previous TCA funds (if applicable); does this reallocation remain relevant for this proposal.* |
| The weak microplanning and low capacity for data analysis and utilization are the factors that hindered decision making at subnational levels. The data management and quality have also been an issue during COVID-19 where the newly established e-Tracker system was not fully operationalized in all health centres. The current TCA will support the capacity building for planning, monitoring and evaluation at all levels, improving the data management and utilization. This will help to identify children who missed vaccination, where they are, factors which prevent them from getting vaccination, and define tailored actions needed to reach all those eligible children and adolescents. The lessons learnt from COVID-19 vaccination will be utilized to improve and sustain the delivery of routine immunization services to the most vulnerable and remote communities. In addition, the identification of zero-dose children and missed communities will help to trace all the children who missed vaccination during COVID-19 and will be embedded in routine intervention to regularly trace and vaccinate children. |
| ***2.5 Describe how the TCA support will identify and/or overcome already known gender-related or other barriers to immunisation activities. Please respond to how each partner can help address this.*** |
| The TCA support focus on identification of zero dose children and missed communities, microplanning, data management and use for decision making, capacity building for vaccination service delivery, leadership and coordination at all levels, introduction and scale up of vaccines and program sustainability. National and sub-national surveys such as immunization coverage surveys, coverage and equity analysis and KAP studies, in addition to the analysis of routine data will help to identify and address barriers to immunization. All the TCA supported interventions contribute to the achievement of one overall objective which is to strengthen immunization program and sustain capacity at all levels of the health system to ensure vaccines delivery system reaches zero-dose children and missed communities with equity lens in a sustainable manner. Under the coordination of Ministry of Health/EPI, Core and Expanded partners will be involved in the implementation, ensuring that comparative advantages are leveraged to achieve the common objective. Some TCA activities will be implemented at subnational level including district hospitals, health center and community levels to maximize efforts for reach all children wherever they are at the appropriate age, and expanded partners will play an important role to ensure TCA interventions reach the lowest level of immunization service delivery to maximize the coverage. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| A two-day meeting convened which involved MOH/EPI and in country immunization partner members of ICC. Need assessment was conducted based on the progress of HSS3 implementation, CCEOP, situation analysis, assessment report on the effect of COVID-19 on the immunization services delivery system, recommendations from ICC meetings and draft National Immunization Strategy which is still under development. The year of implementation was defined according to the urgency of the intervention, commitment already made, the requirements for the completion of the activities and pre-established timelines for the activities which are associated with funding allocation by year.  |

1. **Partner diversification (0.5 page)**

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| ***3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners and CSOs) to support the activities implementation? (Refer to the*** [***PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning***](https://www.gavi.org/news/document-library/tca-guidelines) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| Alliance partners include WHO and UNICEF. Expanded partners include JPHIEGO, HISP Rwanda by University of Oslo. CSOs which are part of ICC membership include URUNANA D.C, Pro-Femmes Twese hamwe and will play a role in the implementation of the TCA Plan. Rotary Club International, CHAI and Girl Effect are among in country immunization partners.  |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** |
| The ministry of Health/EPI will coordinate all the partners and stakeholders. Regular meetings will be organized to review the TCA implementation progress, identify and address challenges, and ensure partners are delivering to their commitments as per their signed contract. The MOH/EPI will facilitate the partners at all levels for the implementation of TCA activities, and regular communication will be essential to ensure challenges are timely identified and responded to for a smooth implementation. Regular report will be provided to the ICC which is usually chaired by the Minister of Health for comments and approvals where necessary. |
| ***3.3 Please note the allocation of TCA to Local Partners (only) and describe the approach you will use to comply with the recommendation of allocating 30% of TCA to Local Partners over the course of 2022-25.*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* |
| Local partners will be selected upon verification of all the requirements. With EPI manager the team recommend the 2 partners already working with the Ministry of Health **—** HISP and JHPIEGO. A call for interest will be organized with Gavi secretariat support and application will be carefully examined to identify and allocate 30% of the TCA to partners who fulfil the requirements defined in the section 2.3 of the Gavi PEF TCA Planning Guidelines.  |
| ***3.4 Please note the allocation of TCA to CSOs only (either Global or Local Expanded Partners) and describe the approach you will use to comply with the requirement of allocating 10% of combined TCA, EAF and HSS ceilings for CSO implementation (e.g. if less than 10% of TCA funding is allocated to CSOs, please indicate how this will be compensated through the allocation of HSS and EAF funding to CSOs).*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* |
| TCA Planning and budgeting will ensure allocating 10% of the total budget for CSOs. A call for interest will be organized to identify CSOs who fulfil the requirements and selected based on criteria defined under 2.3 of the Gavi PEF TCA Planning Guidelines and in compliance with government policy on recruitment of CSOs.  |

1. **Lessons learnt from past TA experience (0.5 page)**

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| ***4.1 Please explain how the TCA plan will build on previous performance, lessons learned, and best practices of TCA activities from your previous TCA plan, including contributions to the national programme and knowledge/skill building, and how this has been taken into account in this TCA planning and prioritisation.***  |
| Lessons learned and best practices from the previous TCA implementation have been taken into consideration in this planning and prioritization. For example, it was observed that, regular review meetings were essential to ensure the progress of TCA and timely address issues. This will be reinforced during the TCA implementation to ensure milestones are timely achieved and reported. The current TCA is more flexible as it can be extended beyond one year for the milestones not achieved, however more accountability for timely delivering will be required to ensure TCA support the achievements of the program objectives. More ownership and accountability at all levels of the health system will be required to ensure smooth TCA implementation and ensure sustainability of the gains.The use of data will be critical to assess the performance of TCA interventions through annual and mid-term reviews and revise the plans as necessary. |

1. **Alignment of the One TCA plan with future Gavi planned investments (0.5 page)**

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| ***5.1 Please list all planned upcoming Gavi investments (e.g. new vaccine support, CCEOP) that would require TA support within the planned period, including Full Portfolio Planning process and describe how the TCA plan will be aligned with the ongoing and/or planned investments made by Gavi.*** |
| 1. CCEOP: cold chain equipment, improvement planning tool and CCEOP application
2. Zero-dose children and missed communities: demand generation activities including media campaign
3. FPP: all listed priorities are linked to the HSS3
4. New vaccine support: activities related to services deliveries, demand generation, supply chain and cold chain
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1. **TCA Monitoring (1 page)**

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| ***6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that information be used to adjust and improve programme implementation? How frequently are data reviewed and used and who will be responsible to ensure that review and learning occurs?*** |
| During the TCA planning process, the MOH/EPI in collaboration with Core and Expanded partners will define milestones that can be bi-annual, annual and midterm milestones. Before the implementation, the defined milestones will need to be agreed between Gavi, the MOH/EPI and partners to ensure a common understanding on what will be delivered by TCA support. These milestones will have to be SMART (specific, measurable, achievable, relevant and time-bound). It will be important, with Gavi support that MOH/EPI and partners determine a set of indicators that will help to measure the outcomes and impact of Gavi TCA support, and the contribution of TCA to the achievement of immunization program. A roadmap of TCA implementation will be developed and shared with partners and stakeholders.Bi-annual, joint appraisals and mid-term reviews will be organized to evaluate the progress of TCA implementation, discuss the changes needed for a smooth implementation and measure progress towards reaching and maintaining the targets that TCA will be contributing to. At National level, EPI, Core and Expanded Partners will be meeting on quarterly basis to discuss the progress of TCA activities, identify and respond to issues that will be arising during the implementation. Twice a year, EPI and partners will evaluate the performance of immunization program and achievement of predefined milestones. On yearly basis, a joint review of the performance of TCA will be organized and a joint appraisal report will be produced and submitted to GAVI.   |

1. Bobo, F. T., Asante, A., Woldie, M., Dawson, A., & Hayen, A. (2022). Child vaccination in sub-Saharan Africa: Increasing coverage addresses inequalities. *Vaccine*, *40*(1), 141-150. [↑](#footnote-ref-2)
2. National Institute of Statistics of Rwanda (NISR), Ministry of Health (MOH), 2021.Rwanda Demographic and Health Survey 2019-20 Final Report. [↑](#footnote-ref-3)
3. Republic of Rwanda:Seven Years Government Programme:National Strategy for Transformation (NST1) 2017–2024 [↑](#footnote-ref-4)
4. Republic of Rwanda, Vision 2050 [↑](#footnote-ref-5)