**Zambia**

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

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

Use this template to create a narrative that contextualises your TCA plan for the planned duration and how the support that you are requesting from Gavi will help you reach your immunisation goals.

*(Populated by Gavi)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Total Envelope** | **Indicative allocation per 2022** | | **%** |
| $934,036 USD | **2022** | $934,036 | 100% |

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

|  |
| --- |
| ***1.1 Please note any country context that is significant to understanding the country's vision and request for Gavi TCA support. What specific effects do these factors have on the national immunisation programme?*** |
| Zambia’s TCA aligns with the country’s National Health Strategic Plan (NHSP) which articulates strategies to deliver quality and affordable health care to its citizens. TCA is aligned with all current Ministry of Health (MOH) policies, including the country’s comprehensive Multi-Year Plan (cMYP) and the National Immunisation Strategy that is currently being developed.  The country has generally reported high coverages for DTP3, BCG, MCV1 over the past decade, though there has been a notable and progressive decline in the past few years. National coverage for DPT1 in 2016 was 103% but dropped to 94% in 2021 (JRF), and 32 (of 116) districts reporting DPT3 coverage below 80% in 2021. Similar trends run across other antigens with PCV3 dropping from 94% to 89%, Rota2 dropping from 94% to 87% and MR1 dropping from 97% to 90% between 2016 and 2021 (JRF). In 2021, there were 79,4918 (10%) zero dose children, with 15 districts accounting for half of them. The number of districts that comprise this 50% has increased significantly over the past couple of years, indicating a need to broaden the scope of the country’s targeted approaches to reach these children. There were 36 districts with negative coverage, where the number of vaccinated children was higher than the projected surviving infants, indicating data quality issues.  Zambia has suffered outbreaks of Vaccine Preventable Diseases (VPDs) that can be attributed to low coverage in immunisations against these diseases and high dropout rates for multi-dose vaccines. The country is currently facing numerous VPD outbreaks which cause a strain on the entire system in all aspects of vaccine delivery. With an already severe human resource for health crisis, these outbreaks derail an already constrained system. The country also continues to be at risk of importation of VPDs due to outbreaks from neighbouring countries. This, among other reasons, solidifies the need for strong partner TCA at national and subnational levels.  The evolving immunisation landscape also has an impact on the current EPI with changing global priorities and agendas. Global supply shortages and changes in presentation cause further strain on EPI delivery and takes efforts away from routine immunisation.  There has also been a general decline in the past few years in the Zambian economy with a negative Gross Domestic Product (GDP) growth rate that has resulted in declining national budgetary allocation to health from Zambia Kwacha (ZMW) 9.7 billion (8.1%) in 2019 to ZMW 9.4 billion (8.8%) in 2020 and ZMW8 billion (9.3%) in 2021.  Partners will provide TCA to Government in strategic areas identified by Government to improve immunisation services, working to build capacity and transfer skills to Government staff, with the aim of improving coverage and equity and to reach zero dose children and missed communities. TCA will aid the country to identify disparities and address issues of equity from a holistic systems approach with different partner expertise supporting these efforts. |

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

***Please provide 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)***. The country can plan for the remaining duration of their current HSS grant.***

|  |  |  |  |
| --- | --- | --- | --- |
| **High-level Plan** | | **Budget (USD)** | **%** |
| **2022** | |  |  |
| Service delivery | Provide technical support to extend immunisation services to reach zero-dose, under-immunised children and missed communities through strengthening of district/health facility microplans and strategies, combined with TSS in targeted high zero dose districts, including high density urban areas. Utilise GIS (GRID3) mapping to aid in strategies to reach populations.  Integrate the delivery of services to improve the efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and under-immunised children and missed communities using existing primary health care platforms in the targeted high zero dose districts.  Provide TA and support review and updating of immunisation guidelines/SOPs and policies for the identification, planning, reaching and monitoring progress for service delivery level with focus on reaching zero-dose and under-immunised children. | $280,211 | 30 |
| Supply chain | Provide TA to support the improvement of stock management for vaccines and devices to avoid facility-level stock-outs and ensure appropriate planning and forecasting. Strengthening logistics management information systems will ensure real-time monitoring at all immunisation supply chain levels and quality of vaccine delivery.  Provide TA to streamline immunisation supply chain (iSC) levels and improve the efficiency of vaccine distribution systems, leveraging innovative and sustainable technologies, implement plans to integrate cold chain, vaccine and other health supply chain systems. | $186,807 | 20 |
| Health information systems and monitoring & learning | Strengthen information systems relevant for the identification and reach of zero-dose and under-immunised children.  Strengthen country capacity to detect, evaluate and respond to serious adverse events following immunisation. | $140,105 | 15 |
| Surveillance | Support data review and triangulation of disease surveillance data, including diagnostic test-confirmed case-based surveillance data, with coverage and other data to assess populations’ risk of diseases to inform possible preventive campaigns or vaccine introduction in routine immunisation.  Support triangulation of disease surveillance data, for measles and other VPDs, with coverage and other data to identify under-immunised populations, especially zero-dose children.  Support laboratory and diagnostic testing for VPDs with targeted vaccinations such as rotavirus/intussusception, cholera, typhoid, invasive bacterial diseases (IBD), measles and rubella. | $46,702 | 5 |
| Demand generation & community engagement | Improve capacity in designing, implementing, monitoring, and evaluating demand generation activities at all levels and strengthen partnerships (including professional bodies) and with local and community actors to improve demand for immunisation. | $186,807 | 20 |
| Governance, policy, strategic planning & programme management | Strengthen the capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children.  Strengthen capacity through training and planning for governance/ technical bodies specifically ZITAG and AEFI Committees ensuring adherence to minimum technical capacities and updating of ZITAG standard operational procedures.  Support strengthening/ adaptation/ development of relevant strategic/ policy/ guidance documents as part of catch-up of vaccination efforts to mitigate disruption of routine immunisation with focus on reaching on zero-dose children and missed communities. Strengthen programme performance monitoring and management systems at all levels.  Support and strengthen annual operational planning and multi-year planning efforts to systematically reach zero-dose children. | $93,404 | 10 |

|  |
| --- |
| ***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 country’s current TA needs align with Government investments and the country’s 2017-21 cMYP, which has been extended through 2022. Government has met its Gavi co-financing obligations and procures all traditional vaccines. It has also invested in additional human resources for health, the vaccine cold chain system and has invested significantly in COVID-19 vaccine procurement and implementation. This TCA compliments other EPI investments by bilateral and multilateral donors and will be coordinated through the ICC and TWGs.  The country has conducted an in-depth analysis through the Gavi FPP Theory of Change process to look at strengths and weaknesses in the system and has identified objectives to address challenges to reaching zero dose children and missed communities. TCA will align with these objectives. Additionally, the country conducted a review of the programme which will feed in to the FPP process and the National Immunisation strategy. The strategies are informed by the global Immunisation Agenda 2030 (IA2030).  The investments have been in the areas of the immunisation systems current needs have been focused on areas identified through a collaborative MOH led process. The immunisation programme has various component that include planning and coordination, service delivery, supply chain (logistics and cold chain), monitoring and evaluation, advocacy, communication, and social mobilisation and recently vaccine safety as reflected in the last cMYP 2017-2021. The TCA needs have been designed as such against a background of a very lean and overstretched MOH Immunisation structure at national level, with a view for skills transfer, as well as gap-filling to supplement MOH effort as part of the technical team.  The TCA has been allocated in consideration of technical expertise available and comparative advantage of the entities. Each entity has provided TA in myriad of areas in immunisation delivery.   * Service delivery: TA shall be engaged and targeted to skills transfer and to build capacity at sub-national levels on national guidelines and strategies to include catch-up on missed or zero dose children through the development of microplans using innovations to enhance and identify where missed and zero-dose children are. TCA shall be applied to support and facilitate new vaccine introductions, to extend and reach eligible populations to improve coverage and reduce inequities. TCA will also focus on improving immunisation efficiencies and to update policies, guidelines and SOPs. * Cold chain and vaccine logistics management: Supply/cold chain and vaccine logistics is the backbone of the immunisation programme. With the introduction of new vaccines, it is programmatically and financially critical to ensure that the health of the cold chain and the vaccines facilitate equitable vaccine coverage through investments in cold chain and vaccine logistics systems. A continuous and sustained supply of immunisation commodities is essential for immunisation services, and the expanding vaccine portfolio increases the need for a strengthened immunisation supply chain to ensure no stock outs and transparency of stock at all levels and storage of vaccines at the optimum temperature. TCA will provide support for forecasting, monitoring and reporting of stock and ensuring appropriate cold chain and vaccine logistics support. * Health information systems and monitoring and learning: Information systems are critical for regular and timely evidence-based decision-making to reach zero dose and under-immunised children. This will inform subnational levels to track and reach zero dose children through recovery activities as well as to close immunity gaps and enhance vaccine safety. The TCA shall support/facilitate regular and targeted review of data to identify priority targeted populations through skills transfer and use of dashboards for identification of population immunity gaps, as well as decision-making at sub-national levels. TCA shall also strengthen the health information system through facilitating analysis, regular publication and dissemination of information.   The AEFI surveillance system in the country is still developing and requires support to strengthen sub-national levels in reporting and investigations including causality assessments. Support will be provided to facilitate updating guidelines and to build capacity for sub-national levels and data review and harmonisation to ensure sustained programme confidence.   * Surveillance: While VPD surveillance was traditionally not part of Zambia TCA support, it forms a key basis and source of information and evidence on population immunity as well as risks to disease outbreaks for decision making. VPD surveillance data triangulated with routine immunisation coverage data aids to assess the population’s risk of disease and to inform the identification of zero dose children, preventive campaigns, and the introduction of new vaccines. In this request the country has identified this area as an important inclusion vital for decision making. * Demand generation & community engagement: Among the many factors that influence immunisation coverage, the one that stands out is demand that is negatively influenced by poor understanding and misconceptions about immunisation in the community, fear of AEFI and lack of confidence in the vaccines, leading to vaccine hesitancy. Community Health Volunteer (CHV) has been the critical push factor for ensuring immunisation acceptance and the uptake of RI services. The TCA will majorly focus on the planning for appropriate capacity building of this cadre of workers enabling them to provide the required information to households. In addition, local partnerships and multisectoral involvement in hard-to-reach populations are critical and needs to be institutionalized using the TCA support. * Governance, policy, strategic planning & programme management: Strategies, policies, standards and guidelines shall be reviewed and aligned to regional/global recommendations. TCA shall form key and significant roles in ensuring that quality services are provided through the domestication of relevant documents with a focus on zero dose children. Strengthening governance, management and strategic planning capacities of decision-making bodies, including TWGs, ZITAG and AEFI Committees, shall be facilitated. TCA will provide quality capacity building for strategies/interventions required to improve delivery of services. Relevant policies, strategies, and guidelines for strengthening of routine immunisation and any COVID-19 recovery interventions shall be supported and facilitated. Through TCA the re-establishment of planning as the lowest level through reinvigorating the RED approach microplanning process with standard guidelines and innovations to effectively improve planning at the service delivery level shall be facilitated in targeted areas.   The requested support is for a duration of one year (2023). |
| * 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;* * *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 vaccines;* * *programmatic sustainability.* |
| **Zero dose:** Most of Zambia’s zero dose and under-immunised children are in densely populated districts or along main transport routes, with a few more rural and remote districts. 15 of 116 districts comprise 50% of the zero dose in the country in 2021 (JRF 2021). These districts are mainly comprised of provincial capitals and urban towns with high populations, which speaks to a growing problem of urban immunisations that requires specific strategies to locate and immunise these children. 6 of 15 high zero dose districts are provincial capitals and 9 of 15 have large urban bases. There are a few mixed urban/rural and rural/remote districts which are harder to reach, missed communities of concern. In targeted districts with high numbers of zero dose children, TCA will support strategies to reach these children, working with districts through the EPI sub committees and the microplanning process to reach these children. Guidelines, tools and policies shall require strengthening to guide reaching the missed children at sub-national level. Ongoing support and monitoring of these districts will be done after initial microplanning is completed, ensuring strategies to address equity and gender barriers are implemented. Regular triangulation outputs of available information (immunisation coverage, surveillance, risk assessments shall be required to inform decision making through governance structures as well as inform programming to guide targeting and monitoring of progress of implementation.  **Cold chain and vaccine logistics management:** Strengthening the immunisation supply chain and vaccine management up to the last mile remains a priority for TCA aiding to stop gap and address gaps in knowledge at national and subnational levels. Also, to ensure accurate forecasting and build capacity to strengthen health care worker knowledge on how to store and handle vaccines at the right temperature, to administer, and to report. TCA will support accurate planning, forecasting, and ensuring appropriate cold chain and vaccine logistics planning and to strengthen the use of cold chain and vaccine logistics management digitised system. TCA will contribute to build capacity at all levels and to help coordinate the national and subnational logistics working groups. TCA will also support data driven forecasting and review of national and subnational stock management and optimum supply of vaccines based on consumption patterns.  **Leadership, management, & coordination, and data for decision making**: Fragmented leadership, coordination, and management results in limited ability to deliver on EPI activities and stagnates immunisation coverage improvement. In addition, a lack of utilisation of data for decision-making and identification of unvaccinated children is needed to improve vaccine coverage, especially as routine coverage rates have fallen during the COVID-19 pandemic and vaccine rollout. TCA will build capacity for national governance mechanisms for evidence-based decision-making through training and support of the Zambia Immunisation Technical Advisory Group (ZITAG) meetings, along with annual planning to systematically reach zero-dose children. Part of the strengthening of capacities for national governance bodies shall include refresher training of ZITAG and AEFI Committee for causality assessments to ensure that requisite skills are built into existing bodies for optimal functionality to provide recommendations and conclusions to issues tabled to them. TCA will work with Government to monitor and review programme performance at all levels, and work to troubleshoot issues and bottlenecks. Additionally, TCA shall work to support health system strengthening around new vaccine introductions in the country. Requisite policy updates on various priority immunisation including a focus on those addressing zero-dose shall be supported.  TCA will also build capacity to triangulate data and strengthen the use of GIS using digital maps to aid with district and health facility microplanning to reach zero dose children and missed communities. TCA will build capacity to detect and respond to Adverse Events Following Immunisation (AEFI).  **Introduction & scale up of vaccines**: An expanding vaccine portfolio with the anticipated planned introduction of the second dose of IPV, malaria vaccine and two rotavirus vaccine switches require additional support. This requires significant strategic planning and programme management support which TCA will provide. Often this requires significant TCA for the development of policy documents, adapting guidelines and tools and ensuring each level of the systems is prepared for the rollout of the vaccines.  **Programmatic sustainability**: The TCA provided will support governance and planning to monitor fund flow and to review annual workplans and funding gaps, while advocating for longer term sustainability. |
| ***2.3 How will you use new vaccine introductions and campaigns planned during this period to further strengthen the areas indicated under question 2.2?*** |
| Zambia plans to conduct two rotavirus vaccine switches, introduce the second dose of IPV, conduct an HPV vaccine multi-age cohort (HPV MAC) vaccination campaign and introduce the malaria vaccine in the next few years. Through vaccine introductions into routine immunisation and campaigns, it is anticipated that there will be improvements made to the health system. These will include the following:   * Capacity building for health care workers: Vaccine introductions and campaigns will be used to update training tools to include aspects of immunisation that are noted to be weak, e.g., capacity building of HCWs, cold chain and vaccine logistics management, data management, etc. * Demand creation: These planned activities are across various age cohorts and hence, it is anticipated that activities for demand creation can be leveraged to promote messages for routine immunisation across the life course.360-degree communication planning will include print and electronic media, social media as well as interpersonal communication interventions. * Cold chain and vaccine and logistics management: While EPI has made significant progress in cold chain and vaccine logistics management, further improvements, particularly in the gaps that had been identified through the recent Effective Vaccine Management Assessment, will be strengthened further to improve the quality of vaccine service delivery and prevent stock out of vaccines. * Surveillance, vaccine safety, and M&E: Health systems through introduction of new vaccines or campaigns shall be strengthened as the opportunities shall be used to update the HMIS as well as supervisory tools to capture immunisation data and track progress on new interventions. Immunisation Managers and Health workers’ capacities shall be strengthened to track immunisation coverage and areas of sub-optimal population immunity as well as zero dose children. Additionally, the immunisation program managers will be capacitated to conduct integrated monitoring activities to strengthen quality immunisation practices.   Strengthening the above areas will assist in developing strategies for a targeted approach to identify and addressing issues around zero-dose, un/under vaccinated children and missed communities. |
| ***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 TCA provided will work with the EPI committee and its subcommittees to strengthen routine immunisation services. TCA will be targeted to support RI priority areas including support for Child health week planning and implementation; updating policy/guidelines to reach zero dose children; strengthening supply chain management and monitoring; addressing vaccine hesitancy and increasing demand for RI; routine immunisation coverage monitoring; and identification of people at risk of VPD outbreaks and population immunity gaps with surveillance, including zero dose children.  There will be no reallocation of funds, but given the declining coverage rates, TCA will need to refocus energies and efforts for routine. |
| ***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 will also support to fabricate tailor made demand generation solutions to boost and re-strengthen demand for routine immunization been disrupted due to SARS – COV-2 and over all vaccine hesitancy issues. TCA will be a catalytic support to strengthen monitoring of communication indicators and analysis of EPI data to further identify gender related barriers to receiving immunisation. Based on the latest JRF data, the largest pockets of zero dose and un-immunised children reside in urban areas and remote/rural locations.  Other barriers for immunisation will be further identified using a structured formative study or KAP survey to appreciate the key barriers. This helps to have in-depth understanding of who are the most affected and who are the key influencers to counter these barriers. This will help to understand why such barriers in immunisation exist, what are the actual issues, who can be engaged to address these barriers or what are the most effective means of overcoming these barriers. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| Government and partners had multiple meetings to review and discuss EPI performance, including strengths and weaknesses of EPI delivery. Through these multi-stakeholder and sectoral meetings, MOH led discussions on where the programme is coming from and where it wanted to move towards. From this, key objectives were identified to improve EPI performance and coverage, and ultimately to vaccinate zero dose and under-immunised children and to reach missed communities. Thereafter, in the development of this TCA document, MOH led the prioritisation of interventions to be supported for the coming year based on high need and impact, available resources, and feasibility. This process was done in conjunction with Alliance and expanded partners. |

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

|  |
| --- |
| ***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://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gavi.org%2Fnews%2Fdocument-library%2Ftca-guidelines&data=05%7C01%7Cegormley%40gavi.org%7C990571ac9fe3410660a008da24644b30%7C1de6d9f30daf4df6b9d65959f16f6118%7C0%7C0%7C637862310415669979%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=B6%2B91FguaNH9utCfM9aMPU3flVqbPk%2Bgx%2BlgiutijH0%3D&reserved=0) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| A map of all partners has been conducted across various types of institutions, including Alliance and expanded partners. Whilst there are key partners supporting EPI activities, there are also other partners are involved in strategy thinking and in cross-sectoral approaches of the health system. Core EPI partners in the country are UNICEF and WHO; UNICEF supports key areas of service delivery including capacity building of HCWs, cold chain management, vaccine logistics management and ACSM including communication planning and development, and WHO supports key aspects of leadership and Governance, policy and strategic planning; service delivery, training of HCWs, microplanning, VPD surveillance including and information system, Vaccines Safety surveillance and Monitoring and Evaluation. Though both the core partners and provide TCA in other key areas as well. Current global partners that support EPI include Akros, Jhpiego and Path, who have had various roles in data and data use, monitor new vaccine introductions and in strategies for digitised microplanning. Current local partners include CHAZ and CIDRZ; CHAZ has strong linkages with CSOs and usually works in demand creation and CIDRZ has provided support in service delivery, supply chain and governance, though across other areas as well. Academic institutions involved in EPI include UNZA and Johns Hopkins University, and professional bodies.  During COVID-19 vaccination rollout, the number of donors, technical agencies and implementing partners has grown with more support and involvement from the World Bank, USAID, CDC, Ciheb, and others. The MOH will try to leverage off this additional support and interest to expand the partner base supporting routine immunisation. | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** | |
| Local partners play an important role for local ownership and understanding of the Zambian health system. The Zambian Government works with many local partners to support various health programmes and will continue to grow this support. The MOH is currently and will continue to work with local organisations for TCA, such as CIDRZ, and will seek to engage with other organisations through various platforms, including the CSO platform. |
| ***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.* | |
| Zambia has been actively engaged with local partners and these have been included in the PEF TCA since 2019. Zambia will continue to work closely with local partners in support of the immunisation programme. We have a number of local partners that are actively supporting the immunisation programme. We have taken note of the 30% allocation to local partners. As we advance on the TCA detailed planning for 2022, the MOH aims to allocate a minimum of 30% of the TCA funding to local partners in Zambia. | |
| ***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.* | |
| The Zambian MOH recognises the important role that CSOs play in improving immunisation outcomes and is committed to working with CSOs to do so. MOH will continue to work with CHAZ and its engagement with the Zambia Civil Society Immunisation Platform (ZCSIP) who are involved in demand generation, advocacy, defaulter tracing, and service delivery of immunisations.  Currently, 25% of Zambia’s HSS goes through CHAZ, which allocates to CSOs and the CSO platform. For this TCA, there is not direct allocation of funding to CSOs, but for the upcoming HSS grant application, CSO support will be inherent. | |

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

|  |
| --- |
| ***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.*** |
| The TCA is built on lessons learnt through previous TCA activities, noted below.   * Lean and overstretched staff: Previous TCA has had a major focus on skills transfer, along with also gap-filling and knowledge/skills building at various levels ranging from National to sub-national levels. This has been achieved directly through the available TCA, as well as consultancies. The aspect of gap filling has been a major part of the TCA for the EPI. With a very lean and overstretched MOH EPI staff, the TCA will continue to play a significant role in gap-filling for the numerous tasks, emerging priorities and health emergencies arising for the programme including outbreak response, new vaccine introductions, and campaigns, as well as routine immunisation.   2021 and 2022 have placed additional demands on staff (MOH, as well as TA partners) with increased workloads due to outbreaks, the pandemic, and turnover, leaving the importance of TCA even greater due to required timely responses required for multiple tasks.   * Specific specialised skill set are required for some key interventions needed to inform programming. Consultancies and seconded staff are one of the ways for gap filling as the team has experienced an ever-increasing demand to attend to numerous tasks and without which could not be implemented without extra hands to support the entire EPI team. This has allowed the EPI team to receive key strategic guidance and support to MOH. Some of these included assessments and surveys, others are staff directly embedded within the MOH EPI team.      * Regular interface of TA with MOH at MOH premises: It has been noted that the TCA and consultancies that regularly interface with MOH are able to better respond to MOH needs and provide more direct support. However, the downside to this is that that their priority TA focus may be diluted to undertake routine MOH tasks, taking away valuable time to focus on specific deliverables resulting in delays of achievement of progress on the identified priority. Regular interface with MOH is required to sustain buy-in on identified TCA priorities and timely progress of achievement. * Strong governance and leadership at MOH: Strong leadership and governance, including the regular meeting of EPI committee and subcommittees, ZITAG and the ICC are important factors in TCA success and support. Government ownership of al processes allows for better TCA support as partners are well coordinated and guidance of being provided through a transparent and regular process.   *Quality TA: This is key to delivering quality support to MOH to ensure value for money.* |

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

|  |
| --- |
| ***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.*** |
| Planned upcoming Gavi investments for 2022/2023 include:   1. Gavi Full Portfolio Planning 2. New Vaccine Introduction and Support for Malaria Vaccine; 3. HPV Multi-age Cohort Campaign planning and implementation 4. Rotavirus Vaccine Switch (twice) 5. Introduction of IPV Second Dose 6. Targeted MR Campaign 7. National Immunisation Strategy Development 8. HSS Application 9. Equity Accelerator Funding Application 10. CCEOP Application |

1. **TCA Monitoring (1 page)**

|  |
| --- |
| ***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?*** |
| The TCA shall be monitored using a jointly developed monitoring framework designed to track all objectives and activities in the TCA. Having identified the key areas of focus based on the gaps, the goal will be to routinely track and monitor performance of these indicators to inform progress and act accordantly based on achievements. This monitoring will be shared amongst Government and partners providing TCA to help troubleshoot any issues and to seek guidance and collaboration on progress and performance.  **Development of monitoring framework**  Recognising that the TCA is for one-year, appropriate indicators at input/ output levels shall be developed for focus areas selected/objectives/activities. With a finalised TCA plan and clear activities identified for support, a monitoring framework shall be jointly developed by all entities identified for TCA support. There will be a need to identify the key activities that will contribute to achieving outputs/ outcomes. This shall form the accountability platform and jointly be reviewed at specified timings with ultimate ownership by MOH. The scope of the TCA Monitoring Framework shall include outputs and as maybe relevant outcomes; use of funds, including staff, as well as performance against indicators. Embedded shall be reasons for progress or change where performance not achieved. **Identification of indicators** The milestones/ indicators shall be defined based on identified activities. The indicators shall have a direct relation to the output/ objective of the focus areas identified and shall be easily measure and verifiable. Where standard indicators exist and are applicable, they may be considered. The TCA milestones shall be a referenced as part of the process milestones to be monitored. |