**Kenya**

**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)*

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| **Total Envelope** | **Indicative allocation per 2022** | | **%** |
| $1,205,908 USD | **2022** | $1,205,908 | 100% |

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

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| ***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?*** |
| The goal of the Kenya EPI program is to increase and sustain high coverage and equitable utilization of vaccines, reduce the number of zero-dose children and ensure uninterrupted availability of high quality, safe and effective vaccines sustainably in the context of Universal Health Coverage (UHC).  Despite the gains in immunization in recent years, the coverage has stagnated at the 80% mark, and currently a total of 1,271,400 children (16.5% of children under 1 year old) remain totally unreached with any vaccine (zero dose children), over the last five years. The most vulnerable and underprivileged children, those who need immunization the most, are likely consistently missed. Furthermore, the COVID-19 pandemic is having a major impact on continuity of primary health care services, particularly immunization, exacerbating the subnational equity gaps.  Kenya is currently in the accelerated phase of graduation from Gavi support. Kenya still faces challenges with inadequate and unpredictable financing at both national and county level for vaccine procurement and operations as Kenya transits from Gavi support. There is minimal involvement of the community and other stakeholders including private sector and ministries in planning and implementation of immunization and this, negatively impacts access to immunization services. This is exacerbated by lack of budgetary allocations to subnational level actions to mitigate against zero dose communities and reduce inequity.  Children in urban informal settlements, remote rural areas, insecurity-affected settings, refugees, cross-border populations, nomadic communities and marginalized groups continue to face social, cultural, economic and gender barriers to vaccination. Lack of operational micro plans is a key barrier to access for these children. The main drivers of vaccination inequity are education, gender, residence and wealth. 82% of counties, 50% of sub-counties and 63% of health facilities do not have updated routine immunization micro plans[[1]](#footnote-2) and overall, only 5% of facilities covered under the KHFA 2018 survey were able to conduct immunization outreaches.  In addition, disparities between denominators and data from different sources compounded by lack of systemic data use in decision making at all levels, weak/ fragmented data coordination across levels and thematic work streams and community level data capture challenges relating to communities of interest- zero dose and under immunized children, presents challenges to identifying and reaching these communities effectively.  Furthermore, poor forecasting and stock visibility and mismatch of dry commodities (syringes, safety boxes) and the vaccines at implementation level leading to stock outs contributing to under immunized and zero dose children; Insufficient immunization supply chain staff, and gaps in knowledge in immunization supply chain and logistics negatively impact timely service delivery.  Evidence informed communication interventions have contributed significantly to eradicating vaccine preventable diseases and increasing uptake of immunization services. However, vaccine hesitancy due to low-risk perception of vaccine preventable diseases, weak engagement of communities to own, participate in, demand and utilize quality immunization services still persists.  An in-depth analysis and assessments of the immunization programme performance over the last few years elucidated various achievements and challenges as above. Subsequently, this informed the formulation of the strategic objectives and priority investment areas to which this PEF-TCA application is aligned.  This proposal seeks to support the country expand the breadth and reach of immunization services, to progressively narrow the equity gaps and reach zero dose children and under immunized populations in a sustainable manner. |

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.***

*(Please feel free to add lines as needed)*

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| **High-level Plan** | | **Budget (USD)** | **%** |
| **2022** | |  |  |
| Service Delivery (Programme Implementation/ Coverage & Equity) | Strengthen the capacity of National and Subnational level immunization systems to increase and sustain high coverage and equitable utilization of vaccines with a special focus on zero dose communities and under-immunized populations by reinforcing effective and efficient integrated immunization service delivery mechanisms, addressing immunization bottlenecks, improving and leveraging private sector and community participation in immunization to reach zero dose communities, and implementing corrective actions for missed opportunities for vaccination | 390,000 | 32.3 |
| Health Information Systems and Monitoring & Learning | Support and progressively create a robust data culture by improving data quality (ensuring fit for purpose data) at all levels, strengthening information systems key to the identification and reaching of zero dose communities including digital health information interventions and improving data utilization in all immunization components and at all levels. | 200,000 | 16.60 |
| Demand Generation and Community Engagement | Support the country to effectively engage communities to participate, demand and utilize quality immunization services to improve vaccine acceptance and demand, and minimize hesitancy, scale up social and behavioral information systems including social listening and monitoring and evaluation of demand creation activities to inform programming | 240,000 | 19.9 |
| Supply chain | Support strengthening of the supply chain for an effective and efficient delivery of immunization services, through improving forecasting and stock management including distribution capacity for vaccines and devices to improve vaccine availability, especially in the last mile; Improving vaccine visibility through support to real-time monitoring (Dashboards) at key immunization supply chain levels, effective planning, coordination and monitoring of supply chain management at all levels and planning for coldchain expansion | 100,000 | 8.3 |
| Vaccine Preventable Disease Surveillance; New Vaccine Introduction and Preventive vaccination campaigns | Support improvements in the availability and use of timely and accurate vaccine preventable disease surveillance data for decisions on vaccine introduction and preventive campaign targeting, use of surveillance data to improve immunisation programme effectiveness in preventing disease and support the introduction of new vaccines for both routine immunization and outbreak response (IPV2, TCV, Mena A, Malaria, Cholera) and Preventive campaigns (COVID-19, Measles Rubella, Yellow Fever, Polio) | 180,000 | 14.9 |
| Governance, Policy, Strategic Planning, and Programme Management | To strengthen Immunization program leadership, governance, and coordination through strengthening the capacity of governance/technical bodies for planning, coordination and tracking their progress at all levels and strengthening programme performance monitoring and management systems at all levels with a focus on reaching zero-dose children and achieving equity. | 40,908 | 3.4 |
| Immunization Financing and Grant Management | Provide technical support to Kenya in the coordination of the Kenya Immunization Financing Forums and the implementation of its activities in the context of ongoing UHC agenda and Kenya’s transition from Gavi support: Mainly developing, disseminating, and supporting implementation of costed immunization financial sustainability plans, carrying out regular assessments of the availability of financial resources for immunization and tracking allocations to ensure funding is directed to priority needs and periodically disseminating expenditure data for greater transparency and accountability. | 55,000 | 4.6 |

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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 TA needs have been identified and developed around seven investment areas, aligned with and building up on the medium term country investments outlined in the Kenya National Vaccine and Immunization Strategic plan 2021-2025, whose overarching goal is to is to increase and sustain high coverage and equitable utilization of vaccines, reduce the number of zero-dose children and ensure uninterrupted availability of high quality, safe and effective vaccines in a sustainable manner, and the proposed areas of work identified during the ongoing Gavi Full Portfolio Planning (FPP) process and have been conceived in the context of the existing routine immunization multistakeholder coordination structures (The National Technical Working Group, Thematic Working Groups and National Immunization Interagency Coordinating Committee).  The TA needs have taken into account the other health sector investments such as Global Fund, World Bank investments and other bilateral/multilateral investments. Their support will synergize Gavi support on health systems strengthening. Areas of potential integration have been considered such as trainings, monitoring and learning etc. The supply chain activities have taken into consideration the support from bilateral investments in cold chain by the Government of Kenya, JICA and World Bank.  To achieve our coverage and equity goals, specifically reaching the zero dose children who are most likely to include children in urban informal settlements, remote rural areas, insecurity-affected settings, refugees, cross-border populations, nomadic communities and marginalized groups who continue to face significant social, cultural, economic and gender barriers to vaccination, we plan to support the country reinforce effective and efficient integrated immunization service delivery mechanisms, addressing immunization bottlenecks, improving and leveraging private sector and community participation in immunization to reach these zero dose communities, and implement corrective actions for missed opportunities for vaccination. To backstop these processes, the TA proposes to support strengthening of the capacity of governance/technical bodies for planning, coordination and tracking progress at all levels and strengthening programme performance monitoring and management systems at all levels with a focus on reaching zero-dose children and achieving equity.  A a robust data culture is needed to continuously inform decision making and to overcome challenges to targeting communities of interest (zero dose and under immunized children) and subsequently enable the country to achieve the above coverage and equity goals. This is proposed to be achieved through improving data quality (ensuring fit for purpose data) at all levels, strengthening information systems key to the identification and reaching of zero dose communities including digital health information interventions and improving data utilization in all immunization components at all levels.  A perennial challenge in the country has been a mismatch between the demand and supply ends of immunisation services. Supporting improvements in forecasting and stock management including distribution capacity for vaccines and devices to improve vaccine availability, especially in the last mile; improving vaccine stock visibility at key immunization supply chain levels and effective planning, coordination and monitoring of supply chain management at all levels coupled with planning for cold chain expansion will ensure uninterrupted availability of vaccines to those who need them.  The program requires effective community engagement to ensure communities participate, demand and utilize quality immunization services. This will ensure vaccine acceptance and demand. This will be carried out through the scaling up of social and behavioral information systems including social listening and monitoring and evaluation of demand creation activities to inform programming to close the loop and effectively link vaccine demand to supply.  The country faces challenges with inadequate and unpredictable financing at both national and county level for vaccine procurement and operations, which is more concerning as Kenya transitions from Gavi support. Support in the coordination of the Kenya Immunization Financing Forums and the development, dissemination, and implementation of costed immunization financial sustainability plans with regular assessments of the availability of financial resources for immunization and tracking allocations will therefore be critical in guiding financial sustainability plans. Supporting improvements in the availability and use of timely and accurate vaccine preventable disease surveillance data to guide future decisions on new vaccine introduction and preventive campaign targeting, and to improve immunisation programme effectiveness will further complement this.  The TA support will provide multiyear, additional and complementary support to the delivery of key immunisation activities in the context of integrated primary health care activities and UHC, bridging gaps in specialized human resource and building the capacity of the program to undertake the activities in a sustainable manner. The TA investments will also rely heavily on and leverage on the process and systems that are in place at sub national level such as the county community health networks and strategy, to increase community engagement, and the overall Ministry of health donor transition strategy and plan.  This TA is aligned to and will rely heavily on the existing Government and multilateral donor investments, infrastructure and human resources for delivery eg. reporting systems such as the DHIS-2, ODK etc. |
| * 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 vacciness;*** * ***programmatic sustainability.*** |
| The TA needs have been identified and developed around seven investment areas, aligned with and building up on the medium term country investments outlined in the Kenya National Vaccine and Immunization Strategic plan 2021-2025, and incorporating the Gavi 5.0 Mission.  The approach to achieving the country coverage and equity targets is hinged on identifying, mapping and reaching the zero dose communities through reinforcing the planning and implementation of effective and efficient integrated immunization service delivery mechanisms, addressing immunization immunization bottlenecks, improving and leveraging private sector and community participation in immunization to reach these communities.  Improved stock reporting and vaccine management including distribution capacity for vaccines and devices to improve vaccine availability, has been prioritized to assure uninterrupted vaccine availability especially in the last mile.  The support in the coordination of the Kenya Immunization Financing Forums; the development, dissemination, and implementation of costed immunization financial sustainability plans and strengthening of the capacity of governance/technical bodies for planning, coordination and tracking their progress and strengthening programme performance monitoring and management systems advances Gavis mission of enhancing strong leadership, management, coordination and use of data for decision making and programmatic sustainability actions.  The TA also proposes to support evidence driven new vaccine introductions, preventive campaigns and vaccines deployment for outbreak response (IPV2, TCV, Mena A, Malaria, Cholera, COVID-19, Measles Rubella, Yellow Fever, Polio)  The intervention targeted in the TA will also leverage off of each other to ensure cross cutting approaches and integration of activities that infuse Gavi 5.0 mission into each activity. For example, as we improve the identification, mapping and reaching zero dose communities these activities will leverage on existing infrastructure and approaches while ensuring strong Government leadership and the plans that are sustainable and scalable. |
| ***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?*** |
| Four new vaccine introductions are planned: IPV2, TCV, Mena A and Malaria, and several Preventive campaigns envisaged: Measles Rubella, Yellow Fever, Polio  The new vaccines introductions with provide for a for multistakeholder, providing visibility for the immunization program and community engagement and mobilization, mapping and microplanning for the target groups which will be leveraged for reaching zero-dose and consistently missed children and communities.  The new vaccine introductions and campaigns will provide an opportunity to revamp the leadership, management and coordination frameworks and capacity build healthworkers to bridge immunization gaps, including stock and vaccine management at all levels. New and updated tools incorporating the new vaccines and updated in line with data quality improvement plan recommendations will be rolled out.  The new vaccines introductions and campaigns will also be supported through existing infrastructure and resources and the TA support will leverages of the different activities carried out through the different activities and approaches being carried out in the program.  Documentation of new vaccine post introduction evaluations and campaign endprocess monitoring will provide invaluable lessons for future vaccine introductions and allow programmatic modifications for effectiveness and efficiency. |
| ***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 TA is hinged and focused on re-establishing and strengthening routine immunization.  All of the proposed investment areas are hinged on the key routine immunization pillars. The focus on integration of new vaccine introduction, vaccination campaigns and vaccine deployment in outbreak settings including COVID-19 is aimed at re-establishing routine immunization, creating efficiencies and making the program resilient.  The TA will leverage the one country, one plan approach for key areas of focus - Supply chain, demand creation, immunization financing, leadership planning and coordination, Monitoring and learning which are leveraged for all vaccines deployed in the country including COVID-19 Vaccination.  No re-allocation of previous TCA to COVID-19 has occurred. However, operationally, at the beginning of the pandemic, the country leveraged all available capacities including the TCA staff and consultants for a successful COVID-19 Vaccine deployment. |
| ***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.*** |
| Overall, in Kenya, the largest equity gaps are for zero dose where education, wealth and residence are factors strongly associated with not receiving any vaccination.  A recent coverage and equity assessment shows that only about half of health facilities deliver immunization services over 5 days a week. The immunization service delivery points are largely female dominated and less interesting to male caregivers. It was also identified that the fixed operating hours for immunization services largely impacts on caregivers, particularly female caregivers with structured 8-5 pm working schedules conflicting with immunization service delivery time.  This TA provides for additional targeting of policy changes to open up immunization spaces beyond the formal working hours, schedule immunization visits with the caregivers’ input and reaching out to non-traditional, non-public immunization service providers and building their capacities to support immunization services, as the main objective of the strengthening of planning and coordination, improved community engagement and engagement of private and community level service providers proposed in this TA. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| The TA needs have been identified and developed around seven investment areas. These are aligned with and build up on the medium term country investments outlined in the Kenya National Vaccine and Immunization Strategic plan 2021-2025, incorporating the Gavi 5.0 Mission and the proposed areas of work and identified during the ongoing Gavi Full Portfolio Planning (FPP) process and have been conceived and approved in the context of the existing routine immunization multistakeholder coordination structures (The National Technical Working Group, Thematic Working Groups and National Immunization Interagency Coordinating Committee), which have the participation of Government line departments, Core and extended partners and civil society organizations.  The interventions prioritized were also aligned to the current activities carried out by the Ministry of Health and Government in general and the support that they are receiving for immunization from other stakeholders. The interventions identified in the TCA have been aligned to meet the gaps that still exist through the different supports that maximize on reaching the zero dose children.  The TA priorities were subsequently reviewed and approved by the Ministry of Health. |

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://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.)*** |
| The Kenya immunization programme is being supported by several partners at both national and county level in order to realize the goal of universal access to vaccines and immunization services. The partner landscape keeps evolving and continuous mapping is critical to ensure synergy, minimize duplication and promote efficiency. The partners are either global or local and their scope of operation in the country is either national or sub-national. The global partners often have presence in the country. The partners are either donors, technical agencies or implementers. The donors that support Kenya Ministry of Health immunization programme are Gavi the Vaccine Alliance, United States Agency for International Development (USAID) with its associated projects and the UK Department for International Development (DFID).  The Gavi core partners currently working and supporting the Kenya Ministry of Health are World Health Organization (WHO), United Nations Children’s Fund (UNICEF), Centers for Disease Control and Prevention (CDC) and The World Bank. Other expanded implementing partners working in the immunization arena are Clinton Health Access Initiative (CHAI), PATH, John Snow Inc (JSI), Kenya Aids NGO Consortium (KANCO), Living Goods. The partners supporting the Kenya immunization programme are led by the Ministry of Health Immunization Programme and coordinated through the technical working groups (TWG) and the interagency Coordinating Committee (ICC).  These partners provide immunization programme funding, additional human resource and technical assistance. The distribution of roles is informed by comparative advantage of each organization and what it was established to do. However, there are exceptional situations where a partner may have received funding from other sources earmarked for a specific deliverable that required to be considered. | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** | |
| Local partners play a critical role in supporting the health system at the sub national level and have varying capacities and capabilities. The country is committed to engaging the local partners to support the program in a planned, phased and systematic manner.  The Government of Kenya plans to identify and engage local partners, assess their capacities and engage them through the different coordinating mechanisms such as the ICC at the national and subnational level. This will ensure that local partners are engaged in supporting the immunization space, understanding their capacities and capabilities and eventually identify different local partners to be engaged and contracted in future TCA.  The local partners will then continue being a critical support structure for the program as their role and capacity in supporting the program is built. |
| ***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.* | |
| Kenya notes the recommendation to allocate 30% of TCA to local partners in the period 2022 to 2025. In order to realize and comply to this requirement, Kenya plans to implement it progressively looking into the different funding pots made available to Kenya by Gavi. In the current TCA the Government and its core immunization partners will commence the processes to map the local partners, document and explore options for engagement. The mapping will look into the diverse capabilities of the different local partners. This mapping and preliminary engagement will include local partners supporting the program and potential partners who can support the program.  Subsequent TCA will include local partners who can be engaged as sub-contractors to WHO and UNICEF, who will build the capacities and capabilities of the local partners. This period will support the local partners in areas such as technical approaches, programatic know-how and financial reporting and integrity.  This approach will improve the dynamism of the support the program receives at the national and sub national level. | |
| ***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 CSOs in Kenya are a critical support resource and partner to the immunization program at the national and county level. The capabilities of each CSO are varied in terms of its echnical, programmatic, financial and management capacities.  Kenya Government has previous experience working with CSO to implement the second Gavi HSS grant that is currently ending. From this experience, the country has learnt lessons that will inform improvement in the next HSS/EAF grant funding to be chaneled through a CSO or CSOs.    In the current TCA, the main focus will be the mapping and identification of the different CSOs supporting the Ministry of Health and those that have the capacity to support the program. The TCA will be utilized to build the network and integrate the CSOs into the current coordination process at the national and subnational level. The funding for CSOs will be factored into the HSS component of FPP process and will be funded through the EAF/HSS funding. | |

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.*** |
| Since the design of partners engagement framework (PEF), Kenya has been a beneficiary of the targeted country assistance (TCA) support from Gavi the Vaccine alliance. The support has been provided through the Gavi core partners as well as the extended partners. The previous TCA support to Kenya has been resourceful and catalytic to Kenya by availing additional funding, additional human resource recruited to work with the immunization programme as well as the broader technical assistance provided.  Through the TCA that Kenya received over the years, the country was supported to implement the second Gavi Health Systems Strengthening grant to Kenya since 2016. TCA funding has been channelled through WHO, UNICEF, CDC, CHAI among other partners that have been used to provide operational support and technical assistance to Kenya immunization programme. As a result, the country has sustained the immunization coverage gains made and increased coverage of vaccines e.g. increasing coverage of MR2 from <20% to >50% coverage.  Some of the lessons learnt during the implementation include   1. Leadership by Ministry of Health is important   TCA has been instrumental in building the capacity of the Ministry through Senior manager trainings and other technical assistance to build capacity and increasing human resources.   1. The existence of immunization forums provided an avenue for coordination within Government stakeholders and between Government and partners   The TCA has supported set up and implementation of technical working groups, KENITAG, and other immunization forums that have supported in decision making and implementation of activities around immunization.   1. Information sharing across partnership facilitates smooth working   The Government currently utilizes data driven decision making approaches in several areas and these have been supported through TCA for example the PMT support that utilizes cold chain inventory data to support the roll out of the CCEOP program.   1. Targeted vaccination to address performance gaps across different counties is critical to address inequities   The TCA activities have supported HPV roll out and other campaigns where approaches have had to be adapted for local settings to reach hard to reach communities.   1. TA has contributed to increasing the knowledge base and management capacity of Kenya immunization programme.   The TCA has also supported the Ministry improve on utilizing different approaches to building capacity for example Zoom trainings for immunization staff and targeted intervention training such as Operation level trainings are examples that highlight improvement on knowledge base and support to achieve high and sustainable coverage.  Learning from the experience of previous TCA, the amount of TCA funding allocated to Kenya was insufficient to cater for the country needs, hence there will be need to leverage on other resources to maximize support to the Kenya immunization programme to address inequities in view of the devolved structure for health services. Kenya MOH will continue to face frequent turnover of staff working in the immunization programme hence the need for continuous capacity strengthening of new staff. |

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.*** |
| Kenya has identified key investment areas to increase immunization coverage and address inequities in its 5-year National Vaccine and Immunization Strategic plan 2021-2025. The draft Kenya Gavi Full Portfolio Planning (FPP) has outlined key investment areas in the next five years aligned to the Kenya immunization strategic plan.  In order to realize the objectives, set out in the areas to be supported by Gavi under Gavi FPP, continued technical assistance will be required. Some of the investment areas that would require TA include:   1. Introduction of new vaccines namely second dose of inactivated polio vaccine (IPV), TCV, Men A and Malaria vaccine in Counties with high malaria prevalence 2. Switch of vaccine formulation e.g. switching from Rotarix to rotavac formulations 3. Strengthening leadership, governance and coordination for immunization services 4. Reaching the unreached population, special populations, the missed and zero dose children 5. Vaccination campaigns e.g. follow up MR vaccination 6. Building capacity of Counties to deliver immunization services 7. Improving data quality for evidence-based decision making 8. Strengthening supply chain 9. Cold chain expansion under CCEOP 10. Sustainable immunization financing 11. Planning for transitioning from Gavi support 12. Empowering communities to participate, demand and utilize immunization services 13. Improving data use by counties through roll out of improved data review meetings |

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?*** |
| The country team will carry out joint planning every year that will give rise to the Kenya annual work plan for immunization. The annual work plan will contain all activities that have been prioritized to be implemented in the year through support of Government of Kenya and all partners in immunization. The implementation of the annual plan will be monitored jointly using the existing immunization coordination structures.  The immunization partners will be brought together through the immunization technical working group (TWG) and the thematic groups that focus on specific areas e.g. capacity building, logistics etc. These fora will provide an opportunity for coordination and a forum to monitor progress made and outputs achieved towards delivery of planned activities. The meetings will be held at least every month and on adhoc basis as may be necessary. Any bottlenecks faced or identified in the course of implementation of the activities will be presented and discussed in the TWG. Solutions will be sought and implemented.  The TCA will be channelled through immunization partners who will work to support the Government of Kenya towards the attainment of universal access and utilization of immunization services. The ultimate outcome of interest and result of the support is the national and sub-national immunization coverage that will be tracked using the existing country system for tracking immunization coverage. Immunization data will be collected and transmitted through Kenya Health Information System (KHIS) every month. The compiled data will be analysed and used to track progress. Coverage data by County and sub-county will be used to inform decisions on prioritization of areas for concerted effort. Immunization data generated will be reviewed every month, but actions will be reviewed every quarter. At the end of the year, a review will be carried out on overall immunization performance and status of implementation of planned activities.  Ministry of Health will be responsible for overall leadership in coordinating the partners, monitoring the implementation of the planned activities and overall programme performance. Each partner will be responsible for spearheading the implementation of the activities under the Gavi TCA and tracking its progress. Mutual accountability will be promoted in the implementation of the Gavi TCA. |

1. *Kenya Comprehensive Integrated National Vaccine and Immunization Programme Review, June 2018.* [↑](#footnote-ref-2)