# **TEMPLATE**

**Kyrgyzstan**

**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 2022-2025** | | **%** |
| $2,986,199 | **2022** | $767,000 | 25,7% |
| **2023** | $885,000 | 29,6% |
| **2024** | $748,000 | 25% |
| **2025** | $586,199 | 19,7% |

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?*** |
| TCA 2022-2025 support is centered around the goals of Gavi 5.0 and aims to achieve the goals and objectives of the Immunization Program, and is also aligned with the HSS-3, CCEOP grants.  The rationale of Gavi investments is to close the remaining gaps in performance of National Immunization Program of Kyrgyzstan and strengthening immunization system components through implementation of HSS, CCEOP and NVS programs, ensuring synergies and complementarity over the course of implementation for achievement the highest results.  Main areas of the HSS3 grant:  **Rationale – Objective 1**  Existence of missed opportunities   * Zero dose/under vaccinated children – due to the insufficient system for identification, registration and defaulter tracking; * Problematic access to the immunization services in the remote areas of the country; * Drop outs in vaccination;   **Rationale Objective 2**   * Inadequate capacity of personnel for interpersonal communication for immunization and knowledge in vaccine safety of health personal in PHC sector, with the focus on geographic areas indicated in the Part B * Lack of state budget allocations for the demand generation interventions * No social listening mechanisms in place to understand anti-vaccine narratives in social media. * A lack of secured continuity of clear, user-appropriate, convincing information flow to the target audience (focusing on new parents) about the benefits of vaccination, beyond medical facilities   **Rationale Objective 3**   * Improve the system of vaccine logistics by upgrading the central and subnational warehousing system; * Lack of vaccine Logistic Management Information system   **Rationale Objective 4**   * Weak financial sustainability – NIP is prone to financial shocks derived from pandemic/budget shortage etc * Ability to sustain existing technical advisory and coordination mechanisms. * Ability to sustain enhancement of the RCI management capacity * Outbreak and pandemic preparedness and response capacity * Ability to sustain supportive supervision capacity through introduction of respective procedures and tools   Sub-standard data quality  In 2018, 6,460 children from the immunization target group did not complete DTP vaccination. Among them 1,762 children remained unvaccinated due to the medical contraindications and/or refusal of vaccine hesitant parents and caregivers to vaccinate their children[[1]](#footnote-2).  One of the key priorities of the Immunization Program in Kyrgyzstan is to identify and reach zero-dose and under immunized children to ensure that no one is left without proper immunization. According to MICS 2018, the percentage of children with a zero dose was 9.8% (children who did not receive a first dose of DTP vaccine), and the percentage of under immunized children was 12.3% (children who did not receive a third dose of DTP vaccine).  Comparison between MICS 2014 and MICS 2018, shows that DTP3 coverage decreased by 9.1% (95.9% versus 86.4%).  In difference with DTP vaccination, MMR1 coverage increased by 3.2% (from 93% in 2014 versus 96.2% in 2018), while according to the WIENIC estimates MMR2 coverage decreased by 1% from 97% in 2014 to 96% in 2018.[[2]](#footnote-3)  **Equity in accessing immunization services**  According to the results of MICS 2018, DTP3 coverage has the following trends:   * by the wealth disparity index, there are significant differences with a difference of 11% between the richest and the poorest (76.4% versus 87.5%). The trend increased by 5.4% compared to 2014. * in terms of mothers’ education - DTP3 coverage was lower by 3.9% among the children whose mothers had basic education when compared with the children whose mothers had higher education (86.1% vs. 90%).   The trend, compared to 2014, is probably maintained among the richest and middle strata of the population, due to more access to information via the Internet, where there is a large amount of negative information about the insecurity of vaccines.   * DTP3 coverage among girls was 88.9%, among boys 84.1%. The gender difference in favour of girls is 4.8%, although in 2014 this difference was 1.4%. * DTP3 coverage is lower in urban areas (79.2%) than in rural areas (89.8%). Based on the regional breakdown, Bishkek and Chui oblast (about 70%) have lower coverage compared to other regions. That could be attributed to the high number of unregistered internal migrant communities in these areas.   More details on equitable access to the immunization services are presented in the figures below:  Comparison between MICS 2014 and MICS 2018, shows that DTP3 coverage decreased by 9.1% (95.9% versus 86.4%).  In difference with DTP vaccination, MMR1 coverage increased by 3.2% (from 93% in 2014 versus 96.2% in 2018), while according to the WIENIC estimates MMR2 coverage decreased by 1% from 97% in 2014 to 96% in 2018.[[3]](#footnote-4)  **Equity in accessing immunization services**  According to the results of MICS 2018, DTP3 coverage has the following trends:   * by the wealth disparity index, there are significant differences with a difference of 11% between the richest and the poorest (76.4% versus 87.5%). The trend increased by 5.4% compared to 2014. * in terms of mothers’ education - DTP3 coverage was lower by 3.9% among the children whose mothers had basic education when compared with the children whose mothers had higher education (86.1% vs. 90%).   The trend, compared to 2014, is probably maintained among the richest and middle strata of the population, due to more access to information via the Internet, where there is a large amount of negative information about the insecurity of vaccines.   * DTP3 coverage among girls was 88.9%, among boys 84.1%. The gender difference in favour of girls is 4.8%, although in 2014 this difference was 1.4%. * DTP3 coverage is lower in urban areas (79.2%) than in rural areas (89.8%). Based on the regional breakdown, Bishkek and Chui oblast (about 70%) have lower coverage compared to other regions. That could be attributed to the high number of unregistered internal migrant communities in these areas.   More details on equitable access to the immunization services are presented in the figures below: |

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** | |  |  |
| Delivery of services | Improve and extend immunisation service delivery by reviewing data and addressing regulatory issues.  Support in identifying and covering zero-dose children and missed opportunities | 85 000 |  |
| Human resources for health |  |  |  |
| Supply chain | Support in improving reporting on supplies, forecasting/budgeting, the Platform for Cold Chain Optimization (PCCO), coordination of vaccine procurements and effective management of vaccines | 100 000 |  |
| Health information systems, monitoring and training | Strengthening good leadership, management and coordination (LMC), incl. using data for decision-making | 25 000 |  |
| Surveillance of vaccine-preventable infections (VPI) | Support in strengthening the system of epidemiological surveillance of vaccine-preventable infections | 60 000 |  |
| Forming demand and engagement with communities | Technical assistance for strategy development and demand generation on immunization in a gender-sensitive manner | 90 000 |  |
| Management, policy, strategic planning and program management | Support for building the capacity to coordinate, plan and manage the National Immunization Program (NIP) | 222 000 |  |
| Health financing | Support in advocating to mobilize the necessary financial resources for the NIP | 10 000 |  |
| Grant management and indirect costs | Support in implementing grants | 175 000 |  |
| **Sub Total** | | **$767,000** |  |
| **2023** | |  |  |
| Delivery of services | Improve and extend immunisation service delivery by support in identifying and covering zero-dose children and missed opportunities | 64 000 |  |
| Health human resources | Support in strengthening the capacity of MoH KR’s specialists in issues related to the delivery of vaccination services | 35 000 |  |
| Supply chain | Support in improving reporting on supplies, forecasting/budgeting, the Platform for Cold Chain Optimization (PCCO), coordination of vaccine procurements and effective management of vaccines | 113 000 |  |
| Health information systems, monitoring and training | Strengthening good leadership, management and coordination (LMC), incl. using data for decision-making | 70 000 |  |
| Surveillance of vaccine-preventable infections (VPI) | Support in strengthening the system of epidemiological surveillance of vaccine-preventable infections | 50 000 |  |
| Forming demand and engagement with communities | Technical assistance for strategy development and demand generation on immunization in a gender-sensitive manner | 100 000 |  |
| Management, policy, strategic planning and program management | Support for building the capacity to coordinate, plan and manage the National Immunization Program (NIP) | 268 000 |  |
| Health financing | Support in advocating for the mobilization of necessary financial resources for the NIP | 10 000 |  |
| Grant management and indirect costs | Support in implementing grants | 175 000 |  |
| **Sub Total** | | **$885,000** |  |
| **2024** | |  |  |
| Delivery of services | Improve and extend immunisation service delivery by support in identifying and covering zero-dose children and missed opportunities | 50 000 |  |
| Health human resources | Support in strengthening the capacity of MoH KR’s specialists in issues related to the delivery of vaccination services | 25 000 |  |
| Supply chain | Support in improving reporting on supplies, forecasting/budgeting, the Platform for Cold Chain Optimization (PCCO), coordination of vaccine procurements and effective management of vaccines | 73 000 |  |
| Health information systems, monitoring and training | Strengthening good leadership, management and coordination (LMC), incl. using data for decision-making | 60 000 |  |
| Surveillance of vaccine-preventable infections (VPI) | Support in strengthening the system of epidemiological surveillance of vaccine-preventable infections | 50 000 |  |
| Forming demand and engagement with communities | Technical assistance for strategy development and demand generation on immunization in a gender-sensitive manner | 108 000 |  |
| Management, policy, strategic planning and program management | Support for building the capacity to coordinate, plan and manage the National Immunization Program (NIP) | 197 000 |  |
| Health financing | Support in advocating to mobilize the necessary financial resources for the NIP | 10 000 |  |
| Grant management and indirect costs | Support in implementing grants | 175 000 |  |
| **Sub Total** | | **$748,000** |  |
| **2025** | |  |  |
| Supply chain | Support in improving reporting on supplies, forecasting/budgeting, the Platform for Cold Chain Optimization (PCCO), coordination of vaccine procurements and effective management of vaccines | 92 000 |  |
| Surveillance of vaccine-preventable infections (VPI) | Support in strengthening the system of epidemiological surveillance of vaccine-preventable infections | 30 000 |  |
| Forming demand and engagement with communities | Technical assistance for strategy development and demand generation on immunization | 82 199 |  |
| Management, policy, strategic planning and program management | Support for building the capacity to coordinate, plan and manage NIP | 197 000 |  |
| Health financing | Support in advocating for the mobilization of necessary financial resources for the NIP | 10 000 |  |
| Grant management and indirect costs | Support in implementing grants | 175 000 |  |
|  | **Sub Total** | **$586 199** |  |
|  | **TOTAL COST** | **$2,986,199** |  |

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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.*** |
| Significant efforts have been made by the Government of Kyrgyzstan, with financial support from Gavi and partners, to improve the effectiveness of the Immunization Program at all levels, including improving efficiency at the level of service delivery. Through collaborative efforts, many components of the immunization system have been significantly improved, such as service delivery, staff training, cold chain system, demand generation, access to vaccines, and Information Systems. At the same time, a number of problems remain that need to be addressed.  One of the EPI key objectives is to identify and register children who have not received a single dose of vaccine (zero dose children) and not fully vaccinated children, and complete their vaccination course with all routine vaccinations according to the National Immunization Calendar. According to 2018 MICS, the proportion of children with a zero dose was 9,8% (children who did not receive DPT dose), and the proportion of children who were not fully vaccinated was 12,3% (children who did not get DPT3).  HSS-3 grant.  Kyrgyzstan has started implementation of the GAVI HSS-3 grant since April 2022, the main focus of which is  reaching the missed communities, that are unprotected and also often deprived communities and they suffer from entrenched gender inequality. Within the HSS-3 it is planned to implement several activities such development of a National Plan to improve vaccination coverage, focusing on priority groups and territories with missed opportunities on immunization in a **gender-sensitive manner.**  There are several activities such as repair vaccine warehouses at the regional level, increase the capacity of personnel at the PHC level, vaccination safety, improvement of vaccination coverage, supervision visits, etc are planned in HSS-3 grant. However, the human resources for managing and implementing the HSS-3 grant is partly covered, so it is very important to include human recources in the TCA to successfully implement HSS-3 and other GAVI grants  **Section on digitalization**  Digitization in immunization is about data quality.  The main problem for the Immunization Program is tracking the vaccination status of children, migrating from one area to another. Especially in the COVID-19 context, according to 2021 statistics, 17 830 children did not complete the Penta-3 primary vaccination course.  Internal migration makes determining of a patient's vaccination status and history nearly impossible.  Given the existing capacities and resources in Kyrgyzstan, it has been proposed that the Ministry of Health uses the DHIS-2 online immunization reporting system (which should be considered as an option of the Immunization Information System) as a starting point to replace the current manual reporting formats and their summary in Excel. For the data analysis and aggregation, this process will be necessary at the stage of DHIS-2 software operation down to the district level (HSS-2 Gavi, WHO). With the support of UNICEF, feasibility study of the system was carried out to explore possible integration with DHIS2.  The developed and functioning online data reporting system is seen as a step towards the development of a comprehensive CSI in Kyrgyzstan with provision of an electronic individual immunization registry and other relevant software components. At this stage, together with the CEH and RCI, such system -IEMDOO -has been developed and is at the piloting stage.  With the WHO support and funded by Gavi, the process of digitizing the 063 vaccination card has begun. The e-immunization system should enable patients to be mobile among various health care organizations providing vaccination services, since the information is generated based on the patient's PIN, which means that the vaccination history follows the patient.  With introduction of newer and more expensive vaccines, there is a need to better control the distribution and use of vaccines. Therefore, development and implementation of an E-Immunization System is critical to provide this management information and automate much of the administrative work of health care organization, minimize stock levels to contain costs and prevent stock depletion.  With the support of the Abt Ass under the USAID project, the process of digitization of warehouse accounting and refrigeration equipment has begun.  The process of digitalization in immunization is proceeding in stages, it is planned to conduct 1) Analytical review of the data quality and established digital systems in immunization, 2) Mapping activities, 3) Development of a roadmap for further digitalization in immunization.  As part of the requested assistance, technical assistance is expected in developing the roadmap for further digitalization in immunization, as well as in expanding the use of DHIS2 mobile application (WHO).    **Cold Chain**  In order to justify future major investments in modernization and expansion of the NIP cold chain in the country, in 2016, in addition to the EWM assessment, an inventory of cold chain equipment and a needs assessment were carried out.  The results of the assessment and inventory indicated that the existing cold storage and transportation capacity at the national, regional and district vaccine warehouse levels was insufficient to meet future vaccine storage requirements. Lack of storage capacity prevented the country from implementing a proper vaccine distribution and stock management system, such as maintaining a reserve stock of vaccines and consumables.  Based on the results of the study, a Comprehensive plan for rehabilitation of the EPI cold chain for 2016-2026 was developed. The Plan was designed to meet future program needs over a 10-year horizon.  Given the high cost of investing in cold chain, implementation of the Plan was made possible by the combined use of support from Gavi Health System Strengthening Grants (HSS-2) and two phases of the Cold Chain Equipment Optimization Platform (CCEOP). CCEOP-qualified equipment was provided to address the needs of cold chain at district and immunization service provider levels, while HSS-2 funding (40% of the total budget) was directed towards improving vaccine storage and transport systems at the national, regional and district levels.  However, an assessment of the cold chain capacity at t-mode + 2 + 8°C showed that all levels of cold chain despite the provision of refrigeration equipment during the two stages of the Cold Chain Equipment Optimization Platform (CCEOP) and Gavi HSS-2 require additional storage volumes for the increased volumes of COVID-19 vaccines requiring t-mode + 2 + 8°C.  Considering all the risks that the required equipment of the Cold Chain Modernization Plan from likely sources will be delivered in the distant period from 2022 to 2024 and considering the increasing demand for cold chain equipment due to COVID-19 immunization and implementation of related service strategies related to such immunization needs - the country has accepted CCE support, provided by COVAX Facility (on July 8, 2021, the budget was approved by Gavi Decision letter for the total of 211 426,00 USD). In parallel, the issue of financing equipment and operational processes from other sources of financing (World Bank, Issyk-Kul Development Fund, WHO, HAC/UNICEF, USAID, ADB, CDS Gavi) is being considered.  The requested assistance is needed for technical support in the following areas:  -inventory of cold chain equipment, taking into account all the supplied equipment;  -adaptation of the Cold Chain Modernization Plan;  - construction of the National Vaccine Warehouse;  - logistics of vaccines and equipment.  **Preventable disease surveillance**  The Kyrgyz Republic, along with other WHO/Europe member states, is implementing the activities of the WHO Global Strategic Plan to Eliminate Measles and Rubella, as well as the End-Plan Polio Eradication Plan. During last five Measleas-Rubella and Polio vaccines coverage among target population remains at level not less than 95%, the country has established an integrated surveillance system for all cases of suspected Measles/Rubella and Polio with mandatory laboratory testing. However, due to many challenges, including the COVID-19 pandemic, there are still significant challenges in achieving the set goals.  Significant investments have been made in strengthening human resources to improve the effectiveness of the various components of the Immunization Programme.  However, due to high staff turnover, a certain number of health workers do not have sufficient knowledge about vaccines and their composition, AEFIs and true/false contraindications to vaccination. This leads to a large number of unjustified medical contraindications to vaccination at the PHC level.  Increasing and maintaining high demand for immunization among caregivers has always been one of the most important objectives of the Ministry of Health and EPI. Based on the results of the KAP survey (2018), the Immunization Communication Strategy for 2018-2020 was developed and implemented. Despite the importance of increasing demand and communication, these activities often remain without public funding and are carried out by different donors, which threatens the continuation and sustainability of ongoing long-term communication initiatives, which can lead to loss of results, gained and even regression. Taking into account these factors, it should be noted that the impact of the implemented activities under the Immunization Communication Strategy for 2018-2020, unfortunately, did not attain the goal. The country needs additional support to ensure that immunization demand generation activities are adequately reflected in programs and budgets. In addition, activities aimed at strengthening the capacity of primary health care workers should be implemented.  The duration of the requested assistance is 4 years (2022-2025). |
| * 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.*** |
| For the identification and coverage of zero-dose children and missed communities, the requested TCA funds will be used for the following activities:  - Delivery of services;  - Health human resources;  - Supply chain;  - Surveillance of vaccine-preventable infections (VPI);  - Forming demand and engagement with communities  - Management, policy, strategic planning and program management;  - Health financing;  - Grant management and indirect costs.  Part of TCA grant will be used to cover costs of staff that will be involved in HSS3 grant implementation. |
| ***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?*** |
| Introduction of HPV vaccine in 2022;  For 2023, a post-introduction assessment is planned;  Taking into account the deteriorating Measles epidemiological situation in Tajikistan, it is necessary to conduct MR vaccination campaign among children of the appropriate ages, paying special attention to the border regions. |
| ***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.* |
| Implementation of the new TCA program cycle (2022-2025) will help restoring the routine immunization service through:  - implementation of digital technologies in the immunization program will help in the process of identifying children who have not received even one vaccine dose (zero dose children) and not fully vaccinated children;  - implementation of the package of measures to improve vaccine management (EVM) will improve the process of monitoring of vaccine stocks and management of vaccines at the national and sub-national levels, including COVID-19 vaccines;  - activities aimed at strengthening the capacity of the country's national immunization program will increase the capacity to manage and coordinate the program operation;  - ensuring sustainability of the immunization program (conducting an EPI review, development of the cMYP, including costing of vaccines (estimates of vaccine costs and expenditures), and advocating for mobilization of the necessary financial resources for the NIP). |
| ***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 KAP survey conducted in Kyrgyzstan in 2018 with UNICEF support did not reveal significant differences in knowledge, attitudes and vaccination practices between “mothers” and “fathers” of children under 5. However, the knowledge of "mothers" and "fathers" about the national vaccination schedule differed significantly. Only 10% of fathers confirmed that they had heard of the national vaccination schedule, which is four times less than the percentage of "mothers". The results of the survey confirmed that the main caregivers are mothers, including responsibility for childcare and immunization. However, men have a significant influence on mothers regarding the vaccination of children. 64% of mothers seek advice from other people when making decisions about vaccination. The results of the survey indicated that the husband is the most influential person in making this decision. More than half of women in the registered (official) marriage (52%), and about one third of women in an unregistered marriage or divorced, are interested in the opinion of their husband when deciding whether to vaccinate their children.  Implementation of the 2022-2025 TCA activities will help to overcome the identified gender differences and ensure the reduced number of zero-dose/missed children. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| The core priorities are formulated by the National Immunization Program based on consultations with key partners in the country (WHO, UNICEF), taking into account the Gavi 5.0 Strategy and agreed with 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://www.gavi.org/sites/default/files/support/TCA-guidelines.pdf) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| The core partners of the National Immunization Program are:  - WHO;  - UNICEF | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** | |
| Currently, there are no local partners in the country with the required level of technical competence in the field of immunization to provide technical support for the TCA activities at the required technical level. In this regard, WHO and UNICEF will remain to be the core partners in implementation of the 2022-2025 TCA in Kyrgyzstan. |
| ***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.* | |
| Currently, there are no local partners in the country with the required level of technical competence in the field of immunization to provide technical support for the TCA activities at the required technical level. In this regard, WHO and UNICEF will remain to be the core partners in implementation of the 2022-2025 TCA in Kyrgyzstan. | |
| ***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.* | |
| Currently, there are no civil society organizations in the country with the necessary level of technical competence in the field of Immunoprophylaxis to provide technical support for the TCA activities at the required technical level. In this regard, WHO and UNICEF will remain as the core partners in implementation of the 2022-2025 TCA in Kyrgyzstan. | |

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.*** |
| Contribution of previous TCAs to the national programme and knowledge/skill-building:  - country developed HPV introduction plan;  - country introduced targeted communications activities to increase demand for immunization services;  - country strengthened capacity of the Interagency Coordination Committee (ICC) as well as of the country NITAG (use of evidence-based data for the introduction of new vaccines, including COVID-19 vaccines);  - country strengthened the potential of local specialists related to causality assessment of Adverse Events Following Immunization (AEFI),  - country received technical support related to Effective Vaccine Store Management (EVM); forecasting and budgeting, logistics of vaccines and consumables, cold chain inventory;  - country completed the adaptation of clinical protocols and standard operating procedures.  The new TCA builds on the best practices and objectives of previous TCAs. |

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.*** |
| Gavi investments requiring technical support for 2022-2025:  • Updated vaccine cost estimates for the planned program and vaccine cost projections for in-country immunization program support activities to mobilize the necessary financial resources;  • Implementation of the recommendations of the EWM improvement plan;  • Full cold chain inventory and country needs assessment;  • Work on the legal framework to ensure sustainability and quality of the vaccine storage and distribution system;  • Supervisory visits using the EVM tool;  • Conducting an EVM assessment;  • Strengthening the capacity of the RCI to conduct AEFI causality assessments, using VigiBase and VigiFlow, building the national AEFI database;  • Capacity Building;  • HPV vaccine Post-introduction evaluation;  • Expanding the use of the DHIS2 platform for working with immunization program data;  • Improvement of the data management (following recommendations from previous assessments) and the ability to use data for follow-up actions;  • Support for digitalization of Immunization Information System;  • Subnational coverage estimates in the areas with high levels of migration and poor quality immunization coverage data;  • Strengthening VPD surveillance;  • Provision of TA to conduct and implement qualitative research to support tailored interventions, including collection and analysis of data based on already developed management tools. Focus on the underserved populations;  • Provision of technical support for implementation and testing of the digital game-based educational module “Immune Patrol” in the school curriculum;  • Piloting and evaluating the immunization and vaccination training program that could be incorporated into training programs for health workers in specific countries;  • Strengthening surveillance of vaccine-preventable diseases;  • Carry out full portfolio planning activities for the next TCA cycle (after 2025). |

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?*** |
| **EPI/MOHSP:**   * Lead the TCA planning and monitoring process including development of a comprehensive roadmap for implementation of activities and liaise with the Gavi Secretariat on partner mapping. * Convene quarterly meetings, including joint appraisal (JA) or Multi-Stakeholder Dialoque (MSD), to review progress on TCA implementation and plan for following period. * Proactively raise any concerns with TCA provision to partners, the Coordination Forum and the Gavi Secretariat. * Ensure relevant partners (including Gavi-identified and Gavi-prequalified partners) are included in TCA planning processes. Actively support the incorporation of Local Partners. * Liaise with the Gavi Secretariat on the engagement mechanisms (identification, prequalification, selection and contracting) of Expanded Partners to align with Gavi’s Procurement and Competition policies. * Collaboratively determine, with the Gavi Secretariat, the proportion of available TCA funding that will be allocated between the two groupings of Core Partners and Expanded Partners respectively on a country-by-country basis as part of the TCA Plan Development stage. * Provide quarterly documented feedback on quality, relevance and impact of TCA to Coordination Forum and during the JA/MSD process * Agree with partners on the contribution of staff time to be embedded * Development of a mutual accountability framework   **Coordination Forum**   * Review quarterly TCA implementation progress and challenges and agree on corrective actions (at least bi-annually) and endorse plan for following year * Review and validate any requests for adjustments to the TCA plan   **Partners: UNICEF and WHO Regional Level**   * Monitor progress on TCA delivery throughout the year (including review of regular TCA reporting) and support countries in identifying and overcoming challenges or bottlenecks * Support dissemination of guidance, tools, and decisions from PT/ACT to country level staff * Facilitate lessons learned and best practices from planning, implementation and monitoring of TCA in countries * Review of TCA plans prior to submission to Gavi to ensure alignment with TCA guidance and allow for clearance before proposals are shared with HQs and ultimately Gavi Secretariat * Report on/share updates on usage of TCA funds   **Partners: UNICEF and WHO HQ Level**   * Review submission of TCA milestone reports of priority countries before reporting deadlines and provide reporting feedback via the Partner Portal * Disseminate guidance, tools, and decisions from PT, ACT, etc., to regional-level staff * Core Partners to submit HR and financial utilisation reports to the Gavi Secretariat as per the respective clause in the country-specific MoUs * Report on/share updates on usage of TCA funds   **Gavi SFA working groups**   * Provide guidance to countries and partners on relevant TCA approaches in their programmatic areas * Monitor progress on TCA delivery throughout the year in their programmatic areas   **Gavi Secretariat**   * Ensure clarity on process for TCA planning and reporting * Ensure the implementation of contracts follows Gavi Procurement process and policies * Support in the mapping and engagement of partners for TA * Engage in quarterly review of TCA in country; convene discussions if necessary; review partner reports (milestones, results and narratives) and provide timely feedback * Ensure robust discussion on planning for TCA through the JA, MSD, including link with other Gavi grants and results expected in the country * Support development of a mutual accountability framework |

1. E-Health Centre, MoH, 2018 [↑](#footnote-ref-2)
2. WUENIC Data [↑](#footnote-ref-3)
3. WUENIC Data [↑](#footnote-ref-4)