**Somalia**

**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 2022-23** | | **%** |
| **$4,973,495** | **2022** | **$ 2,043,195** | 41% |
| **2023** | **$ 2,930,300** | 59% |

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?*** |
| In fragile states like Somalia, conflict, insecurity, and poor governance are root causes of poorly preforming primary health care (PHC) and immunization services. The country is faced with frequent natural disasters due to climate change and has been classified by World Bank to be among high-intensity conflict countries. These factors drive population movements and conflict hinders access to EPI services, especially in the Federal Member States. 26% of population are living a nomadic style of life and 2.8 million people are IDPs in the country. EPI services are not provided in all MCHs, with around 62% of MCHs providing immunization services. Most of the MCHs are only providing immunization services at fixed sites. Vaccination is not the top most priority of parents due to other competing priorities. Over the last few years, the country has made significant progress in establishing and building the capacity of States and Regions to manage EPI services. Although the country has noted improvements in the administrative coverage, it is still faced by outbreaks of vaccine preventable diseases such as polio and measles. Administrative data shows that 74% of children under 1 year received measles vaccination as compared to 71% of target children in 2019. However, challenges do exist in data analysis, making informed decisions, identification of zero-dose[[1]](#footnote-2) children and implementing sustainable interventions to reach them.  Demand for EPI services is also sub-optimal, partly due to various beliefs and inaccessibility. One of the beliefs is that vaccination may cause infertility in women. Data shows that even though women have higher risk perceptions, but lower levels of acceptance due to concerns of low vaccine safety and efficacy. Results of KAP survey conducted by WHO & UNICEF in November 2021, indicated that 6% of religious and community leaders reported the government as a source of trusted information on vaccination. Another existing challenge for the EPI programme is that parents/caregivers do not have accurate information on the sites of vaccination, especially for outreach and the mobile vaccination strategies.  The vaccine supply chain is also established but requires support to ensure that vaccines are readily available in a potent state and to implement the EVM Improvement Plan that will see the country address the bottlenecks in the vaccine supply chain. Capacity building of the different cadres of the MoH staff in the different levels in also critical in ensuring that the country develops the critical workforce necessary for scaling EPI services and reaching zero-dose children in Somalia. |

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** | |  | 41% |
| Governance, policy, strategic planning and programme management (WHO TCA) | Provide technical support to FMOH and state MOH to improve routine immunization coverage, focusing on tracing and vaccinating Zero dose children and missed communities, such as Internally displaced, hard to reach, mobile, nomadic populations and ensuring that gender is integrated .This TA will also support in FPP facilitating ZD analysis. | 379,000 | 19% |
| Service delivery (WHO TCA) | Provide technical and operational support to state ministries to improve routine immunization coverage, reaching zero dose children and missed communities. Facilitating urban immunization, COVID 19 vaccination, NIDs etc. TA will also support country and states in planning, use of data, capacity building and establishing feedback mechanism. | 728,126 | 36% |
| Health information systems and monitoring and learning (WHO TCA) | Provide technical support to the State, Region HMIS Officers and health facilities to build their capacity in data collection and analysis. Provide technical support and capacity building in the roll-out of the revised DHIS at all levels. To support the country in monitoring the vaccine utilisation through analysis of the revised DHIS. To support the State MoH in implementing the defaulter tracing and identification of zero-dose children, identifying & sharing best practices and lessons learnt. To provide technical support in the cascading of trainings on the revised DHIS. | 137,262 | 7% |
| Vaccine-preventable disease surveillance (WHO TCA) | To facilitate surveillance data analysis, developing weekly surveillance report for timely detection of any VPD outbreak and response. Position (LICA) will be based in Hargiesa. | 32,000 | 2% |
| Cold chain logistics and vaccine supply chain (UNICEF TCA) | Support the Federal and State MoH in the management of cold chain and vaccine supply chain. To also closely collaborate with the NGOs in this management and to ensure phased hand-over of cold chain management to the MoH. Provide technical support in conducting EVM and implementation of the EVMIP. Support the country with forecasting and vaccine supply management related to COVID-19 vaccination, other NVI and VPD response. Provide capacity building of Federal and State MoH staff in vaccine management and transfer skills to the FMoH National Cold Chain Manager and other MoH cold chain cadre. Provide technical support to carry out annual forecasting for vaccines and other EPI supplies for timely submission to the UNICEF Supply Division. | 271,296 | 13% |
| Demand generation for immunisation services (UNICEF TCA) | Provide technical assistance to the country in order to carry out evidence-based social and behaviour change interventions that promote the uptake of EPI services. This will be through the collection and analysis of data to inform social & behavior change strategies, with focus on targeted audiences such as female and vulnerable groups e.g. IDPs. and Develop strategies that incorporate a human-centred design approach (HCD) for the inclusion of target groups, that in turn improves and sustains demand for vaccination services.  Work with stakeholders to design demand promotion plans with key milestones and deliverables. Closely work with key influencers at all levels and other stakeholders to harness their influence and networks with eventual objective of behaviour change. Provide technical support to the country in social and behavior change (SBC) interventions related to SIAs, COVID-19 vaccination and with integrated programmes like nutrition and WASH. Support the Federal and State MoH with NVI; nOPV2, IPV2, MCV2 and pneumococcal vaccination (TA will cover support for new application and vaccine introduction plans). TA will also be provided to support the country in the planning and generating demand for integrated measles SIAs that will be conducted. Leverage on technology such as social media to influence behaviour change, especially among the youth and urban dwellers. To also support demand strategies related to the urban immunisation strategy and its scale-up. | 271,292 | 13% |
| Service delivery, including integrated programming and reaching zero-dose children. (UNICEF TCA) | Provide technical support to MoH in designing and implementing EPI services that are integrated with other life-saving interventions like nutrition and WASH. Provide technical support to MoH to identify zero-dose children and reach them via sustainable strategies. Provide support in implementing the measles strategic plan, including implementing quality integrated SIAs. Provide technical support in developing the HSS3 proposal based on the best practices and lessons learnt of the HSS2 programme. Provide support to the MoH and Field Offices in implementing the HSS2 programme, including donor reporting and financial reporting. | 271,296 |  |
| Service delivery (UNICEF TCA) | Provide technical support to the State MoH in the FMS to identify zero-dose children and implement EPI interventions that reach them. Provide support in leveraging humanitarian interventions to provide EPI services. Closely collaborate with NGOs, State MoH and other stakeholders to provide EPI services, including the vaccine supply chain. Capacity building of State MoH, Regional and District teams to conduct regular analysis and interventions based on data. Provide support with NVI, COVID-19 vaccination and implementation of the measles strategic plan. | 82,046 |  |
| Service delivery (UNICEF TCA) | Provide technical support to the State MoH and NGOs in the management of cold chain services in the FMS. Provide technical support in the development of State MoH annual plans and support in implementation & monitoring. Support the implementation of HSS2 activities in the FMS. Closely collaborate with NGos in the implementation and monitoring of EPI activities in the FMS. Support the introduction of new vaccines nOPV2, IPV2 and MCV2 and cold chain related to COVID-19 vaccination. Support in implementation of SIAs. | 64,784 |  |
| Health information, data analysis and learning (UNICEF TCA) | Provide technical support to the State, Region HMIS Officers and health facilities to build their capacity in data collection and analysis. Provide technical support and capacity building in the roll-out of the revised DHIS at all levels. To support the country in monitoring the vaccine utilisation through analysis of the revised DHIS. To support the State MoH in implementing the defaulter tracing and identification of zero-dose children, identifying & sharing best practices and lessons learnt. To provide technical support in the cascading of trainings on the revised DHIS. | 75,262 |  |
| Demand generation and identification of zero-dose children, especially in security-compromised areas. (Extended Partner TCA) | Leverage on the polio network of social mobilisers to identify zero-dose and under-vaccinated children, especially in the security-compromised districts of the FMS. This technical support will be at the sub-national level in the FMS. Provide support and work with local influencers to generate demand for EPI services and closely collaborate with service providers to provide EPI services in these areas. To strengthen the defaulter tracing mechanism and identification of zero-dose children, capitalizing on different interventions like humanitarian. To develop and implement demand generation strategies that is adapted to the security-compromised areas of the FMS. Closely link with health facilities, districts and regions to provide EPI services in these areas. Three (3) national positions to be implemented through extended partner. To be based in the FMS (locations to be decided later). | 224,219 | 11% |
|  | **Total 2022** |  | 100% |
| **2023** | | $2,930,300 | 59% |
| Governance, policy, strategic planning and programme management (WHO TCA) | Provide technical support to FMOH and state MOH to improve routine immunization coverage, focusing tracing and vaccinating Zero dose children and missed communities. | 422,500 | 14% |
| Service delivery (WHO TCA) | Provide technical and operational support to state ministries to improve routine immunization coverage, reaching zero dose children and missed communities. Facilitating urban immunization, COVID 19 vaccination, NIDs etc | 914,126 | 31% |
| Health information systems and monitoring and learning (WHO TCA) | Provide technical support to the State, Region HMIS Officers and health facilities to build their capacity in data collection and analysis. Provide technical support and capacity building in the roll-out of the revised DHIS at all levels. To support the country in monitoring the vaccine utilisation through analysis of the revised DHIS. To support the State MoH in implementing the defaulter tracing and identification of zero-dose children, identifying & sharing best practices and lessons learnt. To provide technical support in the cascading of trainings on the revised DHIS. | 137,262 | 5% |
| Vaccine-preventable disease surveillance (WHO TCA) | To facilitate surveillance data analysis, developing weekly surveillance report for timely detection of any VPD outbreak and response. | 64,000 | 2% |
| Cold chain logistics and vaccine supply chain (UNICEF TCA) | Support the Federal and State MoH in the management of cold chain and vaccine supply chain. To also closely collaborate with the NGOs in this management and to ensure phased hand-over of cold chain management to the MoH. Provide technical support in conducting EMV and implementation of the EVMIP. Support the country with forecasting and vaccine supply management related to COVID-19 vaccination, other NVI and VPD response. Capacity building of Federal and State MoH in vaccine management. Provide technical support to carry out annual forecasting for vaccines and other EPI supplies for timely submission to the UNICEF Supply Division. | 271,296 | 9% |
| Demand generation for immunisation services (UNICEF TCA) | Provide technical assistance to the country in order to carry out evidence-based social and behaviour change interventions that promote the uptake of EPI services. Closely work with key influencers at all levels and other stakeholders to harness their influence and networks with eventual objective of behaviour change. Provide technical support to the country in SBC interventions related to SIAs, COVID-19 vaccination and with integrated programmes like nutrition and WASH. Support the Federal and State MoH with NVI; nOPV2, IPV2, MCV2 and pneumococcal vaccination. Leverage on technology such as social media to influence behaviour change, especially among the youth and urban dwellers. To also support demand strategies related to the urban immunisation strategy and its scale-up. This TA will be at the national level to support the Federal & State MoH as well as support the Field Offices and the extended partner in the implementation of the SBC interventions. | 271,292 | 9% |
| Service delivery, including integrated programming and reaching zero-dose children (UNICEF TCA) | Provide technical support to MoH in designing and implementing EPI services that are integrated with other life-saving interventions like nutrition and WASH. Provide technical support to MoH to identify zero-dose children and reach them via sustainable strategies. Provide support in implementing the measles strategic plan, including implementing quality integrated SIAs. Provide technical support in developing the HSS3 proposal based on the best practices and lessons learnt of the HSS2 programme. Provide support to the MoH and Field Offices in implementing the HSS2 programme, including donor reporting and financial reporting. | 283,347 |  |
| Service delivery (UNICEF TCA) | Provide technical support to the State MoH in the FMS to identify zero-dose children and implement EPI interventions that reach them. Provide support in leveraging humanitarian interventions to provide EPI services. Closely collaborate with NGOs, State MoH and other stakeholders to provide EPI services, including the vaccine supply chain. Capacity building of State MoH, Regional and District teams to conduct regular analysis and interventions based on data. Provide support with NVI, COVID-19 vaccination and implementation of the measles strategic plan. | 86,197 |  |
| Service delivery (UNICEF TCA) | Provide technical support to the State MoH and NGOs in the management of cold chain services in the FMS. Provide technical support in the development of State MoH annual plans and support in implementation & monitoring. Support the implementation of HSS2 activities in the FMS. Closely collaborate with NGos in the implementation and monitoring of EPI activities in the FMS. Support the introduction of new vaccines nOPV2, IPV2 and MCV2 and cold chain related to COVID-19 vaccination. Support in implementation of SIAs. | 66,727 |  |
| Health information, data analysis and learning (UNICEF TCA) | Provide technical support to the State, Region HMIS Officers and health facilities to build their capacity in data collection and analysis. Provide technical support and capacity building in the roll-out of the revised DHIS at all levels. To support the country in monitoring the vaccine utilisation through analysis of the revised DHIS. To support the State MoH in implementing the defaulter tracing and identification of zero-dose children, identifying & sharing best practices and lessons learnt. To provide technical support in the cascading of trainings on the revised DHIS. | 77,520 |  |
| Demand generation and identification of zero-dose children, especially in security-compromised areas. (Extended Partner) | Leverage on the polio network of social mobilisers to identify zero-dose and under-vaccinated children, especially in the security-compromised districts of the FMS. Provide support and work with local influencers to generate demand for EPI services and closely collaborate with service providers to provide EPI services in these areas. To strengthen the defaulter tracing mechanism and identification of zero-dose children, capitalizing on different interventions like humanitarian. To develop and implement demand generation strategies that is adapted to the security-compromised areas of the FMS. Closely link with health facilities, districts and regions to provide EPI services in these areas. Three (3) national positions to be implemented through the extended partnerTo be based in the FMS (locations to be decided later). | 849,824 | 29% |

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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.*** |
| Somalia has a fragile health system due to multiple factors such as conflict and natural disasters. The health system requires to be strengthened considering all building blocks of HSS. Starting with strengthening of Governance, policy, strategic planning and programme management, service delivery, health information management system and vaccine preventable disease surveillance in addition to vaccine supply chain management and demand generation. Human resource for health is another weak area and needs TA. Government EPI policy is focusing on improving Governance, planning, policy, programme management. Service delivery, health information system, VPD surveillance, vaccine supply chain and demand generation. The proposed TA will support the Federal and State Ministries in strengthening Governance, policy, planning, programme management, vaccine supply chain and demand generation. TA for service delivery is also required to identify and reach pockets of zero dose children and missed communities and put in place strategies to vaccinate and track them. The TA will also support the country to leverage on all opportunities such as the SIAs and humanitarian interventions to identify and vaccinate zero-dose children. Where possible, this leveraging will ensure that EPI interventions are integrated with other life-saving interventions such as nutrition and WASH.  TA for health information and monitoring is also required to enable MoH in using data for making timely decision. Surveillance in Somalia is weak due to fragile health system and it needs TA to improve surveillance system and also required for monitoring the programme performance and guide policy accordingly. Strengthening the vaccine supply chain and implementing the recommendation of the EVMIP is also key in supporting the country to address the bottlenecks in the vaccine supply chain.  The demand for EPI services is sub-optimal and the country requires TA to develop and scale-up evidence-based SBC interventions that address the needs of the different population groups like IDPs and nomads. The leveraging of the polio network of social mobilisers is also crucial in reaching remote communities, generating demand and also identifying zero-dose children living in these communities. The country will engage a partner to support in addressing gaps in demand generation, especially for communities living in security-compromised areas. The social mobilisers will also support the country in strengthening the nascent defaulter tracking mechanism, put in place in 2021 with the support of Gavi. |
| * 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 proposed TA will contribute to identify zero dose children and missed communities by supporting ministries in developing plans, build their technical and managerial capacity. TA will also provide operational support to improve immunization coverage by tracing zero dose children and missed community, vaccinating them and tracking them. TA on demand will ensure that the country is designing and implementing evidence-based demand interventions, with the local partner focusing on generating demand in security-compromised areas of the country. TA will also build sub national capacities for programme management. TA will also support improving data quality and use of data for decision making. TA will also strengthen feedback mechanism and contribute to building local capacities. TA will also support Federal and state ministries during new vaccine introduction by facilitating development of plans, capacity building and introduction. The requested TA will also support in strengthening VPD surveillance system by actively enagement with the MoH surveillance team and improved coordination with different layers.  During the DHIS2 review, the country introduced the reporting on vaccine utilisation in the revised DHIS system. TA will be provided to support the Regions to report on vaccine utilisation in revised DHIS, strengthening their capacity to analyse, make decisions and forecasting for vaccines from the national level. |
| ***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?*** |
| New vaccine introduction and campaigns are the opportunities for the country to strengthen health system especially Governance, policy, planning, service delivery, health information system, VPD surveillance, supply chain management and demand generation. During new vaccine introduction there will be opportunity to review the current immunization supply chain management and improve its capacity. This is also an opportunity to refresh knowledge and skills of vaccinators and managers and build their capacity to identify Zero dose children and missed communities. It also provides an opportunity to build capacity of health care providers on VPD surveillance and strengthen lab capacities.  Campaign provides platform to improve coordination, programme management, governance, planning, service delivery and data management. During campaigns, Zero dose children and missed communities can be identified and tracked. Teams while visiting houses will identify zero dose, under immunized and missed children and communities and will be followed up through the already established defaulter tracing mechanism put in place in 2021 in the country. Campaign is also an opportunity to sensitize community and elders of each household to report any VPD to relevant authority/individuals. Campaign also provide good opportunity to raise awareness and create demand for vaccine.  To ensure sustainability the TA will advocate for domestic financing options for immunization and support the country to design budgets to target resources to specific approaches, geographies, and populations necessary to reach zero-dose populations. This project will also link with other funding streams to transition established gains for sustainable service delivery. |
| ***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 proposed TA will help in re-establishing routine immunization services by providing technical and operational support in planning, improved coordination, programme management at national and sub national level. The proposed TA will also provide operational support to service delivery by facilitating development of microplans, identifying zero dose and missed communities. Demand strategies will also be put in place in districts where the COVID-19 pandemic affected EPI services the most. TA will also support data management and providing data for decision making. TA will also support surveillance activities which were disrupted during COVID 19 pandemic. |
| ***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 TA will work with already known influencers such as religious leaders to address barriers related to religion. The TA will also work with men to involve them in EPI so that they can be involved in the vaccination of their children and ensure that they are vaccinated. Religious leaders will play a crucial role in sensitising men on the importance of vaccination.  Other barriers include the constant of nomadic populations and long distances that limit marginalised and remote communities from accessing EPI services. Through the updated database of nomadic leaders, the TA will work with them sensitise these communities on EPI. The local partner will specifically focus on demand aspects for communities living in security-compromised areas of the country and will work with the local leaders to generate demand in these communities. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| Top priority is to improve Governance; strategic planning and programme management as still there is needed to improve this area. 2nd priority is to improve and expand service delivery and also introduce new vaccine. 3rd priority is improving and expands cold storage capacity. 4th priority is to improve health information system, monitoring and learning. 5th priority is to strengthen surveillance system and 6th priority is to create demand for vaccines. |

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

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| ***3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners and CSOs) to support the activities implementation? (Refer to the*** [***PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning***](https://www.gavi.org/news/document-library/support/tca-guidelines) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| The MoH has a strong partnership with below partners:  WHO, UNICEF and Save the Children | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners and how you are building their capacity.*** | |
| These children will be vaccinated through either fixed or outreach services that will be organised in collaboration with the local leaders. The partner will also strengthen the defaulter tracing mechanism that was put in place in 2021 with the support of Gavi. Building on Save the Children’s expertise in community engagement and strong relationships in the targeted communities, will engage community leaders and stakeholders, work with community groups, undertake participatory landscape analyses, and develop appropriate approaches to engaging communities and reaching zero-dosed and under-immunized children and their caregivers. |
| ***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.* | |
| Partners will be allocated on an iterative and phased basis to enable review their performance. The allocation to existing and new partners will also have attained 30% during 2022 and 2025. | |
| ***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.* | |
| Based of countries EPHS model in providing PHC services/interventions is launched, the allocation of 10% to CSOs will be reached. | |

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.*** |
| Past TA support to country played vital role in sustaining immunization coverage during COVID 19 pandemic. TA also supported integrated campaign implementation during COVID 19 pandemic. TA also supported DQIP implementation and contributed to strengthen surveillance and outbreak response. The planed TA is continuation of past TA and few additional TA also proposed to build subnational capacities and strengthen each state. As outcome of Polio transition integrated public health teams at region and district level will be deployed to maintain public health essential functions. One of the core responsibilities of IPHT is to contribute in improving routine immunization by identifying Zero dose children and missed communities and facilitate their vaccination and tracking. IPHT will also contribute to strengthening surveillance system and health information system.  The presence of TA supported by GAVI helped the country to tackle pandemic in scientific way by applying epidemiological and technical knowledge. With support of GAVI supported TAs on ground Somalia country team was able to draft the NDVPs, establishment of electronic registration for C-19 vaccination, readiness tools for COVID amid of ensuring to run the Routine program of immunization which was impacted by pandemic. Urban immunization and Enumeration exercise was an innovation for the country in Somali where realistic target population is always challenging argument. TA supported by GAVI conducted successful Urban immunization, enumeration exercise in 11 districts in 2020 - 2021 which helps country to generate enough evidence to rollout piloting of electronic registration for immunization in the country. Measles surveillance has improved remarkably in previous 2 years in the country after capacity built in case detection and lab support for measles surveillance by TA invested by GAVI PEF support.  The TA is enabled the country to strengthen the vaccine supply chain, expand the cold chain infrastructure through CCEOP support, introduce new vaccines and ensure that COVID-19 vaccines were successfully introduced in the country. It also enabled timely forecasting for vaccines, building the capacity of MoH staff to ensure functionality of the cold chain and implementing the EVMIP. It also enabled the country to implement evidence-based interventions and to implement integrated EPI and nutrition interventions in districts that were performing poorly. The TA also enabled the country to successfully implement the urban immunisation strategy in three major cities of Somalia, where zero-dose and under-vaccinated children were reached with this pilot strategy. |

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.*** |
| One TCA is aligned with GAVI future planned investment, below is the planned investment and proposes one TCA is aligned with it.   1. TA will support nationwide integrated campaign implementation which is planned in last Quarter of 2022. 2. TA will also support implementation of HSS2 and compilation of HSS2 final report. 3. Proposed TA will also support full portfolio planning 4. Proposed TA will also support new vaccine introduction i.e. Pneumococcal and Rotavirus vaccine. 5. Proposed TA will provide technical and operational support in reaching ZERO dose children and missed communities. 6. Proposed TA will also contribute to improve adult vaccination. 7. TA will also contribute to development of proposals, technical reporting through conducting detailed data analysis etc. |

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 conducts joint monthly monitoring of EPI data. This will be done jointly by MoH, WHO, UNICEF and Save the Children at both the State and National levels. This enables the joint country team to identify the poor performing districts and works closely with the regions to identify the bottlenecks. Save the Children will conduct supportive supervision and sub-national TWGs jointly with MoH regional & district managers and other EPI actors. Reports from field supervisions and TWG minutes will be escalated to the national EPI coordination body.  Review meetings are also conducted regularly and the performance of each district is tracked. The review meetings are an opportune moment for districts to share experiences and best practices and improve based on the lessons learnt. The country will used indicators in the cMYP and the GPF to track progress of the EPI programme in Somalia. |

1. Zero-dose children is defined as a child who does not receive the first dose of DTP vaccine (as per Gavi) [↑](#footnote-ref-2)