# **TEMPLATE**

**Cambodia**

**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** | | **%** |
| $1,252,194 | **2022** | $547,313 | 43.7% |
| **2023** | $704,881 | 56.3% |

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 immunization programme?*** |
| The National Immunization Program (NIP) of the Ministry of Health (MOH) of Cambodia has achieved numerous remarkable successes over the last decade including sustaining polio free status, achieving measles and maternal and neonatal tetanus elimination along with introduction of five new and underutilized vaccines between 2010 and 2016. Cambodia’s NIP is supported by strong political commitment and community participation which has been most recently demonstrated by the notable success of the country’s COVID-19 vaccine rollout, which achieved over 95% coverage in the primary series for adults. At the operational level, immunization is well accepted among all populations evidenced by high immunization coverage statistics across most antigens in Cambodia’s national routine immunization schedule.  The NIP still faces challenges across system areas, particularly for the longer term sustainability of the program which requires targeted support by donor funding and technical capacity strengthening to address. NIP system areas that require strengthening include program planning and management, program budgeting (resource mobilization and allocation), staff capacity and capability along with program monitoring (through quality supportive supervision and data management systems), vaccine management and forecasting, implementation of national strategic priorities, service delivery, community engagement and communication. Critical to system strengthening is also the ability to tailor immunization plans to meet the needs of priority, target populations with specific challenges i.e. mobile and migrant populations that are missed by both fixed site and outreach service delivery, rapid urbanization and frequently moved within the city which has exacerbated the difficulty to document and track communities.  Cambodia’s NIP relies on the support of Gavi both financially for the direct procurement of some antigens and cold chain equipment, the financing of some health system costs, and technically (across program areas) through core and expanded development partners, namely WHO, UNICEF and Clinton Health Access Initiative (CHAI).  The recent decentralization (2019) of Cambodia’s Government structure conferred the responsibility of public health programs to subnational Government; under the new decentralization strategy provincial governments, to whom Provincial Health Department and Operational Districts will now report, assume full responsibility for the planning and resourcing of the immunization program requiring additional and targeted capacity building and systems strengthening at the subnational level.  During the height of the COVID-19 pandemic, the NIP put several measures in place to maintain routine immunization coverage but movement restrictions and fear among the population of the spread of infection and moreover, the COVID-19 vaccine roll-out which redirected much of the NIP health workforce resulted in a reduction of coverage for key antigens. The potential integration of COVID-19 vaccination into routine immunization at both fixed site and outreach service delivery poses a significant challenge to the NIP in the next few years from a human, financial and systems resourcing perspective. The successful rollout of the COVID-19 vaccine does however offer considerable learnings particularly on the programmatic aspects of digital innovations, risk communication, community engagement (RCCE), immunization supply chain, stewardship and multisector engagement that should be leveraged to strengthen the broader routine immunization system.  In addition, Cambodia’s new Primary Health Care (PHC) Booster Plan positions the immunization program at the core of PHC service delivery, which will require the NIP to be integrated with other health programs rather than an isolated vertical program in the future. While PHC integration offers potential cost efficiencies and extended reach of critical services to vulnerable target populations, the implementation of PHC requires strong political commitment, collaboration between programs and ministries as well as targeted funding and coordination of resources. The MOH has also recently developed a national digital health strategic plan which sets ambitious targets for the use of integrated digital innovations to strengthen overall public health service delivery including for PHC. The Ministry of Health is also in the process of updating its Community Participation Policy to strengthen links between communities, health centers and local authorities.  Within this dynamic context, there are critical needs to address the challenges to improve quality and coverage of the immunization program. The National Immunization Strategy (NIS) 2021-2025 and beyond up to 2030 outlines the priorities and strategies in consideration of the above that were discussed, elaborated, and agreed between NIP and partners, and endorsed by the MOH. Below is a summary of the strategic objectives outlined in the new NIS that the NIP will aim to achieve over the next 5 to 10 year strategic period.  **1.** **Immunization governance and program management:**   * All immunization stakeholders rely on the functions of an Immunization Inter-agency Coordination Committee within the TWGH for strategic governance and coordination   **2.** **Human resources management:**   * Adequate allocation of knowledgeable, skilled, and motivated professionals to implement, manage and monitor the immunization program and its performances at all levels   **3.** **Vaccine supply, vaccine management, cold chain, and logistics:**   * Expand and strengthen vaccine supply, vaccine management, cold chain and logistics capacities through the implementation of the recommendations from the recent effective vaccine management (EVM) assessment   **4.** **Service delivery and new vaccine introduction:**   * Expand and strengthen the capacity and quality of service delivery (incl. new vaccines) to regularly reach unreached, under-immunized and zero-dose children as a platform for stronger primary health care (PHC)   **5.** **Immunization coverage and performances monitoring**   * Improve the quality and reliability of all immunization data to optimally plan, implement and manage the immunization program, including COVID-19 vaccination data   **6.** **VPD surveillance, eradication/elimination/control initiatives and outbreak response**   * Expand and strengthen the capacity and quality of the VPD and COVID-19 surveillance and outbreak response to meet current and future challenges in line with global standards   **7.** **Demand generation and communication**   * Expand and strengthen immunization demand generation and communication, including for COVID-19 vaccination, particularly among hard-to-reach communities through strengthened partnerships with local authority and community health workers   **8.** **Immunization program financing**   * Secure sustainable and adequate domestic financing and improve financial management for vaccine supply and immunization operations, including new vaccine introduction and COVID-19 vaccination integration   The Government of Cambodia plans to further enhance its commitment and support to immunization, particularly through focusing on last mile inequity, systems strengthening, achieving program integration by exploring digital and other innovative platforms as appropriate. |

1. **Current TA needs of your immunization 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)\*** | **%\*** |
| **July 2022 to Dec 2023** | |  |  |
| Service delivery | * Technical support for monitoring and implementation of GAVI HSS/EAF's grant and activities for successful implementation * Technical support to PHD/OD/HC to improve immunization services * Technical support to update the guidelines for micro planning using Satellite identification of settlements for better population estimation building on existing GIS and geospatial mapping . * Technical support to improve identification of missed children through implementing micro planning and outreach spot check * Conduct quarterly monitoring and supportive supervision including RCA to the HCs and communities during catch-up, outreach and HRC vaccination activities. | $313,048.50 | 25% |
| Human resources for health (HRH) | * Support to strengthen capacity and allocation of EPI staff at all levels through adaptation and adoption of existing NMCHC training database for EPI * TA support continuous learning digital platform using Moodle system already established for NMCHC * Support NIP to conduct baseline capacity assessment for all EPI staff to identify the gaps between their ToR and their current functionality * Support development of individual staff capacity building plans developed to ensure skills required to sustain use of the EPI program management dashboard are developed. | $62,609.70 | 5% |
| Supply chain | * Technical support to improve vaccine stock management through implementation of web based VLMIS for national and sub-national level * Technical support to NIP for deployment of CCEOP * Technical support to implement the comprehensive cold chain maintenance plan * Technical support to NIP to establish and track key ISCL indicators * Technical support to PHD and OD in Five North-East province to provide coaching to new health staff responsible for immunization supply chain * Conduct supervision to health facilities on vaccine availability and vaccine management * Technical support to establishment of real time temperature monitoring system * Technical support for implementation of EVM improvement plan and Quarterly review and update of EVM IP. | $62,609.70 | 5% |
| Health information systems and monitoring and learning | * Technical support in designing and implementing an immunization information system (including E-registration system) * Increase utilization of data in decision making at the EPI * Support to strengthen supportive supervision to improve program monitoring and follow-up through revision and strengthening of the SS checklist, development of a digital SS tool and incorporation of the use of the program management dashboard to conduct pre- and post-SS analytics and follow-up * Technical support to development, implementation of Gavi-HSS and perform immunization data analysis with a focus on reaching the most vulnerable * Review the immunization coverage and VPDs risk assessment and plan, implementation of SIA. | $250,438.80 | 20% |
| Vaccine-preventable disease surveillance | * Support monthly analysis, annual review and review trainings/meetings on the VPDs and AEFI surveillance data at PHD/OD and hospitals * Support VPDs case investigation and contact tracing for timely vaccination response * Support on community-based surveillance * Support to update, disseminate and implement National VPD surveillance guidelines and VPD outbreak response plan * Support staff capacity building and performance quality of National VPD Laboratories * Support capacity improvement of AEFI investigation, causality assessment and response. | $187,829.10 | 15% |
| Demand generation and community engagement | * Technical support to roll out the implementation of IPC-I package training to front line workers. * Organize a human centered design workshop to design communication interventions to EAF areas (urban poor, migrants, ethnic minorities and remote rural poor) * Field test the messages Communication materials before deployment at scale * Periodic assessment of impact of SBCC interventions * Engage with CSOs from recruitment, defining terms of reference, co-design and implement SBCC interventions. * To develop newer processes for strengthening communication between VHSGs and Health centers for defaulter tracing and mobilization * Technical support to set up social listening platforms using digital/tele/in-person mechanisms and analyze periodic data and information to formulate evidence-based demand interventions. | $125,219.40 | 10% |
| Governance, policy, strategic planning, and programme management | * Strengthening of programmatic planning and budgeting processes at sub-national level, including for zero dose * Support EPI in the development and implementation of full portfolio plan for 2023-2027, including HSS3 * Technical support to develop National Strategic Framework on Reaching the Unreached and update National Immunization Policy to be in line with NIS, and its implementation * Coordinate with other health program within Primary Health Care strategy to address the immunization program * Support National Verification Committee for measles elimination and National Certification Committee for polio eradication on evidence-based recommendation * Technical advice on new vaccine introduction planning * UNICEF to provide technical and managerial support for procurement of supplies and services to NMCHC. | $187,829.10 | 15% |
| Health financing | * Support to build financial management capacity for quality of immunization service in the context of decentralization * Support provincial level planning including advocacy to the provincial Government. | $62,609.70 | 5% |

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| ***2.1 Please reflect and describe your immunization 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.*** |
| Based on the strategic priorities identified and the resource requirements to implement the National Immunization Strategy, the NIP with support from development partners conducted a costing exercise that estimated a need for ~$105 million for five years.  The major sources of funds to the immunization program are from the Government and from Gavi, with some additional funds available from development partners. Learning from COVID-19 vaccine deployment in addition to the known gaps and challenges for routine immunization, the investment areas are identified under each immunization component, and moreover, the immunization program is recognized as a necessity to be sustainably upgraded towards life-course health intervention using multi-sectoral collaboration. Meanwhile the Health Strategic Plan set the vision of a more integrated approach for more cost-effectiveness within a larger health system in the scope of PHC. In this dynamic vision, the investments made will strengthen the core technical and management capacity for immunization and PHC both at national and sub-national level, which will be crucial over the next 5 to 10 year strategic period of decentralization. Therefore investments from partners including WHO, UNICEF and CHAI will cover broader areas: strengthening surveillance systems, logistics and supply chain management systems and improving data capturing, management and analysis, evidence-based decision-making and program management.  The TA needs expressed above, which mainly focus on health system strengthening, will benefit both routine immunization and COVID-19 vaccine. In addition to COVAX, COVID-19 vaccination has benefited from vaccine donation from US, Australian, EU, Japan, South Korea, India and Chinese governments, and a loan from ADB; hence these investments will gain from the increased focus on reaching the hard-to-reach. In addition, World Bank is financing several large programs in Cambodia that are complementary to the project above: the Cambodia Nutrition Project, with which the TA requested here will collaborate to add vaccination data in those indicators already collected for vulnerable households; and the H-EQIP2 project, which aims to strengthen quality of care at the health facility but does not include any specific indicators on serving the hard-to-reach.  Cambodia is in the process of “diagonalizing” its investments from vertical donors such as Global Fund or Gavi, ensuring their investments, historically hosted in specific departments (e.g. HIV, TB, malaria national programs) also benefit the wider system and the “Primary Health Care Booster Plan” of the Ministry of Health. For instance, Global Fund investments are also being leveraged to strengthen the VHSG cadre, with a specific piece of RSSH focusing on updating the Community Participation Policy – this will work as an enabler of the requested TCA. The TCA and FPP request will help further strengthen the role of the VHSG and the capability of health care workers (e.g., several activities proposed that aim to strengthen the coordination of data collection and follow up between VHSG and HCWs in hard-to-reach communities), which will benefit other programs. Strengthening community structures VHSG network with multiple programs will strengthen this cadre which will enable delivering integrated PHC.  Moreover, based on preliminary economic projections from GAVI, Cambodia is expected to enter the ‘accelerated phase’ of transition in 2026 during which Gavi support will be phased out over a 5-year period (as the Government's co-financing obligation increases) until the country is fully self-financing. Leading up to this transition, increasingly requires extensive planning and preparation over the next phase, to start considering the resource requirements to be covered by domestic funds beyond 2026. There is also a pressing need to strengthen various components of the health systems and build government capacity with partners’ support to sustain and further the gains made by NIP, making this next phase of TCA over 2022-2023 extremely critical for a successful transition out of GAVI support.  For context on TCA timelines: The current Gavi TCA cycle through which WHO, UNICEF and CHAI are supporting the implementation of NIP’s Gavi grants including HSS2 and CCEOP as well as the development of Cambodia’s next full portfolio plan (FPP) for 2023-2027, will come to an end in June 2022. The NIP, with support from development partners, conducted a comprehensive and extensive analysis of program performance to date and routine immunization program needs for the NIS 5-year strategic period. The strategic priorities identified in the NIS and endorsed by the MOH are ambitious and will require increased domestic funding as well as infrastructural development and technical capacity building that is the focus of development partners to the NIP. Given that Cambodia’s FPP funding cycle will begin after completion of implementation of the HSS2 no cost extension end of March 2023 but the current TCA cycle ends end of June, partners will be applying for TCA support for the rest of 2022 and 2023 as part of this standalone application while support from 2024 onwards will be included as part of the FPP application. |
| * 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 national and sub-national level;*** * ***enhancing strong leadership, management and coordination, including use of data for decision-making;*** * ***introduction and scale up of vaccines;*** * ***programmatic sustainability.*** |
| To inform the NIS for 2021-25 and Cambodia’s full portfolio plan (FPP), the NIP conducted comprehensive situation assessments, programmatic data reviews and strategy development workshops including at subnational level with the objectives of reducing missed and under-reached communities, under-served groups and improving system and financial sustainability (core to GAVI’s 5.0 mission) at the center of these activities. Outlined below is a summary of how proposed TCA support will help achieve the objectives of Gavi’s 5.0 mission, and simultaneously address the identified challenges/gaps and strategic priorities of the NIP.  **Identifying and reaching zero-dose and consistently missed children and communities***-* To further increase immunization coverage demands a strong push to identify and reach zero-dose and under-immunized children in ‘high risk’ communities. Policies to reach these communities using local micro planning have been developed and local action plans are revised regularly with support from partners. In addition, partners aim to support the development and implementation of an immunization e-registry with reminders and mobilization components by Village Health Support Groups (VHSG) which will enable more accurate target population identification, immunization coverage data collection, defaulter tracking. This will offer greater visibility of under-immunized children, which will be used to inform EPI planning at all levels. Tailored strategy and intervention to the specific sub-population including migrants, remote rural, urban poor, and ethnic minorities will guide the implementation. Moreover, the scale up of the subnational program management dashboard, the increased coordination between health sector and administration, and the enhancing of a culture of data-for-decision-making at both national and subnational levels will support the regular identification and follow-up of missed communities (elaborated on further below).  **Improving stock reporting and vaccine management at sub-national level***-* Immunization activities at the subnational level are largely conducted by staff at HC level overseen by the HC chief supported by OD/PHD. While there are regular phone and email communications between EPI staff, a large amount of information is still paper based with plans to shift to greater computerization of the system. To ensure quality of vaccines and maintain appropriate temperature throughout the immunization supply chain, real-time continuous remote temperature monitoring systems are being considered for implementation. Quality management is ensured through supervision visits that work on a cascade basis using standard checklists that include a number of service quality checks. Annual joint reviews and regular Effective Vaccine Management (EVM) assessments are conducted by NIP with partner support that feedback into the annual NIP planning.  **Enhancing strong leadership, management, and coordination, including use of data for decision-making-**Data analysis skills and the use of data for decision-making is limited at OD and PHD levels; data tends to be reported to meet specific requests of the NIP rather than being used to strengthen the management of the program. There are limited linkages between the HMIS and other databases, especially for the denominating of target population figures and integrating data from Cambodia’s ID Poor scheme. The Department of Planning and Health Information (DPHI) in MOH manages the health management information system (HMIS) and also trains staff at national, provincial and OD levels in data input, management and analysis. With increasing support from partners on improving data quality and evidence-based program management, NIP conducts quarterly review meetings with provincial managers to track issues and monitor progress on coverage. Immediate vaccine preventable diseases notification and investigation report as well as monthly surveillance bulletins supported by WHO go to NIP and relevant committees to trigger response actions to outbreaks and other events in cooperation with local managers. Annual joint reviews involving NIP, WHO and UNICEF result in detailed reports that feed into subsequent annual planning. CHAI will support the continued scale up of the program management dashboard that was developed and piloted at PHD and OD levels in 2 provinces during the 2019 TCA cycle and has received positive feedback from EPI managers as well as been incorporated into data review meetings to plan follow up immunization activities. In addition, partners continue to support improved visibility by the NIP of relevant activities and innovations from other health programs and ministries through regular check-ins and sharing of key information.  **Introduction and scale up of vaccines***-* The introduction and scale up of new vaccines isevidence-based, taking into account disease burden, cost effectiveness, operational requirements, sustainability, and local priorities. Evidence generation for NVI is largely supported and resourced by WHO, with broader partners also playing a vital role in supporting the dissemination of information to inform the introduction of new vaccines. With the renewal of Cambodia’s vaccine introduction grant for HPV, partners will support the nationwide scale up of HPV vaccine from 2023 ensuring the necessary capacity and infrastructural development for effective scale up. The communications strategy developed by NIP with support from UNICEF includes strategies to increase awareness and knowledge about new vaccines, their purpose and the schedules for vaccinations; UNICEF will support the implementation of the objectives of the communications strategy through TCA funding. Messages will be tailored to specific target groups, taking into consideration local context.  **Programmatic sustainability***-* Mindful of Cambodia moving into the accelerated Gavi transition phase over the next strategic period, activities proposed within this TCA will be conducted with government’s full ownership. Some are specifically aimed at strengthening NIP and provincial EPI’s capacity to plan for increased domestic allocation to the immunization program, as well as build HR and infrastructural capacity to self-sustain as partners transition out over time. The modalities of integrated health service delivery across the components will be decided under the PHC Booster Plan design and 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?*** |
| The NIP in Cambodia has ensured optimized benefits of immunization through several introductions over the last decade and timely updates to the RI schedule, which now includes MR, IPV1, PCV and a demo for HPV. In 2023, NIP plans to scale up the HPV vaccine supported by partners. Moreover, NIP is planning to integrate COVID-19 vaccine into the RI schedule moving forward. Other new vaccines’ introductions (NVI) have been mentioned in the NIS, like rotavirus, Td and influenza vaccines, within the frame of expanding immunization along the life course. Also, a 2nd dose of IPV is considered as recommended by the Regional certification committee for WPR and within the Global Polio Endgame Strategy that is currently under planning stage. Cambodia is also planning to catch-up the children who missed MR1 and MR2 in RI by integrated outreaches with the other vaccines in 2022-2023. The planned NVI and catch-up campaign are expected to further strengthen and evolve the NIP by:   * Developing and strengthening a new platform for vaccines delivery to adolescents as well as adults through scale up of HPV and introduction of COVID-19 vaccine in RI. It will strengthen the NIP’s management capacity and the coordination with educational sectors and local authorities towards a broader immunization system. Routinization of COVID vaccination also offer the opportunity for PHC integration alongside other health interventions, as has been piloted in Cambodia in 2 provinces with NCD screening. * Strengthening the micro planning at HC level and monitoring supervision capacity at PHD/OD levels to tailor the national NVI policy based on the local context to the missed children/communities, as well as strengthening health system at the lower levels by decentralizing and optimizing service provision. * Engaging and strengthening mobilization of local authorities and community structures like the Commune Committee for Women and Children (CCWC) and Village Health Support Group (VHSG) volunteers to increase awareness of the vaccine preventable diseases and demand generation for vaccination, which is also expected to expand coverage to the missed and underimmunized communities and overall health seeking behavior and access to health services. * Deciding NVI policies, strategies and guidelines and considering the resource requirements (not only financial, but also supply chain and collaborating authorities’ goodwill) by conducting disease burden and cost-effectiveness studies. NVI also requires the strengthened VPDs surveillance and cancer registry system for HPV vaccines as part of a long-term effectiveness study. Setting up and strengthening these capacities will ensure timely and need/evidence-based updates to the RI schedule in the future. * Strengthening the capacity of evidence-based recommendations by TWGH and relevant advisory committee based on the generated data and creating the standardized process on immunization related decision making on future introduction of new and underutilized vaccines. * Advocate for domestic sustainable financing by evidencing return on investment of immunization and showing its contribution to the path towards long life for all. |
| ***2.4 Describe how the TCA support will help re-establish routine immunization 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.* |
| Cambodia’s response to the COVID-19 pandemic is considered a success-story, particularly the country’s proactive vaccine security and deployment of the COVID-19 vaccine. Cambodia also developed the interim guidance of National Immunization Program during and after COVID-19 and conducted the outreach, HRC vaccination and catch-up activities. However, routine immunization coverage has been negatively impacted during the height of the pandemic, with some antigens like DTP1, BCG and HepB0 decreasing by 5% from 2020 to 2021, and ~2% from Q1 2021 to Q1 2022 (illustrated in the chart below, Source: HMIS) due to people’s lower access to health facilities and health workers being repurposed to COVID-19 response activities including COVID-19 vaccination.    The NIP and EPI health workforce were deployed to support COVID-19 vaccine rollout resulting in diminished capacity to plan and mobilize funding for and implement routine immunization activities. Moreover, the currently parallel set up for emergency response should phase out and the COVID-19 vaccination be integrated into the routine immunization program. This integration poses a significant challenge to the NIP by expanding the scope of NIP beyond childhood immunization. It is therefore important to raise the concern by the NIP of its capacity, in its current design to oversee vaccination throughout the life course without compromising existing RI activities. Requested TCA support aims to strengthen critical NIP technical capacity to facilitate the future sustainability of the program within the context of limited resources and the need to redress the impact of the pandemic on RI coverage.  Proposed partner TCA support leverages the lessons and innovation from the successful roll-out of COVID-19 vaccine to strengthen the broader routine immunization program. For example, intersectoral collaboration, upgraded supply chain capacity, close coordination with local authorities to share information, generate demand and mobilize the population, accountability at provincial and district level for meeting immunization coverage targets, and use of digital technologies to cold chain management and track vaccination status. TCA will support transforming the impact of COVID-19 to the opportunity to recover and upgrade for a more efficient immunization system to support NIP personnel in the country.  Other reasons to consider essential changes are the need for NIP to evolve from an isolated vertical program to a more integrated PHC platform in the future, especially after the transition out of Gavi funds. Optimization of resources will be a major priority for the Government as the program steadily progresses towards this evolution. There is therefore a need for fundamental reflection and perspective for being able to think and conceive essential changes for NIP structure, functions, and resources at the horizon 2030. In that regard, those essential changes will need to be studied and answered in a structured way over the coming years, involving all major stakeholders.  In summary, the NIP structure, functions, and resources need to be deeply reconsidered, promoting the immunization program at a higher-level inside MOH, PHD and OD, providing reinforced governance, human resources and funds, reinforcing management and coordination mechanisms and scientific advisory body. |
| ***2.5 Describe how the TCA support will identify and/or overcome already known gender-related or other barriers to immunization activities. Please respond to how each partner can help address this.*** |
| ***All TCA activities will consider gender sensitivity not***  In the Cambodian Demographic and Health Survey (last conducted in 2014), vaccination status was assessed for boys and girls to identify any inequality in access to vaccines; it was found that there exists no major gap between genders for immunization coverage (refer to chart below summarizing immunization by equity groups from the CDHS 2014).      However, this fact alone does not mean that gender barriers to vaccination do not exist. Healthcare workers are almost entirely female, yet health center chiefs are often male. Similarly, CCWC structures are mostly female, whereas most commune chiefs are male. The TCA requested will particularly benefit these female-heavy entities to overcome existing imbalances in power.  To empower both female and male caregivers as well as female health workers and community volunteers, the NIP and partners plan to enhance their existing work with the CCWC to deliver immunization services through HSS3, EAF and TCA funding; all CCWC representatives are encouraged to be females and only in the event that a women does not apply for the role a man is given the role. CCWC workers are thus majority women. In addition, at the village level, the village health support group (VHSG) consists of 2 volunteers per village and is encouraged in the guidelines for VHSG to include both 1 male and 1 female volunteer. With immunization as the core program within PHC for universal health coverage (UHC), TCA continues support for addressing any gender-related issues identified especially among ethnic minorities on communication, demand generation and household decision making process to provide equitable immunization services. TCA and HSS activities will leverage commune participation through the CCWC and VHSG both of which are well represented by women in their local communities. Where only 1 VHSG in a given village being supported through TCA is employed, the female volunteer will be prioritized for capacity building and engagement. Activities supporting demand generation and communication are targeted at both male and female caregivers to ensure equitable reach with immunization messaging. For example, at the recipient level, vaccination cards that are distributed to caregivers include imagery of both girls and boys and communication to parents also regularly include caregivers depicted as both male and female. |
| ***2.6 Describe how you prioritized the interventions to be supported by Gavi under requested TCA support.*** |
| NIP along with partners worked on a consolidated situation analysis for the development of NIS that particularly focused on challenges in immunization. This was based on:   * Thorough desk review of available reports and assessments 2016-2020 * Findings of individual stakeholder consultation meetings at all levels * Summary findings from online provincial workshops   Moreover, after the COVID-19 restrictions were lifted, the NIP, PHD, OD and partners conducted comprehensive field assessments over Q1 2022 in 11 provinces including visits to 22 health centres in 22 villages to inform the FPP proposal. Provinces and HCs that were visited during the assessment were selected using a prioritization framework that analyzed HMIS data against several critical indicators including, inter alia, coverage across key antigens, population size and density, dropout for DTp1-3 and MR1-2, provincial poverty index, number of high-risk communities (according to NIP’s existing HRC strategy which considers geographic terrain and proximity to HC, coverage and number of mobile, ethnic or minority populations) as well as overlayed with qualitative review by EPI experts supporting the program through consultations and workshops. This was to ensure that provinces and HCs selected were representative of hard-to-reach/vulnerable populations and varying regional contexts of Cambodia.  The working group identified clear barriers to access immunization across key immunization system components namely program management, HR capacity for health, vaccine management, security and supply chain, service delivery including new vaccine introductions, data monitoring and management, VPD surveillance and outbreak preparedness/response and demand generation, communication and community engagement. Based on the frequency of citation of barriers identified, the group formulated and prioritized the interventions to bridge the gaps and shortcomings of the program. Finally, the proposed interventions were endorsed by NIP and the Director of National Maternal and Child Health Center (under which the NIP is 1 of 5 programs) with support from specific partners based on the competencies of the individual partners. For instance, WHO would provide intensive support on VPD surveillance and AEFI tracking, UNICEF would provide support on vaccine procurement and supply chain management and also, communication strategy, while CHAI provided support on interventions to address data quality and uptake for evidence-based program management and other management and coordination aspects of service delivery, including challenges to identify and reach zero-dose and under-immunized populations.  Proposed TCA activities were identified through consultative meetings to support implementation of NIP priorities and endorsed by the NIP. The NIP approached three areas with a particular focus: (1) zero dose and missed communities programming (EAF), (2) digital solutions for immunization and (3) immunization supply chains. For EAF programming, the first step included the delineation of subnational areas and population groups; after which tailored interventions were designed to address the entrenched barriers. For digital solutions, MOH led the Digital Health Immunization Assessment Roadmap development as per the Gavi digital strategy, UNICEF led the development of the assessment roadmap and prioritization of the digital solutions was conducted through stakeholder consultation (assessment roadmap is in the attachment). MoH is also developing an immunization supply chain roadmap considering routinization of COVID-19 vaccine. A thorough CC inventory gap analysis, rehabilitation plan helped in the ascertaining investment in iSCL. |

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.)*** |
| * Core Partners for TCA include WHO and UNICEF * Expanded Partners for TCA include CHAI which is progressively localizing (see below) * Considering the limited ceilings of TCA for Cambodia, existing partners have engaged CSOs and local partners extensively in HSS 3 programming which include local vendors and firms for digital interventions, UNICEF engage with national/subnational CSOs for demand promotion activities in EAF areas. Private providers engagement for urban programming is also being considered. We consider engaging and promoting local actors and community structures as key for successful implementation which is reflected in the involvement of local health volunteers in several activities to support strengthened immunization service delivery both in Cambodia’s HSS 3 and EAF proposals. | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners and how you are building their capacity.*** | |
| As noted below, CHAI is in the process of localizing. Moreover, under the Gavi HSS grant submitted as part of the FPP process, many activities will build the capacity of the Village Health Support Group, the main community-based cadre of health volunteers that help to identify and conduct follow up among zero-dose children.  During the vaccination campaign, other local partners such as youth union, medical association, pediatric association and commune council for women and children (CCWC) will be mobilized to collaborate to support operating the sessions.  As per the Cambodia Digital health Immunization Roadmap developed during the HSS3 proposal preparation there are six interventions prioritized for rolling out in the country which include; Immunization Information System (IIS) (including e-Registry), VLMIS, RTMD, RCA, digitalization of training modules, geospatial mapping and subnational dashboards. To implement these interventions partners will need to engage with private vendors/firms to design, deliver and maintain the solutions. Priority will be given to local actors as per the Cambodia Digital Architecture Enterprise. Long-term engagement with national institutions will help in establishing the national actors in the space. |
| ***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.* | |
| Under this request, ~25%(TBC) of TCA will be allocated to CHAI, which already meets 5 of the 7 criteria for local NGO set by Gavi and is researching the two remaining criteria. For instance, most CHAI staff and most of CHAI Cambodia’s senior leadership team is Cambodian; there is only one same pay scale for Cambodians and international staff; CHAI has no real “headquarter” globally and CHAI Cambodia determines its own strategy and priorities following Ministry of Health’s agenda independent of any other influence. |  |
| ***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.* | |
| As mentioned above, large portions of HSS 3 and EAF funding, will go towards community-based activities, with VHSG and CCWC playing a key role for immunization. | |

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.*** |
| Most activities under the last TCA funding cycle for partners have focused on strengthening health systems and capacity building for NIP and subnational PHD/OD/HC staff. These interventions will continue with long term milestones of transition and making the program sustainable beyond support from GAVI and other development partners. A few major outcomes from the TCA interventions include-   * Improved availability, accuracy, and quality of immunization data; in the last TCA funding cycle CHAI partnered with NIP and subnational PHD/OD EPI and HIS staff to introduce a program performance management dashboard. The learnings from implementation and capacity building have been documented and have informed the TCA request to scale up use of the dashboard to additional provinces as well as improve the data review process at both national and subnational level to develop and/or strengthen a data-for-decision-making culture. In addition, in the last TCA cycle UNICEF conducted a landscape analysis of an immunization information system (IIS) in the country, the results of which have been presented to NIP and will inform the development of an IIS for scale up across 35 health facilities in 2 provinces in 2022 and across the country in 2023. Findings included the importance of integrating any new system with the existing health management information system (HMIS) as well as lessons from the scale up of the Khmer Vacc information system for COVID-19 vaccination. * Installed and operational CCE and implementation of CC maintenance plan. Through the application of CCEOP, UNICEF supported NIP in conducting cold chain assessment and analysis to inform and develop the CCE maintenance plan for the country. This plan is an on-going improvement of CCE for both RI and covid-19. * In the last funding cycle, UNICEF provided technical support to conduct EVM 2.0. The finding is used to develop the Comprehensive Improvement Plan that need on-going monitoring on the iSC implementation. * Increased demand for immunization services. * Improved coverage for high-risk communities. * Build knowledge on VPD surveillance and AEFI case management. * Coaching and capacity of subnational staff; learnings from supporting capacity building and systems development at subnational level have shown the importance of upweighting partner TCA at the subnational level given the recent decentralization of the management and funding of health programs to local government. During the next TCA cycle, partners will continue to focus on capacity building at the subnational level to support future sustainability of the EPI.   Reviewing and further building on the activities from the last period, the partners’ group have revised certain activities based on need and also added several activities to achieve the target outcomes for the period. These activities are aligned with the strategic priorities of the NIP outlined in the new NIS and in Cambodia’s FPP application. In addition, government ownership of critical capacity and systems building interventions will be a priority for partner TCA to ensure sustainability, particularly when Cambodia transitions away from donor and partner support in the future.  During the COVID-19 pandemic in 2020-2021, there was a need to focus on COVID-19 vaccination and response. Personnel supported through PEF TCA began working immediately for COVID-19 response, with planned activities and milestones reprogrammed according to the country's needs and requests. The major changes are NIP engaged in COVID-19 vaccination progress daily reporting, engagement with COVAX Facility and other donors to procure six different types of vaccines, training and technical assistance for the procurement, planning and distribution of COVID-19 vaccines, development of national strategies, policies and technical guidelines on COVID-19 vaccination, and supervision monitoring in the field on COVID-19 vaccination. In addition, intensive support was provided for nationwide UCC capacity establishment, risk communication and community engagement activities, data management and analysis on COVID-19 coverage, and strengthening of the surveillance system for AEFI and AESI of COVID-19 vaccines. Meanwhile, partners also supported NIP to strengthen routine immunization services and VPDs and AEFI surveillance activities including laboratory operations to maintain the existing system and established achievements, preventing Cambodia from backsliding on critical RI coverage. All TCA support in the past was conducted closely through hand-by-hand coaching at national/subnational and community levels. Previous TCA highlighted that partner close engagement and joint support is critical, hence the importance of continuing to expand coordination capacity among NIP, subnational EPI, other ministries and partners.  Recently in April 2022 SAGE also recommended that countries use the COVID-19 pandemic and COVID-19 vaccination rollout as a transformative opportunity to establish resilient immunization programs and strengthen primary health care, with the specific areas for strengthening identified as health worker vaccination, immunization logistics and registries, surveillance, data and communications. The proposed TCA will be more focused on system strengthening and building a sustainable immunization program within the context of Cambodia’s dynamic environment (for health and beyond) outlined in the NIS scoping, National Health Strategic Plan 4 and PHC strategy, as well as being guided by the WHO document “Guiding Principles for recovering, building resiliency, and strengthening of immunization in 2022 and beyond”. |

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.*** |
| Cambodia’s Immunization program is currently at a unique juncture with alignment of several major pieces. Over the past few years, the program has delivered on bridging major access gaps and demonstrated one of the highest coverages for COVID-19 vaccines in the region with relatively nominal impact/disruption to RI services.  In light of Cambodia’s significant accomplishments for immunization, there is a need for the program to shift to be forward thinking and to begin planning for transition from Gavi support and sustainability towards the end of the decade. This has led to and informed the development of the NIS 2022-2026 and beyond (2030) during the second half of 2021 as well as, the new Gavi Full Portfolio Planning (FPP) process initiated in October 2021 which is an overarching proposal for 2023-2027 that finely dovetails into the NIS priorities. This TCA request is for support to the NIP from Q3 2022 to end of 2023 and builds on the concerted efforts from the partners’ group along with the NIP staff since the process of developing the NIS and currently the FPP process. The TCA support requested in the current cycle plugs in to the gaps for these interventions and well complement other investments to meet the priorities of both FPP as well as the larger country immunization strategy. The next cycle of TCA support for 2024 to 2025 will be included in Cambodia’s FPP application for the period 2023-2027.  The planned upcoming GAVI investments that would require TA support in 2022-2023 are HSS3, NVS, CCEOP, and EAF. All partners are heavily engaged in supporting each investment across all immunization components, in line with the priorities of the NIS. TCA support in 2022 is critical to avoid any gap in technical support for ongoing activities (CCEOP2 and HSS2 NCE which is to be implemented by March 2023) aimed at rebuilding the immunization program in light of the impact of COVID-19, especially developing and updating the necessary policies, strategies, technical operational guidelines and supporting materials. |

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?*** |
| Partners will develop a joint TCA implementation work plan mapped against timelines and specific milestones and outcomes which will be agreed and coordinated by NIP. Milestones will be visited quarterly to review progress and update activities based on learnings and opportunities for collaboration and greater impact.  The partner’s group will meet more frequently on an ad-hoc basis (at minimum once a month) to share progress updates and identify areas for focus as per the country's requests and needs. For some areas, partners will work closely together to provide coordinated support to the NIP and MOH utilizing each partner’s technical expertise, as well as conducting joint monitoring visits, to maximize impact for the NIP.  The sequencing, prioritization and synergy of TCA implementation will be led by NIP with partners consultation and keeping the results in mind. |