

## TEMPLATE

### Sierra Leone

#### PEF Targeted Country Assistance (TCA) Narrative for 2022-2025 Multi-Year Planning

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

*(Populated by Gavi)*

Total Envelope	Indicative allocation per 2022-2023		%
\$1,961,346	2022	\$856,036	43.6%
	2023	\$1,105,310	56.4%

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

**1.1 Please note any country context that is significant to understanding the country's vision and request for Gavi TCA support. What specific effects do these factors have on the national immunisation programme?**

#### 1. Background and context

The unprecedented COVID-19 pandemic has disrupted and exacerbated routine essential health services. Before the pandemic, the Sierra Leone Demographic and Health Survey (DHS 2019) results indicated that the percentage of children aged 12-23 months who received all essential vaccines was suboptimal and had changed over time, rising from 40% in 2008 to 68% in 2013 and then decreasing to 56% in 2019, particularly in urban areas. According to administrative data on essential health services, visits to health facilities in Sierra Leone dropped by 12.6 percent in April and by 9.3 percent in May 2020 compared to the data in the same months in 2018 and 2019. Routine vaccination services had equally been negatively affected as indicated by Measles-Rubella (MR) coverage declined by 9 percent (93% to 84%) between 2019 and 2021 for MR1 and 8 percent (73% to 65%) for MR2 during the same period.

Although administrative data consistently showed normal dropout rates for DPT1 and DPT3 in the last two years (DPT1- 92% and DPT3 - 90%; for 2020 and DPT1- 94% and DPT3 – 92%; for 2021), the proportion of unimmunized children remained high. In 2020, 32 percent (93,409/291,611) surviving infants did not receive DPT1 compared to 6.4 percent (19,572/307,022) in 2021.

The resulting accumulation of zero or under-vaccinated children and communities has contributed to low herd immunity against vaccine-preventable diseases (VPDs); resulting in an increasing number of VPD epidemics, especially Measles, identified in 11 of the 16 districts between 2021 and March 2022 (Administrative data for routine immunization from the Ministry of Health and Sanitation). The immunity profile of 47 measles confirmed cases in January – March 15, 2022, further supports evidence of zero or under vaccinated children; zero dose (8, 17 percent), one dose (15, 32 percent), two doses (1, 1.8 percent) and unknown dose (25, 53.2 percent).

Partners with support from GAVI will support Sierra Leone's MOHS EPI to improve routine vaccination processes and systems in the 16 administrative units of the country.

### 2. 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](#). The country can plan for the remaining duration of their current HSS grant.*

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

High-level Plan		Budget (USD)	%
<b>2022-2023</b>			
2.1 Governance, policy, financing, strategic planning and programme management	<p>Objective: Strengthen the capacity of governance/technical TCA needed develop National Immunisation strategic Plan and urban immunization strategy which will help also identify zero dose and missed communities and how to reach them.</p> <p>Review and update the draft immunization policy</p>	\$ 100,000	21%
2.2 Service delivery	<p>Objective: Extend immunisation services to reach zero-dose, underimmunised children and missed communities. TA to develop effective Routine Immunisation microplan. Support Re-evaluate and enhance the RED approach</p>	\$ 50,000	11%
2.3 Human resources for health	<p>Objective: Ensure the immunisation health workforce is regularly supported by comprehensive continuous professional education plans for HCWs and standadized training curriculum for new professionals on routine immunization</p>	\$ 70,000	15%
2.4 Health information systems and monitoring and learning	<p>Objective:, Ensure timely fit-for-purpose information is available at all levels of the system; regularly and systematically used through data quality audits and assessment, review data improvement plans, real time data capture, and facility readiness assessments.</p>	\$ 100,000	21%
2.5 Demand generation and community engagement	<p>Objective: Strengthen partnerships with local and community actors to improve demand for immunization through development of terms of reference on demand creation, capacity building at national and district levels. Support Explore health worker's/ caregivers' interaction on immunization and possible to routine immunisation.</p>	\$ 50,000	11%

2.6 Immunization Supply Chain management Strengthening	<p>Objectives: To improve effectiveness and efficiency of vaccine and stock management at national and subnational levels</p> <p>TA to identify training needs on vaccine management at subnational levels, vaccine wastage assessment, review and adoption of SOPs,</p>	\$100,000	21%

***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.***

**Leadership, management and coordination**

The current COVID-19 vaccination Technical Working Group regularly reviews COVID-19 vaccine deployment activities in the country but offers minimal oversight to routine vaccination. As a result, there has been minimal support in straghtening routine immunization , Introduction of new Vaccine and support campaign activities

In order to guide and support the EPI program for the preparedness, conduct and delivery, vaccination and post introduction activities the TA support will strengthen planning and coordination, policy development based on global best practices and scientific innovation through improved functioning of the governance structures (NITAG and TWGs)

**Service Delivery**

There are total of 29,047 target population in the rural remote communities. Because of the uniqueness of urban slum areas, current immunization programme approaches—tailored for more settled, sparsely populated rural areas—might not adequately deliver immunization services in urban areas especially in urban poor slum. Accessing children from these communities will require special strategy to to reach them with innovative and tailored sustainable strategies for broader integrated primary health care over the life course.

**With the development of the NIS and Urban immunization strategy, this support will enable EPI improve the identification of zero and under immunized children through strengthened implementation of the RED approach and equitable implementation of evidence based vaccination strategies for urban and hard to reach areas in the country.**

### **Monitoring and Evaluation (Data management)**

Quality improvement systems offer data utilization opportunities and stewardship at primary health service levels; however, there's suboptimal knowledge among healthcare workers at subnational levels creates low data utilization.

The suboptimal microplanning processes resulted in inadequate quantification and location of the target population, inadequate planning for appropriate and differentiated vaccine delivery strategies such as outreaches and mobile teams, and disproportionate quantification of vaccines leading to stockout of specific antigens at district and PHU levels.

Suboptimal monitoring and use of routine vaccination data at all levels is associated with low-quality data (timeliness, completeness, and accuracy), low visualization of real-time vaccination and vaccine stock at the district and PHU levels, and a lack of systems improvement indicators. In addition, there is low research and innovations implementation, including minimal vaccine introduction evaluations and platforms for identification of factors influencing routine vaccination access and utilization

### **Human resources for health**

mentorship, and coaching from national supervisors in routine vaccination processes, including new vaccine introduction rollout and cold chain maintenance, has created a knowledge gap among healthcare workers to address changing vaccine acceptance needs.

### **TA needs**

- Support Explore health worker's/ caregivers' interaction on immunization
- identify factors due to health system issues or constraints and demand-related issues (caregiver/community behaviors) that prevent uptake of immunization services
- support Training of Health care workers

### **Demand generation and community engagement**

The country has active community engagement platforms involving community health workers (HCW) and village development committees (VDC); however, they have not been engaged in mobilizing and mapping out under-vaccinated communities to identify and quantify the burden of zero or under-vaccinated children to enable systematic access to targeted children with appropriate vaccine delivery modalities.

**The TA needs will** strengthen the development and harmonization of community engagement strategies (focusing on zero-dose) and strengthening community health information system – including development of robust performance management system for CHWs, enhancement of community mapping (focusing on zero-dose)

### **Immunization Supply Chain management Strengthening**

Currently, there are about 1500 health facilities across the country, out of which about 80 percent offer immunization services. The number of PHUs with functional cold chain equipment is about 75 percent. There is therefore need to mobilise financial resources to procure and install more cold chain equipment in health facilities across the country.

**In view of above the following are TA needs**

Investments will be made in cold chain and supply chain management over the next three years, using funds from gov/Gavi/others, and this TA will technically support these aspects of supply chain management and is therefore fully aligned

effectiveness and efficiency of vaccine and stock management at national and subnational levels

- Support the development and implementation of improvement plan, following EVM Assessment.
- Support the development and implementation of cold chain expansion and rehabilitation plan, following CCA
- -Support the development and implementation of CCE maintenance strategy as part of integrated preventive maintenance and corrective maintenance (IPM/CM) programme for medical equipment and devices – this should include the long-term human resource capacity development (cold chain technicians' training).
- -To provide support to the improvement of stock management of vaccines and devices to avoid stock outs at all levels.
- -Support the development of a road map to operationalize the national digital health strategy, including the identification of digital solutions for enhanced COVID-19 and routine immunization data management
- -Support the implementation of digital solutions for enhanced COVID-19 and routine immunization data management – e.g., one of the solutions to integrate and visualize existing evidence, prevent vaccine stockouts, promote predictive use of data, assess the correlation between stockouts and zero-dose concentration, stockouts and coverage rates, and how stock events affect the overall iSC performance ('Predictive analysis to prevent stockouts').

#### **Surveillance:**

To Strengthen VPD surveillance system to facilitate control, elimination, and eradication of vaccine-preventable diseases and AEFI surveillance systems. The strategy prioritize the need for strengthening VPD surveillance activities

In view of above the following are TA needs

- Quarterly review performance review meetings
- Conduct risk assessment, immunity profile, Readiness assessments

#### ***2.2 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.***

In order to strengthen the capacity of governance/technical bodies for planning, coordination, and tracking progress at all levels, particularly for reaching zero-dose children, Partners will provide technical assistance, and logistics to the EPI to (i) convene bi-weekly routine vaccination TWG meetings, develop action points and to track and ensure successful implementation at national and district levels, (ii) convene quarterly NITAG meetings to review scientific evidence and global best practices and to recommend policies for routine vaccination, including new vaccine introduction, (iii) convene quarterly ICC to review routine vaccination resources requirements, mobilize resources and stakeholders towards successful cofounding mechanisms for routine vaccination services, including the introduction of new

vaccines, and (iv) institute quality improvement processes into routine vaccination programs at national and district levels

To extend immunization services to reach zero-dose, under-immunized children and missed communities, Partners will provide technical assistance and logistics to the EPI program to develop functional microplans at district and chiefdom levels to ensure their deployment in guiding quantification of vaccines and ancillaries, appropriate allocation of vaccine delivery modalities such as outreach and mobile teams and target population planning.

In ensuring that the immunization health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development, Partners will provide technical assistance and logistics to the training committee of EPI to (i) conduct training needs assessment across the 16 districts for existing HCWs and (ii) conduct quarterly support supervision for routine vaccination services to DHMTs.

To ensure timely, fit-for-purpose information is available at all levels of the system and is used regularly and systematically to improve programmatic reach and performance, Partners will provide technical assistance and logistics to the EPI's M&E team to (i) conduct quarterly DQAs on routine vaccination data at district and PHU levels, (ii) conduct and maintain visualization of routine vaccination services, including geospatial analysis, (iii) develop integrated routine vaccination tools and ancillary materials distribution plans, (iv) conduct Measles-Rubella Outbreak investigations, root cause analysis, and outbreak response activities, (v) explore factors influencing routine vaccine uptake and demand in the country to guide the program and (vi) conduct DPT3 and MR coverage surveys in the country.

To strengthen partnerships with local and community actors to improve demand for immunization, Partners will provide technical and logistical support to the DHMTs to conduct district-wide house-to-house line listing of zero and under-vaccinated children through CHWs.

***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 established routine vaccination TWG will coordinate and review the implementation of the Measles-Rubella campaign scheduled for 2023 and Human Papilloma Virus campaign planned for September 2022. The frequency of TWG meetings will increase in the last three months towards the two campaigns. During the campaign implementation, other routine vaccines will be co-delivered during the campaign. A combined training curriculum on routine vaccination with HPV or MR campaigns will be used during each campaign. Micro planning tools for routine vaccination will be adopted for two campaigns.

***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.*

For effectively implementation control and eliminate VPDs it's important to reach out and immunize zero dose and missed children whom are often not accessed routinely and are most located in hard to reach, and underserved populations. Sierra Leone plan to introduce new vaccine and conduct periodic intensification and campaigns during the period of 2022-2024 to support revitalization of routine immunization and VPD surveillance.

To achieve that the following activities will be targeted to address gaps in routine immunization particularly in reaching zero dose children and improve vaccine management as well as surveillance:

- Bottom up Micro-plans for campaigns and new vaccine introductions at PHU level –and district level will be used to identify and target populations and communities which are zero dose, missed communities, hard to reach and have the lowest immunization coverage for routine vaccines that will be given more emphasis to reach during the campaign and new vaccine introductions. These plan will have special innovations and strategies to reach:
  - ✓ Communities identified with zero dose children in rural and urban settlements and major cities.
  - ✓ Populations inhabiting difficult hard to reach, riverine or mountainous terrain
  - ✓ Nomadic populations and fishing communities especially
- Training during campaign and new vaccine introductions, aspect of routine immunization will be integrated. The training manual to incorporate chapter describing how to improve the uptake of routine vaccine with focus to missed children, zero dose and how to identify and reach them. The training will provide an additional platform for refresher training of routine immunization workers emphasizing the appropriate stock management and use of data for decision making which are main gaps identified for TA

*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.*

Key equity and gender issues	Description of issue	TCA Support
Existence of geographical Accessibility/urban slums	large proportion of children and women targeted for vaccinations residing in urban areas with a significant proportion in disadvantaged	<ul style="list-style-type: none"> <li>• Re-evaluate and enhance the RED approach</li> <li>• Implement the Missed Opportunities for Vaccination Strategy</li> <li>• development of urban immunization strategy and its implementation</li> <li>• Integrate across life course</li> <li>• Linking other services with immunization</li> </ul>
Inadequate data to inform and identify hard to reach and missed children resulting to inequity in allocation of resources	Ensure timely, fit-for-purpose information is available at all levels of the system and is used regularly and systematically to improve programmatic reach and performance	<ul style="list-style-type: none"> <li>• Support quarterly immunization data review, analysis and feedback to regional and district level to improve data management at these levels</li> <li>• Microplanning guideline development and training at national and subnational level</li> <li>• Training on identification of zero dose and development of ways to reach them</li> </ul>

		<ul style="list-style-type: none"> <li>• Support mapping of zero dose (unvaccinated) children and identify reasons and support to improve coverage</li> <li>• Facilitate data review and harmonization, triangulation at National and District level before completion of eJRF</li> </ul>
The gap on knowledge and skill of health workers ,attitude and behaviour create a barrier between the health facilities and community.	Ensure the immunisation health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development.	<ul style="list-style-type: none"> <li>•Support Explore health worker's/ caregivers' interaction on immunization</li> <li>•identify factors due to health system issues or constraints and demand-related issues (caregiver/ community behaviors) that prevent uptake of immunization services</li> <li>• support Training of Health care workers</li> </ul>
Gender Dynamics	<p>Inadequate financial capacity for the females to access health services</p> <p>-Physical and emotional support from husbands/male heads of households to give consent to access health services</p>	<ul style="list-style-type: none"> <li>• Use of chieftom leaders to advocate for male support</li> <li>• Identify male champions and support groups</li> <li>• Use of religious groups to advocate for male involvement</li> </ul>
Inadequate policies, financing, strategic planning And programme management	Strengthen the capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children	<ul style="list-style-type: none"> <li>• Support NITAG functions (Meetings, Training,)</li> <li>• Support development and implementation of NIS</li> <li>• Review of the EPI policy</li> <li>• Support Introduction of New vaccine and Campaigns</li> </ul>

**2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.**

Each year sierra Leone EPI jointly with partners develop EPI Annual plan in line with the strategic plan ( cMYP/NIS) where the identified TA activities will be part of the annual plan which are subsequently submitted to the government high level for approval for implementation and be part of the National MOH plan.

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

**3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners, and CSOs), to support the activities implementation? (Refer to the PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning for the type of institutions considered global versus local partners and CSOs.)**

Based on a concept received from partner taking into considerations the keep priorities of the EPI program, the following partners have been mapped out:



1. Core partners (WHO and UNICEF)
2. Exyended partners
  - a. Global Partners (CHAI, ICAP, Jhpiego)
  - b. Local Partner (Focus 1000 and Red cross)

***3.2 Please indicate how exactly you plan to collaborate with Local Partners.***

Collaboration between EPI and local partners at national, district and subdistrict level is critical for vaccine equity, uptake, improve population-level health outcomes by creating important and sustainable environmental changes in the different community in which health related behaviour occur. The EPI/MoHS will work with local partners to align activities as part of a coordinated effort to improve access to high quality vaccination and other primary health care services in the context of universal health coverage. The EPI will collaborate with its partners in identifying zero dose, undervaccinated children and missed communities extending the benefits of vaccines to enveryone and everywhere. The EPI will create a link between the local partners and the District Health Management Team (DHMT) ensuring that the partners are involved in all DHMT immunization activities, have access to review and give their inputs on EPI records/data at all levels.

The EPI will partner with local partners to develop more effective community ownership and social accountability mechanisms for achieving immunization goals.

***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.***

Sierra leone will conduct partner mapping as soon as technical assistance (TA) needs are identified. A vigorous and competitive partner sourcing process would be launched in line with Ministry of Health & Sanitation procurement and contractual processes, to ensure value for money in partner-provided services per country needs. Once expression of intereste are received from local partners, the EPI management with suport from the TWG will conduct a thorough review of the capacity of these local partners and both written and interviews may be conducted to come up with the best local partner. An organisation may qualify as a Local Partner for the country in which it has its Headquarters an structures at district and community levels.

The country will focus/prioritise Local Partners that have capacities especially at community level to implement key activities which include, but are not limited to:

- ✓ Advocating for the establishment of accountability frameworks at local level to reach more zero-dose children and missed/marginalised communities.
- ✓ Collecting and using sub-national/community-based data for increasing reach of immunisation systems.
- ✓ Identifying zero-dose children and missed communities through mapping exercises.
- ✓ Facilitating access to areas previously inaccessible to traditional TCA stakeholders due to social, physical and/or operational barriers in vaccine uptake with the aim of ensuring vaccine supply and service delivery or adapting communications to local dynamics, languages and cultures.

***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.

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- ✓ Collecting and using sub-national/community-based data for increasing reach of immunisation systems.
- ✓ Identifying zero-dose children and missed communities through mapping exercises.
- ✓ Facilitating access to areas previously inaccessible to traditional TCA stakeholders due to social, physical and/or operational barriers in vaccine uptake with the aim of ensuring vaccine supply and service delivery or adapting communications to local dynamics, languages and cultures.

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

**4.1 Please explain how the TCA plan will build on previous performance, lessons learned, and best practices of TCA activities from your previous TCA plan, including contributions to the national programme and knowledge/skill building, and how this has been taken into account in this TCA planning and prioritisation.**

Over the past two years, the country has been working relentlessly with partners to sustain access and demand for routine immunization services while responding to COVID-19 pandemic. In 2021, the country faced multiple public health emergencies, and vaccination has been among a key response. As its initial slow progress attested, the COVID-19 vaccination bottlenecks are mostly the same structural issues affecting the health system, and thus the country has strived to fully capitalize the funding support to accelerate COVID-19 vaccination as an opportunity to strengthen routine immunization services and overall health systems. This was possible only through combining the financial support with technical assistance.

For example, in addition to procurement support for solar refrigerators and other supplies, the country received capacity building support through TCA in effective vaccine management (EVM) practices and strengthening cold chain systems at all levels, including maintenance. Through training and continuous mentoring and coaching programme supported under TCA, 100 per cent monthly reporting rate of stock management tool (SMT) has been maintained, which triggered an introduction of the online SMT. Building on these successes, the TCA plan 2022-2023 aims to further improve vaccine visibility, forecast accuracy and stock management including through digital solutions. Moreover, as several assessments and review such as cold chain assessment, EVM assessment, and EPI review have been supported under the previous TCA plan, development and implementation of improvement plan / strategy will be amongst the technical assistance priorities in 2022-2023.

As shown in the 2019 immunization coverage and equity assessment conducted with TCA support, the expansion of cold chain facility especially in hard-to-reach communities has had positive effect on equity and service accessibility. The country was also able to leverage the strong national community health worker (CHW) programme to reduce the number of children defaulting from immunization services. As the revised CHW policy 2021 aims to prioritize hard-to-reach communities, there is an opportunity to reduce the number of zero-dose and under-vaccinated children and missed communities through the requisite technical assistance to strengthening and sustaining the community health programme, including enhancement of performance management system.

Lessons learnt so far indicate the importance of joint integrated actions between service provision and demand creation as demonstrated by the success in COVID-19 vaccination surge campaigns. Spreading rumours, misinformation and fast-evolving narratives and perceptions related to COVID-19 vaccination also called for improved models to help debulking rumours and timely assessing information needs. The misinformation and rumors platform supported as part of TCA offered an innovative solution. On the other hand, support to roll-out of the Community-Led Action (CLA) model demonstrated some challenges in shifting mindsets and capacity towards people-centered approaches and institutionalization of participatory community engagement. TCA plan 2022-3 will therefore continue to prioritize capacity building support for strengthening of evidence-based demand generation and risk communication interventions, paradigm shift in social mobilization and community engagement approach, as well as improving quality of planning and execution of outreach services, with a view to reaching out zero-dose and under-immunized children.

Lastly, multiple health emergencies and vaccine equity agenda during 2021 brought solidarity among health partners. In addition to the existing in-country partners, global/regional partnership arrangement brought many more new partners. Maintaining strong partnership toward collective action has been critical, and with the establishment/ reactivation of key technical advisory / coordination structures such as the NITAG, TCC, and TWGs, the Child health/EPI programme has been able to continuously collaborate with multiple partners on immunization issues. This will be maintained and further improved upon with more partners expressing willingness to work with the programme.

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

***5.1 Please list all planned upcoming Gavi investments (e.g. new vaccine support, CCEOP) that would require TA support within the planned period, including Full Portfolio Planning process and describe how the TCA plan will be aligned with the ongoing and/or planned investments made by Gavi.***

- New vaccine support
- Cold chain strengthening
- Full Portfolio Planning
- Assessments eg. Cold chain assessment

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

***6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that***

***information be used to adjust and improve programme implementation? How frequently are data reviewed and used and who will be responsible to ensure that review and learning occurs?***

Once the One Country TCA plan is approved, partners will be requested to develop and share quarterly operational plans to the National EPI manager. At the end of each quarter, a national quarterly review meetings will be convened by the EPI manager, where partners would be expected to make presentation on the status of implementation of their quarterly plans including challenges/bottlenecks, if any, that continues to affect performance. Such presentations will also include financial consumption rates by partner. The findings of these presentations will be then be summarised by the national EPI programme and shared with MoHS leadership, in-country partners and GAVI

## 2. Deliverables:

Objective 1: Strengthen the capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children			
#	Activity Description	Deliverable	Timeline
1.1	Provide technical assistance and logistics to the EPI to convene bi-weekly routine vaccination TWG meetings, develop action points and to track and ensure successful implementation at national and district levels	Bi-weekly meetings convened with available action points	
1.2	Provide technical assistance and logistics to the EPI to convene quarterly NITAG meetings to review scientific evidence and global best practices and to recommend policies for routine vaccination, including new vaccine introduction	NITAG meetings convened quarterly	
1.3	Provide technical assistance and logistics to the MOHS to convene quarterly ICC to review routine vaccination resources requirements, mobilize resources and stakeholders towards successful cofounding mechanisms for routine vaccination services, including the introduction of new vaccines	ICC meetings are convened quarterly	
1.4	Provide technical assistance and logistics to the EPI to institute quality improvement processes into routine vaccination programs at national and district levels	Routine vaccination quality improvement projects implemented at national, district, and PHU levels	
Objective 2: Extend immunisation services to reach zero-dose, underimmunised children and missed communities			
2.1	Provide technical assistance and logistics to the EPI program to develop functional microplans at district and chiefdom levels	Functional microplans are available and in use at district and Chiefdom levels	
Objective 3: Ensure the immunisation health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development			
3.1	Provide technical assistance and logistics to the training committee of EPI to conduct raining needs assessment across the 16 districts for existing HCWs	Routine vaccination training needs identified	
3.2	Provide technical assistance and logistics to the training committee of EPI to conduct quarterly support supervision to DHMTs	Quarterly supportive supervision visits conducted	

Objective 4: Ensure timely, fit-for-purpose information is available at all levels of the system and is used regularly and systematically to improve programmatic reach and performance			
4.1	Provide technical assistance and logistics to the M&E teams to conduct quarterly DQAs on routine vaccination data at district and PHU levels	Quarterly DQA conducted	
4.2	Provide technical assistance and logistics M&E to conduct and maintain visualization of routine vaccination services, including geospatial analysis	Routine vaccination web-based visual dashboard and equity maps developed	
4.3	Support M&E to develop integrated routine vaccination tools and ancillary materials distribution plans	Integrated logistics and ancillary distribution plans are available	
4.4	Support the EPI program to conduct Measles-Rubella Outbreak investigations, root cause analysis, and outbreak response activities	Root causes (determinants) for VPD outbreaks identified	
4.5	Support the EPI to explore factors influencing routine vaccine uptake and demand in the country to guide the program	Factors influencing vaccine confidence and demand among caregivers for under-five children identified in the country	
4.6	Support the EPI to conduct DPT1, DPT2, and MR coverage surveys in the country	DPT1, DPT2, and MR coverage determined	
Objective 5: Strengthen partnerships with local and community actors to improve demand for immunization			
5.1	Provide technical and logistical support to the DHMTs to conduct district-wide house to house line listing of zero and under-vaccinated children through CHWs	Line list registers for zero vaccinated or under-vaccinated line list registers developed	

