**Republic of Tajikistan**

**PEF Targeted Country Assistance (TCA) Narrative**

**for 2022-2025 Multi-Year Planning**

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

*(Populated by Gavi)*

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| **Total Envelope** | **Indicative allocation per 2022-2023** | | **%** |
| $1,409,762 | **2022** | $704,881 | 50% |
| **2023** | $704,881 | 50% |

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 Republic of Tajikistan EPI program is implemented based on the National Immunization Programme 2021-2025, aligned with the European Immunization Agenda 2030 and National Health Strategy 2021- 2030.  The vision of the national EPI program is to enhance the routine immunization coverage by addressing existing and new challenges such as bottlenecks in last-mile service delivery, training, service delivery etc., with the current focus on zero dose children, urban poor and missed communities. Other pillars of the immunization system, e.g., the supply chain and vaccine management, health Information systems and monitoring, demand generation and community engagement, strategic planning and program management, and Immunization Financing, will be addressed.  The country uses immunization as an entry point for PHC services and Universal Health Care. It also plans to ensure VPD surveillance is enhanced and robust to identify and respond to all outbreaks quickly and will continue to expand the current vaccine portfolio in its repertoire. The new round of TCA application builds on the gains of ongoing GAVI supports under HSS-2 and TCA, especially as the country emerges from the COVID 19 pandemic and repositions routine immunization services. |

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)** | **%** |
| **2022** | |  |  |
| Investment Area | High-level objective |  |  |
| Service Delivery | Identification of zero-dose children and communities and development of equity improvement plan and implementation.  Identify all districts and regions with zero doses on a rolling basis. However, Dushanbe and Rudaki, given multiple outbreaks reported in 2022, are to be prioritized first.  Agreement of service delivery mechanism to be determined via engagements while identifying of the zero dose.  Precise data and analysis of zero dose children reached with immunization services via admin coverage | 65,000 | 9.22 |
| Supply Chain | 1. Implementation of the Cold Chain Inventory and EVMA report  Improve stock management for vaccines and devices to avoid facility-level stock-outs  2. Increase vaccine storage and distribution capacity and quality to improve vaccine availability, especially in the last mile. The status of installed CCE will be assessed, and protocols developed for preventive maintenance.  3. Strengthen logistics management information systems to ensure real-time monitoring at all immunization supply chain levels. With guidance from the national level, the support will facilitate the expansion of the 1c warehouse management software to an additional 6 districts  4. Improve the planning, coordination, and monitoring of supply chain management at all levels | 140,000 | 19.86 |
| Health Information Systems and monitoring and learning | 1.Ensure timely, data, reports and situational analysis are available at all levels of the system and used regularly and systematically to improve programmatic reach and performance. TA would explore needs and approach for designing the digitalization of routine EPI records. This will strengthen paper records which have been observed to miss zero-dose /under-vaccinated children  2. Strengthen the data system by piloting new ehealth technology such as ODK | 50,000 | 7.09 |
| Vaccine preventable disease surveillance | Sustainably integrate vaccine-preventable disease (VPD) surveillance, which meets the immunization programme needs into a resilient national disease surveillance system | 22,000 | 3.12 |
| Demand generation and community engagement | 1. Design and implement social and behaviour change interventions through a gender-sensitive lens  2. Support the scale-up of social and behavioural data and information systems, including social listening | 94,881 | 13.46 |
| Governance, policy, strategic planning and programme management | 1. Strengthen programme performance monitoring and management systems at all levels  2. Development of the Full Portfolio planning and Implementation of NIS | 303,000 | 42.99 |
| Health financing | 2. Support the budgeting and targeting of domestic resources for  immunization and primary healthcare (PHC) based on equity considerations | 30,000 | 4.26 |
| Total |  | $704,881 |  |
| **2023** | |  |  |
| Investment Area | High-level objective |  |  |
| Supply Chain | 1. Improve stock management for vaccines and devices to avoid facility-level stock-outs.  2. Increase the capacity and quality of vaccine storage and  distribution to improve vaccine availability, especially in the last mile. TA will support mapping and systematic temperature monitoring of refrigerators/ cold rooms and analysis using the 30DTR devises  3. Strengthen logistics management information systems to  ensure real-time monitoring at all immunization supply chain levels. The support will facilitate the expansion of the 1c warehouse management software to additional 6 districts in the second year (12 districts over 2 years)  4. Improve the planning, coordination, and monitoring of supply chain management at all levels | 171,000 | 24.26 |
| Health Information Systems and monitoring and learning | 1. 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 | 60,000 | 8.51 |
| Vaccine preventable disease surveillance | Sustainably integrate vaccine-preventable disease (VPD) surveillance, which meets the immunization programme needs, into a resilient national disease surveillance system | 32,000 | 4.54 |
| Demand generation and community engagement | 1.Design and implement social and behaviour change interventions  2. Support the scale-up of social and behavioural data and information systems, including social listening | 152,881 | 21.69 |
| Governance, policy, strategic planning and programme management | 1. Strengthen programme performance monitoring and management systems at all levels  2. Implementation of NIS and FPP recommendations | 274,000 | 38.87 |
| Health financing | 2. Support the budgeting and targeting of domestic resources for  immunization and/or primary healthcare (PHC) based on equity considerations | 15,000 | 2.13 |
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| Total |  | $704,881 |  |

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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.*** |
| ***The existing country TA needs were defined during the implementation of the National Immunization Program, GAVI HSS and TCA activities which include the following: conducting of the situation analysis to understand the root causes of zero-dose children and missed communities, the country already identified an IP awaiting GAVI feedback on contract, assessing the existing feedback and social listening mechanisms in immunization, identify supply chain and vaccine management needs, inadequate resource mobilization advocacy and strategic planning. The current TCA outcomes will create favourable conditions for the country to implement the National Immunization program, the National Immunization Strategy, GAVI Full Portfolio support, the introduction of new vaccines and the strengthening of the health systems. The country is planning the TCA support for the remaining duration of its current HSS-2 grant (2 years). The 2 years will cover the last quarter of 2022, the entire 2023 and transition period for introduction of HSS-3.*** |
| * 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 the sub-national level.*** * ***enhancing strong leadership, management, and coordination, including the use of data for decision-making.*** * ***introduction and scale-up of vaccines.*** * ***programmatic sustainability.*** |
| ***The proposed TCA includes conducting a systematic cross-sectoral analysis to determine /identify zero/under-vaccinated populations or groups, including using home visiting health teams and community workers/volunteers. The results will be used in developing the Full Portfolio Planning.***  ***The TCA will use the 2022 EVMA results to develop and utilize SOPs on effective vaccine management at facility levels.***  ***The TCA will support the NITAG members in making evidence-based decisions on immunization-related activities and increasing the country's vaccine portfolio while maintaining high and quality coverage***.  ***In addition, the needs and design for digitalization of routine EPI records (will strengthen the current paper records) and their impact on the quality and accessibility of immunization data are explored.***  ***The established ICC leadership and management will be supported with a platform to provide guidance and leadership to immunization related activities.***  ***The TCA will support the NITAG and EPI team in making evidence-based decisions on introducing new vaccines into the National Immunization Calendar. The TCA will catalyze immunization services and funding and help reinforce the government ownership of the financial sustainability of the immunization program through high-level engagement and resource mobilization advocacy. This will function using the existing MOH structure as all vaccinators are embedded with the MOH/RCIP roll pay.*** |
| ***2.3 How will you use new vaccine introductions and campaigns planned during this period to strengthen further the areas indicated under question 2.2?*** |
| ***It is planned to actively engage ICC and the NITAG platforms in leading, planning, and implementing the new campaigns. Also, advocate for more vital government ownership and resource mobilization***. |
| ***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.* |
| ***The TCA will be pay particular focus on the generation of demand for routine immunization and stronger engagement of communities. The envisaged National Immunization Strategy development will define the post-COVID-19 recovery activities and continuation of the routine immunization services. No reallocation of the previous TCA funds for COVID-19 reported.*** |
| ***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.*** |
| ***Currently, there is no evidence of gender-related barriers to immunization activities. For this reason, UNICEF is planning to assess the existing feedback and social listening mechanisms in immunization and propose new mechanisms for institutionalization, including through a gender lens. The assessment exercise will be conducted in the first year of TCA in 2023. The plan is to have an institutional consultant who will conduct the institutional capacity assessment on formal/informal feedback and social listening mechanisms****.* |
| ***2.6 Describe how you prioritized the interventions to be supported by Gavi under requested TCA support.*** |
| ***The proposed priorities were based on the country's needs discussed by the ICC, agreed with MOHSP and aligned with the GAVI Program Funding Guidelines*** |

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

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| ***3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners and CSOs) to support the activities implementation? (Refer to the*** [***PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning***](https://www.gavi.org/sites/default/files/support/TCA-guidelines.pdf) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| ***The RCIP core partners include the WHO and UNICEF engaged in the co-implementation of the TCA activities in the country. The RCIP will explore the expanded partnerships among the SCOs and NGOs with sufficient experience and capacity in the immunization related activities.*** | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** | |
| ***The collaboration with core partners (UNICEF and WHO) is based on their competitive advantages, core mandates, and signed MOUs. The country and regional level TWGs were established to coordinate and implement the GAVI supported grants, including TCA.*** |
| ***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.* | |
| ***As stated above, the RCIP will further work on identifying potential local partners (such as SCOs and NGOs) based on their immunization relevant experience and capacity.*** | |
| ***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 stated above, the RCIP will work on identifying potential local partners (such as SCOs and NGOs) based on their immunization relevant experience and capacity.*** | |

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 prioritization.*** |
| The best practices from previous TCA include:   * Introduction of PCV vaccine into the National immunization calendar. * Strengthening the national leadership and coordination capacity (NITAG, ICC and EPI program) in informed evidence-based decision-making on the introduction of COVID-19 vaccines, nOPV, immunization, PCV, IPV second dose and strengthening of the cold-chain infrastructure. * Strengthened EPI was resilient enough to quickly adapt to COVID-19 pandemic context. This allowed to minimize the negative impact of the pandemic in the population well-being and ensured high routine and COVID-19 vaccination uptake. * Improvement in cold chain capabilities.   Lessons learned from the previous TCA include:  - Limitation of logistics, procurement of goods and services due to COVID-19 pandemic that led to the delayed implementations of some of the activities.  - Due to the increased workload associated with the COVID-19 vaccination campaign, the routine immunization was certain extent undermined.  Missed opportunity to identify zero dose during supervisory visits  The new TCA builds on the best practices and challenges of the previous TCA, this will include building a more resilient health system with immunization as an entry point. The warehouse management tool was initiated at national level and in 7 districts, providing greater visibility on vaccine stock levels for decision making. This will be expanded to 12 additional districts in this TCA cycle. Addressing barriers to access immunization and using proper messages as vaccine hesitancy has shown the need to be addressed as life course becomes a central point in the immunization system. The current EPI communication plan expired in 2021 with a revision required with inputs from lessons learnt from the Covid-19 pandemic impact on immunization, assessment of social listening mechanisms and engagements with caregivers at the community level.  Also, the VPDs surveillance and the use of its result in immunization becomes relevant, with delays noted in some outbreak responses, along with leveraging other resources to strengthen lab capacity. |

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.*** |
| The Full Portfolio Planning will benefit from the TCA support through the multi-stage process, including the National Immunization Strategy (NIS) development, conducting an EPI Review, and implementing the EVM assessment.  Based on the generated evidence from the TCA, the country will be able to forecast/plan the demand for the cold-chain equipment provided through the CCEOP. It should be noted that GAVI TCA shapes the National Immunization Strategy so that it is fully aligned with the GAVI 5.0 strategy. |

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

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| ***6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that information be used to adjust and improve programme implementation? How frequently are data reviewed and used and who will be responsible to ensure that review and learning occurs?*** |
| **EPI/MOHSP:**   * Lead the TCA planning and monitoring process including the development of a comprehensive roadmap for the implementation of activities and liaise with the Gavi Secretariat on partner mapping. * Convene quarterly meetings, including joint appraisal (JA) or Multi-Stakeholder Dialogue (MSD), to review progress on TCA implementation and plan for following period. * Proactively raise any concerns with TCA provision to partners, the Coordination Forum, and the Gavi Secretariat. * Ensure relevant partners (including Gavi-identified and Gavi-prequalified partners) are included in TCA planning processes. Actively support the incorporation of Local Partners. * Liaise with the Gavi Secretariat on the engagement mechanisms (identification, prequalification, selection and contracting) of Expanded Partners to align with Gavi’s Procurement and Competition policies. * Collaboratively determine, with the Gavi Secretariat, the proportion of available TCA funding that will be allocated between the two groupings of Core Partners and Expanded Partners respectively on a country-by-country basis as part of the TCA Plan Development stage. * Provide quarterly documented feedback on quality, relevance, and impact of TCA to Coordination Forum and during the JA/MSD process * Agree with partners on the contribution of staff time to be embedded * Development of a mutual accountability framework   **Coordination Forum**   * Review quarterly TCA implementation progress and challenges and agree on corrective actions (at least bi-annually), and endorse the plan for the following year * Review and validate any requests for adjustments to the TCA plan * Submit progress updates on TCA milestone reporting in June and November, as well as an update and explanation for incomplete milestones * Monitor and discuss progress with other country stakeholders quarterly * Contribute to the TCA planning process * Coordination Forum to be updated on recruitment or termination of staff/consultants. Staff retention to be reviewed on an annual basis   **Partners: UNICEF and WHO Regional Level**   * Monitor progress on TCA delivery throughout the year (including review of regular TCA reporting) and support countries in identifying and overcoming challenges or bottlenecks * Support dissemination of guidance, tools, and decisions from PT/ACT to country-level staff * Facilitate lessons learned and best practices from planning, implementation and monitoring of TCA in countries * Review of TCA plans before submission to Gavi to ensure alignment with TCA guidance and allow for clearance before proposals are shared with HQs and, ultimately Gavi Secretariat   **Partners: UNICEF and WHO HQ Level**   * Review submission of TCA milestone reports of priority countries before reporting deadlines and provide reporting feedback via the Partner Portal * Disseminate guidance, tools, and decisions from PT, ACT, etc., to regional-level staff * Core Partners to submit HR and financial utilization reports to the Gavi Secretariat as per the respective clause in the country specific MoUs * Guide countries and partners on relevant TCA approaches in their programmatic areas * Monitor progress on TCA delivery throughout the year in their programmatic areas   **Gavi Secretariat**   * Ensure clarity on the process for TCA planning and reporting * Ensure the implementation of contracts follows Gavi Procurement process and policies * Support in the mapping and engagement of partners for TA * Engage in quarterly review of TCA in the country; convene discussions if necessary; review partner reports (milestones, results, and narratives) and provide timely feedback * Ensure robust discussion on planning for TCA through the JA, MSD, including link with other Gavi grants and results expected in the country * Support the development of a mutual accountability framework |