# **TEMPLATE**

**Ghana**

**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 immunization goals.

*(Populated by Gavi)*

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| **Total Envelope** | **Indicative allocation per 2022-2025** | **%** |
| $2,558,161 | **2022** | $443,518 | 17.3% |
| **2023** | $704,881 | 27.6% |
| **2024** | $704,881 | 27.6% |
| **2025** | $704,881 | 27.6% |

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 EPI Programme was established to contribute to the overall poverty reduction goal of the government by decreasing the magnitude of vaccine-preventable diseases through immunization. The overarching objective of the Programme is to accelerate efforts towards the control, elimination and eradication of vaccine preventable diseases. The Programme also aims that the population benefits from new and underused vaccines recommended across the life course. There is the continuous need to strengthen surveillance on advserse events following immunization (AEFI) to ensure vaccine safety as well as strengthen surveillance in vaccine preventable diseases (VPDs). Governance systems including Regulation, the National Immunization Technical Advisory Group (NITAG), Inter-Agency Coordinating Committee (ICC) etc., are being strengthened. Efforts are being made to build local capacity to use innovation to solve programmatic challenges. Most importantly, the EPI Programme aims to improve sustainable financing immunization for Universal Health Care (UHC).There continue to be disparities in access across geographical areas with persons in hard-to-reach, urban slums and deprived communities being the most affected. As a consequence, there are under-served communities and zero-dose children. Inadequate capacity of staff has been identified as a key challenge affecting the quality of service delivery. Capacity building including training does not to reach all staff because of limited funding and/or ICT infrastructure. Demand generation activities are limited especially for routine service delivery. There are gaps community engagement and communication skills to address rumours and sustain the high-level of acceptance for immunization services. The EPI Programme does not have dedicated funding to support day-to-day running of the the Programme. Funds for co-financing of vaccines are sometimes released late resulting in default in payment. As such, TA supporting timely payment for vaccines financing is key to Ghana in a context of accelerated transition but also new vaccines to be introduced in the coming years that are impacting the overall vaccines procurement costs. With TA support, Ghana should have financial projection of needs for vaccines and operational costs in order to rationalize them and ensure their sustainable financing as per the UHC strategy. TA is critical to monitor yearly payment of cofinancing but also to develop and inform budgeting tools/requirements towards MOF to improve budgeting for key health needs including vaccines. Developing alternative resource mobilization strategies would also support the sustainability of the programme.These challenges affect immunization service delivery and may impede efforts to achieve universal health coverage. |

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)*

| **High-level Plan** | **Budget (USD)** | **%** |
| --- | --- | --- |
| **2022** |   |   |
| Service delivery | Extend immunization services to reach zero-dose, underimmunised children and missed communities | 177,407 | 40 |
| Human resources for health | Improve the technical and managerial capacity of healthcare workers to plan, implement and monitor immunization services | 66,528 | 15 |
| Demand generation and community engagement | Design and implement social and behaviour change interventions | 88,704 | 20 |
| Governance, policy, 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 | 22,176 | 5 |
| Health financing | Support the budgeting and targeting of domestic resources for immunization and/or primary healthcare (PHC) based on equity considerations | 22,176 | 5 |
| Health financing | Support the planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets. | 66,528 | 15 |
| **2023** |  |  |
| Service delivery | Extend immunization services to reach zero-dose, underimmunised children and missed communities | 56,390 | 8 |
| Service delivery | Establish and/or continue partnerships with civil society organisations (CSOs) to provide immunization services | 35,244 | 5 |
| Human resources for health | Improve the technical and managerial capacity of healthcare workers to plan, implement and monitor immunization services | 75,422 | 10.7 |
| Human resources for health | Improve the quality of immunization-related pre-service training among physicians, midwives and nurses for immunization | 79,652 | 11.3 |
| Supply chain | Improve the design of the immunization supply chain (iSC) system to improve efficiency and vaccine availability, especially at the last mile | 35,244 | 5 |
| Supply chain | Strengthen logistics management information systems to ensure real-time monitoring at all immunization supply chain levels | 35,244 | 5 |
| Health information systems and monitoring and learning | Strengthen information systems relevant for the identification and reach of zero-dose and underimmunised children | 35,244 | 5 |
| Health information systems and monitoring and learning | Strengthen country capacity to detect, evaluate and respond to serious adverse events following immunization | 35,244 | 5 |
| Vaccine-preventable diseases surveillance | Improve the availability and use of timely and accurate data for decisions on vaccine introduction and preventive campaign targeting | 49,342 | 7 |
| Demand generation and community engagement | Design and implement social and behaviour change interventions | 70,488 | 10 |
| Governance, policy, 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 | 35,244 | 5 |
| Health financing | Support the budgeting and targeting of domestic resources for immunization and/or primary healthcare (PHC) based on equity considerations | 21,146 | 3 |
| Health financing | Support the planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets. | 140,976 | 20 |
| **2024** |  |  |
| Service delivery | Extend immunization services to reach zero-dose, underimmunised children and missed communities | 100,798 | 14.3 |
| Service delivery | Design and implement life-course immunization approaches relevant to Gavi-supported vaccine programmes  | 70,488 | 10 |
| Human resources for health | Improve the quality of immunization-related pre-service training among physicians, midwives and nurses for immunization | 70,488 | 10 |
| Supply chain | Improve the design of the immunization supply chain (iSC) system to improve efficiency and vaccine availability, especially in the last mile | 37,359 | 5.3 |
| Supply chain | Strengthen waste management to reduce infection risk and/or environmental impact | 56,390 | 8 |
| Vaccine-preventable diseases surveillance | Improve the availability and use of timely and accurate data for decisions on vaccine introduction and preventive campaign targeting | 105,732 | 15 |
| Demand generation and community engagement | Design and implement social and behaviour change interventions | 94,454 | 13.4 |
| Governance, policy, strategic planning and programme management | Strengthen programme performance monitoring and management systems at all levels | 35,244 | 5 |
| Health financing | Support the budgeting and targeting of domestic resources for immunization and/or primary healthcare (PHC) based on equity considerations | 35,244 | 5 |
| Health financing | Support the planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets. | 98,683 | 14 |
| **2025**  |
| Service delivery | Design and implement life-course immunization approaches relevant to Gavi-supported vaccine programmes  | 70,488 | 10 |
| Human resources for health | Improve the quality of immunization-related pre-service training among physicians, midwives and nurses for immunization | 146,615 | 20.8 |
| Supply chain | Improve the design of the immunization supply chain (iSC) system to improve efficiency and vaccine availability, especially in the last mile | 57,800 | 8.2 |
| Vaccine-preventable diseases surveillance | Improve the availability and use of timely and accurate data for decisions on vaccine introduction and preventive campaign targeting | 70,488 | 10 |
| Demand generation and community engagement | Design and implement social and behaviour change interventions | 144,501 | 20.5 |
| Governance, policy, strategic planning and programme management | Strengthen programme performance monitoring and management systems at all levels | 70,488 | 10 |
| Health financing | Support the budgeting and targeting of domestic resources for immunization and/or primary healthcare (PHC) based on equity considerations | 74,013 | 10.5 |
| Health financing | Support the planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets. | 70,488 | 10 |

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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 Expanded Programme on Immunization has identified key issues within the immunization system which will require the provision of technical assistance. The need for technical partners to continuously provide assistance to the Programme is crucial as the Programme may not be able to undertake all planned activities due to competing demands vis-à-vis limited technical staff. Though the country has achieved and sustained high immunization coverage rates over the years, there continue to be equity gaps in service delivery. There are under-served communities, especially geographically and culturally hard-to-reach communities; there are also zero-dose children in these under-served communities. TA is neded to develop strategies to reach under-served communities and zero-dose children. TA will be needed to conduct targeted immunization coverage surveys to established poorly covered areas for targeted support. Ghana plans to introduce IPV2 into routine immunization in 2023. The introduction of new vaccines require careful planning and implementation and support would be needed from local partners. They will also be needed to support post-introduction evaluation. Similarly, support will be needed for the implementation of Measles-Rubella Follow-up Campaign as well as the post-campaign coverage survey in 2023 as per the country’s plan.Capacity gap, especially at the peripheral level, was one of the key findings during the comprehensive review of the EPI Programme. With the support of partners, training would be roll-out using innovative approaches to build the capacity of staff. Training will cover both pre-service and in-service staff. Support will also be needed to institute continuous development programme for staff which would be used as part of the appraisal process.Within the implementation period of this TCA, there will be a mid-term review of the country’s Immunization comprehensive multi-year plan (cMYP). Multi-partner support would be required to undertake this activity. In the past years, partners have supported impact studies of vaccines introduced into the EPI Programme. This support is expected to continue for sentinel disease surveillance for monitoring new vaccines (Rotavirus, Pediatric Bacteria Meningitis, Congenital Rubella Syndrome). TA would also be needed for continuous strengthening of EPI data systems including the use of digital technologies and innovations for efficient programme planning and implementation.Through TA, the EPI Programme hopes to improve the design of the immunization supply chain (iSC) system, especially for last mile distribution. TA would also be needed for the development and implementation of high-impact demand generation strategies to sustain demand for immunization services. Governance systems, including the ICC and NITAG will be strengthened within the period to ensure high-level oversight. Management capacity at the national and regional levels would be strengthened, through TA, to build capacity of programme managers and technical officers.Most importantly, as Ghana is expected to transition from Gavi support, there is a critical need for technical assistance to support the development of multi-year budgets for the EPI Programme in the context of the overall health system as well as support local resource mobilization efforts to ensure the gains made are sustained. |
| * 1. ***How will the requested TCA support advance Gavi's 5.0 mission per the country's context with focus on:***
* ***identifying and reaching zero-dose and consistently missed children and communities;***
* ***improving stock reporting and vaccine management at sub-national level;***
* ***enhancing strong leadership, management and coordination, including use of data for decision-making;***
* ***introduction and scale up of vaccines;***
* ***programmatic sustainability.***
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| As outlined in Section 2.1, strategies to reach under-served communities and zero-dose children is one of the key activities for which TA would be required. Through this TA, strategies will be developed and activities will be implemented to reach zero-dose children in line with Gavi 5.0 and Immunization Agenda 2030 (IA 2030). TA should support to provide a costed plan to reach the zero dose children. TA will also be provided to strengthen stock management including quantification, requisition and reporting across all levels. Through TA, EPI officers will undergo management and technical capacity building programmes to improve their management and coordination skills. Data triangulation and use of data for decision making is also a key component of the outlined TAs. Technical partners will provide support for the introduction of IPV2 as well as roll-out of Measles-Rubella Follow-up campaign. Partners will have review and finalize the Gavi Transition Plan, support the development of mult-year budget for EPI and local resource mobilization to ensure sustainability of immunization services. To support financial and programmatic sustainability of the programme, activities for health financing will be explored: 1) Support annual planning and budgeting for vaccines and skill transfer 2) Support domestic resource mobilisation (fiscal space analysis for NVI, advocacy strategy for immunisation and primary health care financing implemented with CSO support etc) 3) Value for money and resource tracking exercises including MYP immunisations, health financing strategy (which will focus on immunisation and PHC). |
| ***2.3 How will you use new vaccine introductions and campaigns planned during this period to further strengthen the areas indicated under question 2.2?***  |
| New vaccine introductions and mass vaccine campaigns provide an opportunity to strengthen the health system in general and the immunization system in particular. Ghana has used previous vaccine introduction and mass campaigns to improve routine systems and same will be done for the planned introductions and/ or campaigns.The planning for the IPV2 introduction into routine immunization and the Measles-Rubella Follow-up campaign would largely be informed by the Reaching Every District (RED) strategy. Planning and training will be conducted nationwide from the national level to the periphery. These training and planning sessions will present an opportunity for staff to be orientated or re-orientated on RED and microplanning.Demand generation activities that usually precede such introductions would include messages on the need for caregivers to ensure their children are fully vaccinated. For the measles-rubella campaign, vaccination teams that will move from house-to-house will specifically provide key messages on routine immunization. This will assist in heightening awareness and increasing demand. The campaign will provide a second opportunity for children who have missed MR vaccination to be vaccinated. It will also be used to catch-up missed and underimmunized children. Vaccination teams will therefore be orientated on the Catch-up Schedule for Routine Immunization.Both IPV2 introduction and the MR campaigns will come with investments in cold chain in particular and the supply chain chain in general. These investments will strengthen the overall supply chain system as the country strives to streamline the system to improve efficiency and vaccine availability, especially at the last mile.Experience and lessons learnt from the COVID-19 vaccine deployment have helped build capacity and systems to commence vaccination registry for routine immunization where individual level data would be collected. While resources are being mobilized to kick-start this idea, the country will deploy these tools for the Measles-Rubella Campaign. This will further help to strengthen the system in terms of capacity building and infrastructure. In the area of Surveillance, the Ghana Health Service is working with partners to strengthen electronic platforms for surveillance of VPDs including polio, measles and COVID-19. The MR campaign will provide the opportunity for vaccination teams to conduct active case search as they move from one place to the other. Supervisors at all levels will also be deployed to ensure programme quality and efficiency. |
| ***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.* |
| One of the major objectives of the EPI Programme is to extend immunization services to reach zero-dose, underimmunised children and missed communities across the country using innovative strategies including digital microplanning. Through this activity, under-served communities will be identified and subsequently, new vaccination sites will be established. These newly established vaccination sites will be used to deploy routine EPI vaccines and COVID-19 vaccines and will also serve as vaccination sites during the MR campaign.  |
| ***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.*** |
| This TCA will support address access and equity gaps through the development of strategies and implementation of activities to reach under-served and zero-dose children. This will be done by bringing immunization services to the door-step of such communities and reduce the financial burden to the client. Through this TCA, the country plans to embark on a major local resource mobilization strategy to establish a predictable and sustainable source of funding for immunization activities including cost of vaccines.There are no known gender-related barriers to immunization in Ghana; be it routine or campaigns; in children and among adults/life-course. Through targeted surveys, the country will continue to monitor gender-disaggregated data to identify any significant differences and take steps to address them.Gender-related activities will be mainly supported by WHO, UNICEF and PATH |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| The EPI Programme heavily relies on external support and Gavi has been the main financier. Gavi provides funds for vaccines and devices under co-financing agreement, new vaccine introduction grants, operational cost for campaigns and support to strengthen the health system for effective and efficient service delivery.Gavi activities are always high on the priority list of the EPI Programme and these activities are mostly funded. TCA partners will also keep track of implementation of Gavi-funded activities through regular meetings. |

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 following partners have been mapped by the EPI Programme to provide technical assistance;1. WHO – Alliance Partner
2. UNICEF – Alliance Partner
3. PATH – Expanded Partner
4. JSI – Expanded Partner
5. JHPIEGO – Expanded Partner
6. Ghana Coalition of NGOs in Health – Extended Partner (Local)
7. Other partner to be identified for health financing support
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| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** |
| The Ministry of Health through the Ghana Health Service will collaborate with local partners, particularly civil society organizations (CSOs) through an umbrella body of non-governmental organizations (NGOs) in Ghana, the Ghana Coalition of NGOs in Health (GCNH). GCNH is a reputable not-for-profit Civil Society Organisation (CSO) established as an umbrella and coordinating body for activities of all registered health-related NGOs and Community-based Organizations (CBOs) working with the health sector in the country. GCNH currently has a membership of over 500 registered local NGOs/CSOs/CBOs with regional branches and offices in all the 16 regions of Ghana. The registered local NGOs/CSOs/CBOs have representation in all 260 districts in the country which make them a key partner in the planning and implementation of immunization activities at the community level. Under COVID-19 vaccination funds, Ghana Coalition of NGO is receiving a share of the Gavi CDS NB funding to implement community-based activities to address hesitancy, generate demand and ultimately boost vaccination. |
| ***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.* |
| A considerable proportion of activities planned for 2022-2024 are lower level activities geared towards increasing immunization coverage and bridging equity gaps. The NGOs/CSOs/CBOs registered under the GCNGOH are local level partners that will be supporting their respective districts and regions in the implementation of activities. The Ministry of Health/Ghana Health Service will set aside at least 30% of the ceiling for each year for the GCNH and the registered NGOs/CSOs/CBOs as per Gavi regulations. |
| ***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.* |
| From Section 3.3, the country has already planned to commit 30% of the multi-year TCA to the GCNGOH (local partner). CSOs through the Coalition (GCNH) are being support with HSS funds to implement activities to support immunization services delivery. CSOs will also be key implementors of the EAF support using their community-level structures to improve community engagement and support bridge equity gaps. At least 10% of EAF and HSS funds will be dedicated to CSOs to provide TA to the Programme. |

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.***  |
| The contribution of TA partners (Alliance and Expanded) to Ghana’s Immunization Programme over the years has been phenomenal. The unique skill set that each partner has brought on board has always complemented the Programme’s efforts at increasing and sustaining immunization coverage levels over the years with. Through the significant contribution of Partners, Ghana has witnessed very minimal dirsruption to routine immunization services in the past two years even as the COVID-19 pandemic has caused disruption to the delivery of essential services. The significant role of Ghana’s TA partners ensured the quick turnaround in the development of the COVID-19 National Vaccination and Deployment Plan (NDVP) in 2020 that led to Ghana being the first country, globally, to receive a shipment of COVID-19 vaccines through the COVAX platform and rapidly deploy same within one week of receiving the vaccine. TA partners have continued to support the ongoing implementation of the plans including periodic reviews and updates in line with the dynamics of the disease up to date. Ghana’s TA partners supported the EPI in developing both the CDS Early Access and Need-Based plans which paved the way for Gavi resources to faciltitate the ongoing implementation of the NDVP, towards a successful management and containment of the pandemic through immunization. Partners role in the development and implementation of our current PSR/HSS and CMYP are clearly spelt out and we hope to continue to leverage their efforts as we plan to restore maintain and strengthen Immunization services in the context of the COVID-19 pandemic. Building on the significant skills and capacity building contributions they have made over the period, we plan to work with Partners in our quest to accelerate efforts towards reducing zero-dosed children; enhancing access to services in urban and underserved areas; improving the supply chain systems through the CCEOP and other related capacity building efforts; upscaling VPD surveillance and AEFI reporting; deploying innovative strategies to identify new vaccine delivery strategies, dynamic strategies in demand creation; stakeholder invovelment and communication efforts as well as developing alternative financing strategies towards the sustainance of immunization efforts and gains as the country enters the accelerated transition phase. This will ensure a seamless continutation of services beyond the transition in 2027. |

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.*** |
| Planned upcoming Gavi investments in Ghana that would require TA support within the planned period are:1. CCEOP
2. New vaccine Introduction (IPV2)
3. New vaccine Introduction (RTS,S Malaria Vaccine)
4. New vaccine Introduction (HPV Vaccine)
5. Contribution to the Programme for Results (PforR): cofinancing of a primary health care project with World Bank and GFF (As requested by the country under their envelope, Gavi will be cofinancing $1.5 million and a Disbursment Linked indicator related to zero dose children will be added to the project).
6. Equity Accelerator Financing
7. Measles-Rubella Follow-up Campaign
8. Others to-be-determined

The planning of technical assistance, which is done in a coordinated manner, will take into account all present and future investments. Also when drafting the proposal for basket of Gavi support, the country will integrate into the monitoring plan the mobilization and use of these different resources to ensure effectiveness and efficiency and leverage the available TAs to support implementation of various activities. |

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

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| ***6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that information be used to adjust and improve programme implementation? How frequently are data reviewed and used and who will be responsible to ensure that review and learning occurs?*** |
| The development of the TA plans has, traditionally, been a joint effort coordinated by the MoH/EPI through the identification of felt needs and dialogue with TA partners identified to possess the skill set, track record and capacity to help fill these gaps. This mechanism leads to a well coordinated effort which avoides overlap of TA resources and efforts and ensure complementarity of TA milestones and outcomes towards the resolution of the felt needs by the MoH and EPI Programme. Embedded in this process is a periodic check-in and review process to understand the status of each TA partner’s efforts in terms of timeliness, completeness, quality and impact of the TA efforts within the assigned thematic area and geograpic location where applicable. This process leads to replanning and leveraging of all lessons learnt to ensure the Programme maximises the benefits of the TA efforts. All TA efforts will be reviewed monthly to ensure their continuous alignment with the applicable national plans and strategy. Regional/district directors whose operational areas would be direct beneficiaries of the TA efforts would also have oversight of the approved plans and programs of the TA’s assigned to their areas so they can ensure a seamless integration of the TA efforts in their sub-national plans and activities. |