

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

Key audience

Ministries of Health (MOH),
Expanded Programme on
Immunization (EPI) and PEF
TCA implementing partners

Use these instructions for the development of countries' PEF TCA planning from 2022 to request Targeted Country Assistance (TCA) under Gavi's Partners' Engagement Framework (PEF).

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1. Introduction/Key Considerations

- Gavi's Partners' Engagement Framework (PEF) **leverages the comparative advantages of more than 60 different partner organisations across 57 countries** who provide technical assistance (TA) to countries, referred to as **Targeted Country Assistance (TCA)**. The vision for PEF in the Gavi 5.0 strategic period (2021–2025) is to sustain the progress made in TA with regards to transparency, value for money, accountability, country focus and differentiation.
- Building on successes of the previous strategic periods, Gavi 5.0 has several key shifts to deliver on its mission, including a core focus on reaching “zero-dose” children and missed communities, with equity as the organising principle; and increased focus on programmatic efficiency and sustainability by addressing persistent gaps and challenges raised through programme audits and other reviews at country level. Additionally, the TA plans should improve countries' approaches towards sustainability and develop new partnerships, especially through engagement of local institutions and partners across multiple sectors.
- **All Gavi-eligible countries (Annex 1) are able to plan PEF TCA on a multiyear basis** starting in 2022, either through:
 - i) conducting the Full Portfolio Planning Process (FPP) as part of their comprehensive application by including TCA-related activities in the integrated multiyear workplan and budget; or
 - ii) submitting a stand-alone multiyear (MY) TCA application for the remaining years of countries' ongoing Health System Strengthening (HSS) grants, subject to these guidelines.
- The **guiding principles for provision of technical assistance (TA) through Gavi** are described in section 4 below.

KEY RESOURCES:

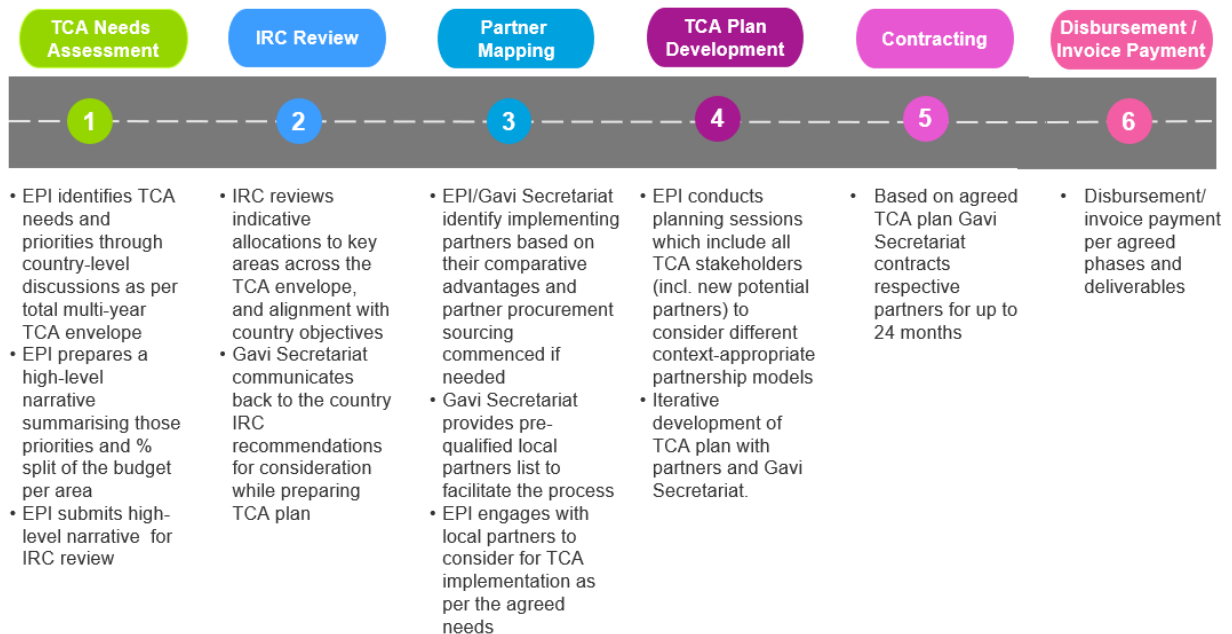
- [Gavi Application Process Guidelines](#)
- [M&R&S Guidelines](#)
- [Gavi Vaccine Funding Guidelines](#)
- [Gavi Zero-Dose Funding Guidelines](#)

“Zero-dose” children are those who have not received any routine vaccine. For operational purposes, Gavi defines zero-dose children as those who lack of the first dose of diphtheria-tetanus-pertussis-containing vaccine (DTP1). Every year, more than 12 million zero-dose children are added to the pool of unvaccinated children in Gavi-supported countries.

Missed communities are home to clusters of zero-dose and under-immunised children, even before the COVID-19 pandemic. These communities often face multiple deprivations and vulnerabilities, including lack of basic services, socio-economic inequities and gender-related barriers.

2. PEF TCA Planning Process

The scheme below captures the key processes for developing efficient and impactful PEF TCA support to countries.



1. PEF TCA Needs Assessment

PEF TCA needs are to be supported by Core or Expanded Partners, which can be identified through all Gavi processes such as the Full Portfolio Planning, programme capacity assessments, country missions, Expanded Programme on Immunization (EPI) reviews, etc., involving Senior MOH management, EPI and Gavi’s focal point, the Senior Country Manager (SCM). The country may also choose to write a direct communication to the Gavi SCM.

PEF TCA needs should be aligned with countries’ objectives and structured around Gavi 5.0 [investment areas](#).

Focus should be given to:

- identifying and reaching zero-dose children and missed communities;
- improving stock reporting and vaccine management at sub-national level;
- enhancing strong leadership, management and coordination (LMC), including use of data for decision-making;
- new vaccine introductions; and
- programmatically sustainability.

Those needs will be populated in the country-specific high-level MY TCA narrative template where the available TCA 2022–2025 envelope for each country is pre-populated by Gavi.

A country is encouraged to plan on a multiyear basis as per the number of years left on their HSS grants (or based on approved no-cost extension period). In case of specific context, countries may choose to opt out and instead conduct an annual planning cycle following an agreement with their respective Gavi SCM.¹

Regardless of whether the PEF TCA support is requested on an annual or multiyear basis, a narrative seeking Independent Review Committee (IRC) recommendation for approval must be developed and submitted to Gavi using the [PEF Targeted Country Assistance \(TCA\) Narrative for 2022–2025 Multi-Year Planning](#) template.

2. Independent Review Committee (IRC) Review

The IRC will review the high-level [PEF TCA Narrative for 2022–2025 Multi-Year Planning](#) as per the following main criteria:

- Does PEF TCA support Gavi's 5.0 mission and goal of reaching zero-dose children align with country context and future Gavi investments?
- Is the technical assistance (TA) requested for the upcoming years relevant to supporting the overall performance of the grants and EPI programme? Specifically, is it aligned with the strategic focus described in section 1 above (PEF TCA Needs Assessment)?
- Is the indicative allocation of funding to high-level objectives appropriate to the level of ambition of the country and prioritisation?
- Does the country have a strategy for partner diversification inclusive of establishing local partnerships?
- Does the country present a clear in-country mechanism to jointly monitor and track implementation progress and generation of results that will help appropriate monitoring of PEF TCA support and initiate mitigation actions as needed?

Once the TCA application is recommended for approval by the IRC, the Gavi Secretariat communicates back to the country the outcome and IRC recommendation, for country consideration during the TCA plan development process.

3. Partner Mapping

It is highly recommended that the partner mapping step commences as soon as technical assistance (TA) needs are identified by the country. At that step, a competitive partner sourcing process could be launched, driven by Gavi Procurement process and country segmentation, to ensure value for money in partner-provided services per country needs.

¹ Contractual relationships to be established for a maximum of two years with the potential to extend as needed.

Gavi encourages that TCA is provided by a range of institutions, leveraging what different partners bring to the table to advance both country and Alliance goals for immunisation equity.

Core Partners for TA include WHO, UNICEF, CDC, CDC Foundation and the World Bank.

Expanded Partners for TA include all other implementing TA partners. This grouping is further broken down into **Local TA Partners** and **Global TA Partners**.

An organisation may qualify as a Local Partner for the country/economy in which it has its Headquarters by adhering to all the remaining Local Partner criteria (noted below). An organisation that is not a Core Partner, nor meets the Local Partner criteria, will be considered a Global TA Partner/Global TA Expanded Partner. A civil society organisation (CSO) may be considered as a Local Partner or a Global Partner depending on the nature of the organisation (see definitions in boxes below).

Gavi strongly promotes the consideration of local institutions as TCA providers with the goal that Local Partners will provide over 30% of Gavi PEF TCA support in the Gavi 5.0 strategic period.

A mapping of Local Partners should also include partners outside the immunisation space to facilitate more cross-sectoral approaches. Where the landscape of potentially relevant Local Partners is insufficiently known, TCA can be leveraged to map existing local stakeholders for future engagement and TCA implementation. Existing mapping completed by the Gavi Secretariat and prequalification process should also be leveraged at this stage – a number of resources can be found at [this link](#).

Local Partners can include:

- Non-governmental organisations (NGOs).
- Advocacy, policy and service delivery civil society organisations (CSOs).
- Local research/training institutions, knowledge partners and professional associations.
- Community-based actors.
- Regional civil society networks/platforms.
- Non-profit advocacy organisations.

EXPANDED PARTNERS: LOCAL PARTNERS

INSTITUTIONS ARE CONSIDERED LOCAL WHEN ALL THE FOLLOWING CRITERIA APPLY:

- Registered* (e.g. via certificate of incorporation) in one of Gavi's supported countries or economies (Gavi57 and/or Gavi COVAX AMC92).
- Have an office in the country/countries of work;
- Headquarters (HQ) located in a Gavi-supported country or economy;
- Majority membership of the governing body are citizens of the recipient country(ies)/economy(ies);
- Senior leadership should be primarily located within country(ies)/economy(ies) of implementation;
- The majority of project staff must be citizens of country(ies)/economy(ies) of implementation; and
- No overhead costs allocated outside the country(ies)/economy(ies) of implementation.

Typical activities that can be supported by Local Partners include, but are not limited to:

- Advocating for the establishment of accountability frameworks at local level to reach 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 gender dynamics, languages and cultures.

**The eligibility of organisations without official registration, such as those working in conflict and fragile settings, will be considered on a case-by-case basis at the discretion of Gavi.*

Local Partners may be contracted directly or indirectly through a variety of contracting mechanisms, including subcontracting through another Local or Global Expanded Partner. The selection and procurement processes of partners may differ between country segments, TA provider and contract values. Countries are expected to participate in these contracting mechanisms.

EXPANDED PARTNERS: GLOBAL PARTNERS

INSTITUTIONS ARE CONSIDERED GLOBAL WHEN ANY OF THE FOLLOWING CRITERIA APPLY:

- Global health organisations that engage in cross-sectoral collaboration and partnerships at both the country and global levels.
- Global health organisations with a broad range of evidence-based interventions for catalytic impact with the purpose of leveraging their comparative advantages to reach zero-dose children and to strengthen routine immunisation systems.
- Those engaged in existing projects and activities in countries with active engagement in primary health care (PHC) activities.
- Partnerships that extend beyond immunisation, including those that may contribute to the integration of immunisation strengthening efforts in countries' broader PHC and universal health coverage (UHC) efforts, including for example, sexual and reproductive health services, provision of malaria bed nets, deworming, iron and folic acid supplementation, nutritional aid, etc.
- Regional civil society networks/platforms.
- Non-profit advocacy organisations.
- For-profit organisations with a focus on development and global health.
- Non-governmental organisations (NGOs).
- Advocacy, policy and service delivery civil society organisations (CSOs).
- Research, knowledge partners and professional associations.
- Humanitarian actors.

The selection and procurement processes for engaging partners may differ between country segments, TA provider and contract values. Countries are encouraged to engage with Gavi on these partner engagement mechanisms. Global Expanded Partners may be encouraged to subcontract to Local Partners.

4. PEF TCA Plan Development

EPI and Gavi will collaborate on the partner engagement model with respect to Gavi's Procurement policies and country-differentiated approach.

Once TA needs are identified and potential new partners mapped, the country, led by the Senior MOH management in collaboration with potential TCA partners and Gavi SCM, develops a TCA plan, on the country's designated planning template, depending on the country's application pathway (FPP or stand-alone). The plan should be developed per the high-level priority TCA needs submitted to IRC and the respective funding allocation. The designated planning template will require further details on the timeline, milestones and detailed budget, along with other key elements, taking into account country segmentation and operationalisation of PEF TCA principles. EPI and Gavi should collaboratively determine 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.

The principles for PEF TCA support provided by the partners are as follows:

- Activities are responding to clear EPI needs and designed in line with the competitive advantage of the Expanded Partner;
- Activities are ideally providing TA at subnational level;
- Activities are clearly focused on transfer of skills, with clear indicators and goals towards achieving sustainability or exit strategy – whichever is appropriate.
- For Expanded Partners, at least 70% of fees (i.e. HR staff costs) must be on country-level staff (i.e. non-HQ/regional offices staff) and non-activity expenses (i.e. travel, per diem, accommodation) not to exceed 25% of the total contract amount;
- Clearly defined semi-annual milestones are included in the technical proposal template and Services Agreement, as well as subsequently reported via the Partner Portal; and
- As much as possible, technical assistance (TA) is embedded within the EPI (or other MOH) team.

All TCA Plans must clearly summarise the volume of funds allocated to: (i) [Local Partners](#); and (ii) civil society organisations (CSOs). These summaries should include funding planned for direct or indirect (including subcontracting) allocation to these respective partner groupings.

Countries are provided with the flexibility to define their yearly allocation for 2022–2025. The budget amounts for ongoing partner contracts already going into 2022 will be deducted from countries' 2022 TCA ceilings. The remainder amount, along with the balances of 2021 ceiling, will be added to the overall 2022–2025 multiyear ceiling and will be available for planning throughout 2025. If TCA activities and providers are not yet fully agreed, countries, in agreement with their respective Gavi SCM, may set aside a portion of their TCA envelope for later use.

The plan should be endorsed by Coordination Forums (ICC/HSCC or equivalent)² and subsequently submitted to Gavi for final review and ultimate approval.

5. Contracting

The final selection of partners should be informed by TA provider mappings, including any identification through competitive sourcing to identify and award partners (e.g. Request for Proposals or “RFP”). Countries must engage with the Gavi Secretariat on these engagement mechanisms, as approval by the Gavi Secretariat will be required. Whenever TCA is suggested for implementation through an Expanded Partner, it could be subject to the Gavi Procurement process, which may require the submission of a technical proposal to the Gavi SCM and Programme Support Team.

Country-level Memorandums of Understanding (MoUs) with Core Partners and multiyear service agreements with Expanded Partners for a maximum of two years are to be established.

In accordance with the Gavi Procurement Policy, priority is given to transparent, open and competitive processes that ensure value for money and optimal use of each country’s available funds. Gavi Secretariat partner prequalification processes may be used as a key tool to identify relevant partners for specific services.

Gavi can, in exceptional circumstances, waive the competitive process and contract an Expanded Partner (Local or Global) outside of a formal RFP process. This happens when: (1) a specific service provider has been requested by the country and approved by the Gavi Secretariat; (2) when a service provider is already providing a set of services that Gavi would like to build on (after three years of continuous renewals, competitive processes may be required for further engagement with the provider depending on country segment and country context); or (3) when there is an urgent well-justified requirement. In any of these cases, the Expanded Partners will need to have been included in the country’s TCA planning and the reasons for partner selection clearly documented.

6. Disbursements/Invoice Payment

Based on the multiyear MoUs with Core partners, disbursements will be conducted on an annual basis as a minimum. The frequency of disbursements might be higher (e.g. semi-annual) for Gavi’s High-Impact country segment and Conflict/Fragile country segment as set out during the contracting process. Annual/semi-annual review of performance will be conducted to inform the subsequent release of funding.

Disbursements to Expanded Partners are to be made in line with the established contracts upon agreed submission of Gavi-approved deliverables.

² Coordination Forum is at a level in the Ministry of Health with the authority to link to the broader national health planning and financing system, and authority relative to immunisation. The common responsibilities of Coordination Forums should include ensuring strategic direction and oversight on key strategic topics.

2022 TCA Planning Timelines

Step	Timeline	Responsible
Share TCA guidelines and country-specific MY TCA narrative template indicating the envelope up to 2025	31 March 2022	Gavi Secretariat
Submit high-level MY TCA narrative indicating need and percentage split of the budget per investment area	18 May 2022	EPI
Gavi Secretariat and IRC review	13 June 2022	Gavi Secretariat
Gavi shares IRC recommendation with country	30 June 2022	Gavi Secretariat
Identify and map potential partners per needs of the country and agree on the partnership engagement process as per Gavi procurement guidelines, including bidding processes	30 June 2022	EPI/Gavi Secretariat
Iterative development of TCA plan with detailed activities, milestones, budget	30 July	EPI/Partners/Gavi Secretariat
Final approval of TCA plan and commencing contractual relationships with respective partners based on initially agreed partnership engagement process	1 September	Gavi Secretariat

3. PEF TCA Monitoring

TCA Monitoring and Regular TCA Reviews

TCA must be regularly monitored and reported on as part of ongoing grant management. TCA is generally monitored through milestones, which are identified in the TCA-designated template or workplan within the Gavi Support Detail of a country's FPP. TCA partners are required to report against their respective milestones at the end of both June and November each year via the online Partner Portal.

The EPI team should convene partners regularly (ideally quarterly) to monitor and evaluate progress against TCA milestones. Meeting frequency may be adapted according to country-specific needs. These meetings should normally be integrated with reviews that look across a country's portfolio of Gavi investments. TCA monitoring sessions will inform TCA milestone reporting and vice-versa which forms the basis of further analysis, Secretariat reviews and subsequent support requests. Gavi has initiated the performance monitoring framework, which includes partner performance monitoring. The key findings from partner reporting will also form part of discussions during the review meetings.

Milestones

In consultation with Gavi technical leads and partners, a list of predefined milestones for TCA activities has been developed. The compilation of predefined milestones is comprehensive but not exhaustive (Annex 2).

Implementing partners are strongly encouraged to choose a predefined milestone that fits each of their proposed TCA activities. When predefined milestones are not applicable, TCA partners must define results-focused, SMART³ milestones for their TCA activities, in line with the guidance outlined in this document. Countries' TCA plans include pre-populated drop-down menus for predefined milestones, along with the option for TCA partners to self-define milestones as necessary.

Please also note that some predefined milestones may include placeholders such as "X" or "X%". If such milestones are selected for corresponding TCA activities, TCA partners must swap these placeholders with realistic figures. The drop-down menu for predefined milestones in the TCA plan template enables the insertion of additional figures replacing "X" or "X%". Similarly, some predefined milestones may at times be presented below in a standardised manner – for example, where terms such as tools, Dashboard for Immunisation Supply Chain (DISC) indicators, registries, assessments, etc., are mentioned. In this case, too, implementing partners are strongly encouraged to further reword their chosen predefined milestone by including more detailed aspects in lieu of current standardised milestone components.

Where predefined milestones are not adequate for the proposed TCA activity, partners must define results-focused, SMART milestones (Annex 3) for their TCA activities. Where necessary, intermediate milestones can be added by TCA partners to complement the (ideally) end-point predefined milestone.

The identified milestones should be regularly reviewed and updated if needed during the multiyear period.

Narrative Reporting

Partners implementing in High-Impact and Conflict/Fragile countries are expected to submit a narrative report through the Partner Portal to provide more details of TCA performance beyond milestone reporting.

These reports should be succinct and focus on:

- (i) main achievements, including best practices;
- (ii) significant challenges; and
- (iii) lessons learned and recommendations.

Narrative reports can be used for eliciting specific feedback from the Gavi Secretariat and/or for tracking progress during TCA review meetings, or other occasions. Reporting is submitted alongside the milestone reporting conducted in June and November each year. Such narrative reports are not required from partners implementing in the Core country segment.

Reallocation

Should there be a need to reprogramme TCA activities, funds can be reallocated within the current budget envelope, subject to approval of the Gavi Secretariat, EPI team, and country Coordination

³ SMART: specific, measurable, achievable, relevant and time-bound

Forum. When reporting in the Partner Portal, re-programmed activities should have “re-programmed” selected for their respective milestone status. Moreover, a short description of the re-programming and an update of the milestones are required. For Expanded Partners, re-programming may require an adjustment to their contract.

Carried Forward Milestones

Milestones not reached by the reporting deadline (i.e. reported as “Minor/Major Delays”) are carried forward to the next reporting period until the TCA activity is completed, re-programmed, or cancelled. A description outlining reasons for incomplete milestones is recommended.

Termination of contracts

Failure by partners to fulfil the obligations stipulated in the TCA workplan and proven non-performance by partners per upfront agreed deliverables and timelines may be cause for immediate termination, provided, however, that the defaulting partner is given an opportunity to remedy the default within agreed timelines which will be included in the contract/grant agreement. Within the context of accountability both Gavi and the partner shall use reasonable efforts and good faith to bring their cooperation to a prompt and orderly conclusion. In the event of failure to continuously perform for any reason, any balance of funds received by the partner and uncommitted upon: (i) transmission of the notice of termination by the partner; or (ii) receipt by the partner of the notice of termination by Gavi, as applicable, as well as any funds not spent in accordance with the terms of TCA plan, shall be promptly returned to Gavi.

4. PEF TCA Guiding Principles

The overall planning of PEF TCA should be guided by a number of key principles:

TCA Principles	Definition
<p><i>Zero-dose children and missed communities</i></p>	<p>In line with Gavi’s 5.0 equity agenda, the TCA planning process should prioritise TCA activities supporting reaching zero-dose children, and help to advocate, identify, reach, monitor and/or measure the immunisation of zero-dose children and missed communities. The technical assistance (TA) activities below aim to provide examples with regards to the scope and different types of efforts that could benefit from TCA investments for advancing the zero-dose agenda:</p> <ul style="list-style-type: none"> • Identifying and leveraging opportunities to integrate approaches to zero-dose and under-immunised communities into relevant national policies and plans; • Conducting coverage surveys targeted to specific information needs for zero-dose – for example sub-nationally representative, targeted to specific areas (urban, remote), including in association with other preventive health/disease programmes; • Conducting/updating Service Availability and Readiness Assessment (SARA) targeted at specific geographies and populations; • Designing community-centred monitoring systems; or

	<ul style="list-style-type: none"> • Planning and conducting targeted surveys, geospatial modelling at sub-national level, etc. <p>This can also include specific support for innovative approaches and learning to reach zero-dose children (across key investment areas).</p>
Country-owned	<p>TCA requires coordinated leadership and engagement with all key stakeholders in country. It is recommended that strategic discussions should be held at the ministerial level to ensure effective prioritisation of TCA for supporting country programmes.</p> <p>TCA planning is led by the EPI/MOH that oversees the identification, complementarity and prioritisation of TA needs.</p> <p>The TCA plan is reviewed and endorsed by the Coordination Forum Inter-Agency Coordinating Committee before submission to Gavi. During TCA implementation, the EPI team should also convene partners for regular reviews of TCA progress.</p>
Mutual accountability	<p>The TCA plan should establish mutual accountability among EPI and partners on the type of support provided and on the implementation progress of their TCA activities through defining roles and responsibilities of the relevant stakeholders.</p> <p>The Gavi Secretariat will also seek to increasingly establish, together with EPI/MOH, accountability frameworks captured in the contractual arrangements that will specify and render more transparent roles and responsibilities of all TCA stakeholders to optimise implementation, monitoring and generation of TCA results, where needed (please refer to Annex 3 for more details).</p> <p>Countries are expected to address non-performance of partners and ensure appropriate steps are taken in alignment with the Gavi Secretariat. Non-performance of partners may result in disruption, delays or withdrawal of PEF TCA support provided by Gavi to the country.</p>
Transparent	<p>Gavi Secretariat provided a multiyear envelope upfront to countries at the beginning of Gavi 5.0 to facilitate planning and predictability of support.</p> <p>During the TCA planning process, the TCA plan is developed through a joint, iterative process among EPI, Gavi Secretariat and potential TCA partners (including Gavi-identified and Gavi-prequalified partners). TA partnerships are to be established through inclusive, well-justified and primarily competitive processes following Gavi Procurement process and guidelines.</p> <p>All TCA activities should be transparently laid out in the plan, including milestones, costs, budget assumptions and modalities of implementation. The milestones are uploaded on the Partner Portal, which is accessible to all TCA stakeholders.</p>
Differentiated	<p>In the Gavi 5.0 strategic period, country ceilings for TCA investments are allocated in alignment with the formula for Gavi HSS grants (i.e. on the basis of the number of zero-dose children, GNI, birth cohort and DTP3 coverage).</p>

	<p>The TCA plan should include TCA activities that clearly demonstrate a prioritisation of TA needs tailored to the different local contexts, building on latest available evidence to ensure optimal impact of the support provided.</p> <p>The selection and procurement processes of engaging partners, reporting of key deliverables and other process-related issues may differ between country segments, TA provider and contract values. Countries are encouraged to engage with Gavi on these partnership mechanisms.</p>
<p>Context-appropriate partnership diversification</p>	<p>Countries should engage with a diverse range of competent implementing TA partners through their technical assistance (TA) plans. The inclusion of Local Partners should be encouraged, facilitated and prioritised. The diverse range of TA Partners considered should include Gavi-prequalified Local and Global Expanded Partners and other Gavi Partners (identified/existing), humanitarian partners, private institutions, CSOs, community-based organisations (CBOs) and NGOs, in addition to Gavi Core Partners.</p> <p>In the selection of partners, the country must engage with the Secretariat to ensure partner engagement aligns with Gavi’s Procurement and Competition policies. All Gavi-funded partners must be approved by the Gavi Secretariat either through a prequalification, pre-screening or procurement process or by approval from the Gavi Country Programmes (CP) team. EPI and Gavi should collaboratively determine 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.</p> <p>New context-appropriate partnerships with institutions equipped to reach zero-dose children in specific settings (e.g. humanitarian actors) should equally be included.</p> <p>With the anticipated gradual increase of TCA funds being made available to Local Partners (around 30%), EPI teams are equally critical in ensuring engagement of relevant local TA providers during the TA planning sessions and selection processes.</p> <p>The Gavi Board, in December 2021, approved a requirement for all countries to allocate at least 10% of their combined HSS, EAF and TCA ceilings for civil society organisation (CSO) implementation in line with the Civil Society and Community Engagement Approach. These CSOs may be both Global and Local Expanded Partners.</p>
<p>Embracing non-immunisation partners</p>	<p>The TCA plan should consider non-immunisation partners with comparative advantage in facilitating the integration of immunisation system strengthening efforts into the country’s broader primary health care (PHC) and universal health coverage (UHC) efforts, such as in nutrition, water and sanitation, and antenatal care.</p>
<p>Efficient & effective</p>	<p>The TCA plan should allow for competition among partners to ensure efficient, cost-effective TA and value for money.</p>

<i>(value for money)</i>	Inefficient and/or ineffective TCAs should be routinely, transparently and constructively discussed by all EPI, Gavi Secretariat and TCA partners at country level to ensure timely course correction. Proposed TCAs should build on previous results and expertise where relevant.
<i>Targeted</i>	The TCA plan is targeted, in that it seeks to address and prioritise most critical bottlenecks (including gender-related barriers) to identify and reach zero-dose children and missed communities; improve stock reporting and vaccine management at sub-national level; and strengthen leadership, management and coordination (LMC), including use of data for decision-making.
<i>Harmonised</i>	The TCA plan is harmonised with other Gavi support It is internally consistent and includes activities complementary to one another, as well as aligned with investments made by the government, Gavi and bilateral/multilateral donors. Alignment of TA needs to be demonstrated in the supporting narrative.
<i>Results-oriented</i>	The accountability structure includes a set of output and outcome indicators to monitor the impact of Gavi support. The TCA plan should include TCA activities that must be linked to SMART (i.e. specific, measurable, achievable, relevant and time-bound) and results-focused milestones. A selection of predefined milestones is available for all investment areas in the TCA template. These milestones are being reported by implementing partners through the Partner Portal (http://partner.mygavi.org) twice a year. The Partner Portal allows countries, the Gavi Secretariat and partners, along with their counterparts across national, regional and global levels, to transparently report and review TCA implementation progress.
<i>Performance-driven</i>	Throughout the implementation of TCA in each country, partners are encouraged to demonstrate the value of TCA resources through establishment of effective monitoring and evaluation (M&E) systems. This will include having systematic reviews conducted by the Gavi Secretariat using M&E data, documentation of lessons and best practices in the contribution of TCA to the country programmes, and dissemination of these throughout the country partnerships. Countries are encouraged to host learning events to document key lessons and promising practices.
<i>Sustainable</i>	The TCA plan should ensure linkages to the country's Theories of Change, if applicable, or currently operational Health System Strengthening (HSS) grant and other Gavi-related investments. The TCA proposals should have a strong capacity building and skills transfer component, or plan for their development and implementation to ensure sustainable outcomes and impact.

	<p>TCAs should explicitly seek to transfer skills to (sub-)national counterparts and to strengthen systems and procedures.</p> <p>The TCA plan is focused on the provision of technical assistance (TA) activities and not the funding of routine programme activities, consumables, supplies or equipment. Gavi support for such costs typically is financed through HSS, vaccine introduction grants (VIGs) or operational support for campaigns (ops) grants.</p>
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Thank you

E-learning tools on PEF-relevant subjects (e.g. TCA reporting and planning), including a recorded webinar, are available [here](#).

Training can be provided if requested. Please contact the Gavi SCM or PEF focal point for any questions or further information.

Annex 1: PEF TCA-Eligible Countries

TCA-ELIGIBLE COUNTRIES BY GAVI COUNTRY SEGMENTS 2022–2025	
HIGH-IMPACT COUNTRIES	Democratic Republic of the Congo, Ethiopia, Nigeria, Pakistan
CONFLICT/FRAGILE COUNTRIES	Afghanistan, Central African Republic, Chad, Haiti, Mali, Niger, Papua New Guinea, Somalia, South Sudan, Sudan, Syria, Yemen
CORE – PRIORITY COUNTRIES	Bangladesh, Benin, Burkina Faso, Cameroon, Congo, Côte d'Ivoire, Djibouti, Guinea, Guinea-Bissau, Kenya, Lao People's Democratic Republic, Madagascar, Malawi, Mozambique, Myanmar, Nepal, Sierra Leone, Solomon Islands, Tanzania, Togo, Uganda, Zambia
CORE – STANDARD COUNTRIES	Burundi, Cambodia, Comoros, Democratic People's Republic of Korea, Eritrea, Gambia, Ghana, Kyrgyzstan, Lesotho, Liberia, Mauritania, Rwanda, Sao Tome and Principe, Senegal, Tajikistan, Zimbabwe

Annex 2: Predefined Milestones

Disclaimer: The table below includes predefined milestones that have been identified in consultation with Gavi technical leads and partners. These definitions have been informed based on previous experience of similar results-focused milestones as well as in view of Gavi's new strategic period 5.0 and its focus on reaching zero-dose children and missed communities.

The use of predefined milestones by core and Expanded Partners will help to further consolidate a compilation of predefined milestones to be used for TCA monitoring during the 5.0 period. This may also include further refining of currently predefined milestones or adding new ones.

Making use of predefined milestones:

The compilation of predefined milestones is comprehensive but not exhaustive. PEF TCA partners are strongly encouraged to choose an adequate predefined milestone for each of their proposed TCA activities, where applicable. Selected milestones should be considered for the milestone reporting period closest to completion of the TCA activity. A selected milestone should hence only be included for one reporting time in the TCA plans.

Investment areas	Predefined milestones per investment area
1. Service Delivery	Information on availability of vaccinators in priority areas is available for EPI national and sub-national managers and planners

	Service delivery-related barriers of missed communities to access immunisation services identified and prioritised
	Service delivery approach suitable to reach missed communities identified and endorsed
	Roadmap for improved integration of EPI with other PHC services
	Tools and approaches developed to improve and sustain quality and safety of immunisation services
	Tools and mechanisms to assess and monitor quality and acceptance of services developed and in use by countries
	Lessons learned from roll-out of new service delivery models documented and disseminated
	Digital microplans developed
	Health Facility Assessment (HFA) performed
	% of X vaccine Supplementary Immunisation Activities (SIA) implemented
	Microplanning conducted
	% of targeted population vaccinated with X dose of X vaccine
	Second year of life (2YL) platform established and 2YL activities implemented
	Supportive supervision conducted
	Vaccine distribution plan developed
	Vaccine introduced within three months of the planned timeline
	X % of X HF with vaccine session plans/vaccine requirements developed
2. Human resources for health	Information on availability of vaccinators in priority areas (where missed communities and large numbers of zero-dose children live) is integrated into national HIS and available for EPI national and sub-national managers and planners
	Vaccinators and other PHC workers are deployed to priority areas
	Comprehensive in-service training and continuous professional education plans for vaccinators developed
	Innovative iLearning package (approaches and tools) for in-service training and performance management including supervision developed and tested and validated
	System for regular supportive supervision of vaccinators/FHWs in priority areas is in place, allowing for assessing trend in performance
	Increased knowledge of vaccination and its benefits
3. Supply Chain	Strategic planning documentation (EVM-IP, CIP, cold chain rehabilitation plan) supported and submitted to MOH, incorporating value for money, sustainability and zero-dose considerations (as applicable)
	Evaluation (e.g. EVMA, CCI, system redesign) completed and submitted to MOH, including supporting analysis of VfM and zero-dose considerations (as applicable)
	% of target sites (provinces/districts) that have updated CCE management documents – for example, CCE inventory, Operational Deployment Plan (ODP) or Cold Chain Expansion and Rehabilitation Plan, CCE maintenance strategy, etc.

	NLWG (or equivalent) convened and demonstrated to be meeting regularly in past [X] months
	% of target sites demonstrating active use of new supply chain tool (e.g. monthly KPI reporting, ordering, convening review meeting) at target sites in preceding [X] months
	% of target sites (provinces, districts) monitoring standardised indicators from the Dashboard for Immunisation Supply Chain (DISC) indicator set in the preceding [X] months
	% of districts/provinces triangulating stock and performance data on monthly basis
	% of target sites achieving quality benchmarks (e.g. reporting completeness, accuracy) in preceding [X] months
	% of target sites achieving readiness to receive cold chain (e.g. equipment on site, ready and w/trained staff)
	% of sites (e.g. districts) in country meeting target human resource capacity level (e.g. staff in place, qualifications met)
	% of target staff group (e.g. health workers, logistics officers) achieving over [X]% on skills evaluation at end of training/mentorship period
	Pilot report on supply chain innovation completed, including sections on efficacy against target outcomes, VfM analysis and sustainability of capital, human and software resources, and contribution to zero-dose strategy
	Impact analysis and/or business case completed for innovative supply chain initiative (e.g. PHC integration, solarisation), with sections on VfM, sustainability and zero-dose contribution (as applicable)
	% of sites with supply chain data platform (e.g. RTM, eLMIS) deployed and demonstrating consistent functionality in preceding [X] months
	% of sites with supply chain data platform (e.g. RTM, eLMIS) users demonstrating regular and independent use of platform in preceding [X] months
	Strategy and timeline for scaling-up supply chain data system (e.g. RTM, eLMIS) developed, including sections on handover of system management, financial costs and maintenance presented to the government
	Evidence-based supply chain modelling exercise completed, presenting alternatives, and analysing VfM, sustainability, and zero-dose contributions
	Strategic guidance on waste management developed and with supporting materials (SOPs, training) tailored to the country context
	Updated guidance on supply chain management (e.g. vaccine handling, use of non-freeze devices) developed
	% of target sites in country supported to implement updated supply chain guidance
	Case studies and/or technical guidance based on in-country experience and evidence developed and made available to relevant stakeholders (global, country) to inform supply chain strategy

	Participation in development, review and transparent collaboration related to iSC2 deliverables (case studies, guidance documents, field testing reports) realised
	Wastage assessment performed
	Logistics and cold chain plan for vaccines and other supplies developed
4. Health Information Systems and Monitoring & Learning	In-depth assessment of data quality (DQR, DQA, audit) performed
	Data Improvement Plan (DIP) developed
	Data Improvement Plan (DIP) implemented
	Data desk review or triangulation analysis performed (coverage, surveillance, operational, others)
	M&E plan developed
	Routine immunisation coverage survey (national/targeted – various methods) implemented
	Remote data collection platform implemented
	Immunisation registry (EIR, community registry, etc.) rolled out
	Master facility list platform implemented
	AEFI platform implemented
	AEFI causality assessments conducted
	e-Surveillance platform implemented
	Campaign digital monitoring platform implemented
	GIS platform implemented
	Data system integration or interoperability (health, surveillance, CRVS, others) performed
	Denominator assessment (missed communities, mobility, microcensus, others) performed
	Equity or accessibility assessment performed
	Data dashboard implemented
	Population catchment areas updated
	Operational data integration in health information system (HIS) performed (health facility, immunisation sessions, full stock availability, etc.)
	e-LMIS system implemented
	Bottleneck analysis (BNA) performed
	Theory of Change (ToC) developed
	Data guidance/SOP developed
	Digital HIS implemented
	Data policy/strategy/plan (digital, maintenance, gender, others) developed
	Data improvement field activity implemented (review, validation, monitoring, harmonisation, mentorship, workshop, others)
	New specific VPD surveillance system implemented or integrated
	Community based surveillance system implemented
	VPD surveillance assessment performed
	Laboratory capacity (proficiency) approved/accredited/evaluated/recognised

	Key data, evidence and/or documentation (clinical, regulatory, logistical, financial profiles of options) developed or updated and available to NITAGs and Coordination Forums to support decision-making on choice of immunisation activity, vaccine product and/or presentation
	Monitoring tools and procedures updated
5. Vaccine-Preventable Disease (VPD) Surveillance	X % of samples for X collected within X days
6. Demand Generation and Community Engagement	Human-Centred Design approach used for planning of service quality/design or community engagement interventions
	Social Listening & Engagement approach to track, assess and address misinformation and rumours on immunisation as well as COVID-19, generating analytical reports
	Behaviourally Informed Interventions (based on reminders, prompts and primes) for influencing social norms and enhancing community engagement developed
	Community-led planning of quality services, in line with quality, norms and standards conducted
	Community-led planning of capacity building, in line with quality, norms and standards conducted
	Tools and guidance for generating social and behavioural data for action developed
	Gender-related barriers to equitable coverage identified
	Gender equality expertise hired
	Gender equality training conducted to increase effectiveness to support gender responsive and/or gender transformative training
	Political commitment for gender equality and women's empowerment through advocacy and communication strategies strengthened
	Gender integrated (mainstreamed) into programme
	Learning activity conducted to assess and identify the most relevant and effective approaches to address gender-related barriers to immunisation
	KAP survey implemented
	High-level advocacy mission conducted
	Communication strategy and materials developed
	Social mobilisation approach planned and implemented
Vaccine communication plan developed	
7. Governance, Policy, Strategic Planning, and Programme Management	X% of NITAG meetings held and Z% of NITAG recommendations implemented
	Annual workplan and budgets including interventions to reach zero-dose children in place
	Funds are available sub-nationally to execute planned activities
	EPI organogram revised to reflect core functions such as policy and planning, surveillance, vaccine stock management, M&E, fund management
	Systems in place to track fund use at all levels and corrective measures undertaken

	Performance management system in place
	EPI reviews and Multi-Stakeholder Dialogue (MSD) are well managed, ensuring availability of relevant data to track progress
	Coordination Forum/HSCC tracks implementation of annual workplan (% execution of activities and budgets) and provides oversight to course correction measures
	X % of Coordination Forum meetings conducted with meeting reports available
	X % of HRH assessment recommendations implemented
	Accounting/finance department structure/roles & responsibilities report submitted
	Accounting/audit/assurance/financial system/financial management procedures/policy/governance document submitted
	Intra- and post-campaign rapid convenience monitoring conducted as per WHO guidelines
	New vaccine Post-Introduction Evaluation conducted and report available within three months
	Vaccine impact assessment conducted
	Post-campaign coverage survey conducted
	Post-campaign coverage survey report available within three months of survey completion
	Vaccine application documents/plans developed, completed and submitted in a timely manner
	SIA readiness assessment plan developed and included in the campaign plan of action
	Vaccine training materials developed
	Vaccine operational plan developed
8. Health Financing	Immunisation investment case developed
	Analysis/study to improve efficiency of EPI conducted
	Approach X to increase efficiency of EPI implemented
	Analysis/dialogue on domestic financing options for immunisation conducted
	Co-financing paid on time by the government
	Assessment of the impact of COVID-19 on health and immunisation funding conducted
	Immunisation costing study carried out by MOH/EPI (country-led, with a capacity building component)
	Assessment of country capacity in immunisation costing/planning/budgeting conducted
	Actions to mitigate the impact of COVID-19 on immunisation financing implemented
	Capacity strengthening programme on immunisation costing/planning/budgeting developed
	Transfer of capacity/training/capacity-building activities to strengthen immunisation costing/planning/budgeting conducted
	X MOH/EPI staff at national/sub-national level with the appropriate skill set for costing, planning and budgeting for immunisation put in place

	Roles and responsibilities for planning and budgeting for immunisation among all stakeholders involved mapped and agreed
	Medium-term costed strategic plan for immunisation (National Immunisation Strategy) developed by MOH/EPI and integrated with national health strategy (country-led, with a capacity building component)
	Annual/rolling operational plan for immunisation developed by MOH/EPI (country-led, with capacity building component)
	Formalised dialogue process between MOH/EPI with Ministries of Finance and Planning to improve coherence with overall budgeting processes established
	Annual budgeting exercise for EPI carried out by MOH/EPI (country-led, with a capacity building component)
	Estimates of resource needs and resources available updated, comprehensive, and harmonised with other donors
	Immunisation-related planning priorities and resource needs reflected in the national health plan and budget/medium-term expenditure frameworks
	Advocacy strategy to increase domestic political will and government funding for immunisation developed/implemented
	Assessment of adequacy between responsibilities and funding allocations in decentralised settings conducted
	Analysis/study to provide input on immunisation to the definition of the essential benefits package in context of achieving UHC conducted
	Bottlenecks analysed and strategies to prevent co-financing default developed/implemented
	Bottlenecks to slow/low disbursement of resources to deliver immunisation services at national and sub-national level identified
	Bottleneck(s) X to slow/low disbursement of resources to deliver immunisation services at national and sub-national level addressed
	Training/capacity-building activities to strengthen public financial management capacity at national/sub-national level, as relevant to immunisation, conducted
	Bottlenecks to immunisation-related funds flow to sub-national/specific geographic areas identified
	Financial Management Improvement Plan to respond to the identified funds flow bottlenecks developed
	Bottleneck(s) X to immunisation-related funds flow to sub-national/specific geographic areas addressed
	Information on execution of health and immunisation expenditures and national and sub-national levels collected/disseminated timely
	Training/capacity-building activities to strengthen capacity to report on immunisation expenditures through JRF/NHA (SHA) conducted
	Identified activities/considerations to strengthen financial sustainability integrated/reflected in the immunisation and health strategic and planning documents
	Activities/considerations to strengthen financial sustainability integrated/reflected in FPP outputs

	Strategies and plan to mitigate the impact of COVID-19 on immunisation financing developed
	Medium-term Expenditure Framework/National Health Plan/National Immunisation Strategy/Immunisation AOP/health and immunisation budgets updated/adapted to account for COVID-19 impact on immunisation financing
9. Grant Management and Indirect Costs	Progress and final report submitted and satisfactory
	PFM/FM assessment/mapping/diagnostic/roadmap/financial reform/financial strategy report submitted on time and of satisfactory quality
	Accounting/financial management system design document submitted
	Accounting/financial management system delivered and operational

Annex 3: Defining Milestones

Milestones must be Specific, Measurable, Achievable, Relevant and Time-bound (SMART). Note that each milestone formulated in each TCA plan must consider all SMART aspects together, be output-focused (details below) and be linked to performance framework indicators.

- **Specific (SMART)**

Milestones are specific when they clearly describe what the envisaged output consists of, how this will be logically achieved by the TCA activity, and how it is a necessary step towards the overall expected result.

Strong specific milestone	Weak specific milestone
<i>100% of all district medical officers in the 30 targeted districts have received MLM training</i>	<i>Strengthened capacity of staff and national counterparts</i>
This milestone clearly indicates who is to be trained where, and what the content of the training will be. It is specific enough to determine whether it has been achieved as an intermediate output to fully implement the TCA activity.	This milestone neither specifies the type of skills nor the number/type of personnel to be trained and where. Reporting against this milestone would not allow for understanding whether the TCA activity is being successfully implemented.

- **Measurable (SMART)**

Milestones are measurable when their achievement as intermediate output towards the full implementation of the TCA activity can be identified and measured through available relevant qualitative and/or quantitative information or data. Milestones can be adequately measured if they include absolute numbers and/or percentages to determine if the implementation progress of the TCA activity is advancing as planned.

Strong measurable milestone	Weak measurable milestone
<i>50% of activities in the Data Quality Improvement Plan have been implemented on time as planned</i>	<i>Improved quality of EPI data</i>

<p>This milestone includes quantitative indicators, due to which achievement of this intermediate output can be objectively determined.</p>	<p>This example of milestones does not include qualitative and/or quantitative indicators, hence reporting against these milestones would not allow for measuring any implementation progress. Reporting against the milestone on “improved quality of EPI data” would not allow for understanding if all or only some aspects of EPI data have been improved.</p>
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• **Achievable (SMART)**

Milestones are achievable when they can be realistically achieved and allow for the implementer to identify, assign and coordinate their work needed to achieve the milestone.

Strong achievable milestone	Weak achievable milestone
<p><i>80% of all planned HPV coordination meetings scheduled and organised in the targeted districts</i></p>	<p><i>All planned coordination meetings held in the targeted districts</i></p>
<p>This milestone formulates an achievable implementation rate of 80%, taking into account the complex setting in which a 100% implementation rate might not be achievable.</p>	<p>Although this milestone aims for an ideal output, the implementer responsible for achieving this milestone might not have full control over all factors that determine whether all meetings can be held.</p>

• **Relevant (SMART)**

Milestones are relevant when their achievement as intermediate output can be obtained within the available resources and intended time-frame.

Strong relevant milestone	Weak relevant milestone
<p><i>Terms of Reference (ToRs) for professional advocacy organisation published and final candidate contracted by end of Q1</i></p>	<p><i>Refresher training on malaria surveillance completed for monitoring and evaluation (M&E) officers in all targeted districts</i></p>
<p>This milestone is formulated as intermediate output for a TCA activity that seeks to enhance advocacy against vaccination hesitancy in the country. The TCA implementing partner did not have adequate human resources to organise all advocacy activities; hence an additional partner was necessary to be contracted to support the TCA implementation.</p>	<p>This milestone might be specific and measurable but is not relevant as the TCA implementer had not planned for enough trainers in its overall budget to implement surveillance training in all targeted districts.</p>

- **Time-bound (SMART)**

Milestones are time-bound when they clearly state by when they should be achieved and further give an understanding if the next milestone and/or ultimate expected result can still be realistically achieved given the available time left.

Strong time-bound milestone	Weak time-bound milestone
<i>Gender-equitable plans for the roll-out of HPV vaccination second dose developed for all targeted districts by Q2 of TCA project cycle</i>	<i>Urban immunisation plan for all targeted districts developed and budgeted</i>
This milestone sets out a clear timeframe against which TCA implementation progress can be determined. The timeframe has been carefully set by the implementing partner in view of the overall time frame available to fully implement the TCA activity and achieve its outcome, the implementation of HPV vaccination second dose administration in all targeted districts.	This milestone is set as intermediate output for a TCA activity that aims to achieve, as expected outcome, the roll-out and uptake of the urban immunisation action plan in all targeted districts. As the milestone has no time-bound limit, successful reporting on the milestone would not necessarily mean that implementation progress is on track to successfully achieve the outcome.

Secondly, besides being **SMART**, milestones should also be **results-focused**. In the past, PEF TCA implementing partners often designed process-focused milestones. Consequently, milestone reporting did not allow for understanding whether intermediate outputs of a TCA activity had been achieved, and whether the project implementation was on track to achieve its ultimate expected outcome.

Strong results-focused milestone	Weak results-focused milestone
<i>PFM reform roadmap for health service delivery finalised and endorsed by MOH by end of Q4 of TCA project cycle</i>	<i>Implementation of activities as described in data improvement plan commenced</i>
This milestone includes concrete results, allowing milestone reporting to determine whether the intermediate output has been met and is on track for the TCA activity to achieve its expected outcome.	This milestone focuses on process rather than on results and reporting against these would not help understanding of whether the implementation progress of the respective TCA activities would be as advanced as planned and on track to deliver more concrete intermediate results and, ultimately, their expected outcomes.

Besides being **SMART** and **results-focused**, milestones should also be meaningfully **limited in numbers**. Limiting the number of milestones could be done for TCA activities which, for example, generate a clear output (e.g. percentage points increase in knowledge following a training) that in themselves should serve as milestones. In this case, one output milestone would be enough for monitoring the successful implementation of the TCA activity, and no other intermediate (process) milestones are required. Formulation of milestones for gender-sensitive TCA are strongly encouraged, particularly when it is demonstrating that coverage and equity are improved.

The **SMART** and **results-focused** milestones should be linked to **performance framework indicators** in the TCA plan to better demonstrate the contribution of TCA results to the targeted

progress in implementation of all Gavi grants in the country. It is strongly recommended that each TCA activity is linked to the most relevant intermediate result-tailored indicator. Tailored indicators are specific to a country and its HSS objectives and activities, and TCA planners will need to consult all intermediate result-tailored indicators in a country-specific Excel file to identify one indicator whose target can be informed by the desired TCA result. The intermediate result-tailored indicators have been formulated in alignment with HSS grant activities. As a result, the list of intermediate result-tailored indicators may not always provide an indicator that can be meaningfully linked to your TCA activity. In this case, no performance framework indicator needs to be selected and the performance framework column in the TCA plan template can be left blank for this TCA activity.

Annex 4: Roles and Responsibilities in Planning and Monitoring PEF TCA

The table below outlines the roles and responsibilities of key stakeholders in the PEF TCA planning, reporting and monitoring processes. Countries may expand this accountability matrix to adjust for their context. The outlined roles and responsibilities are critical for ensuring the success and impact of TCA. Their implementation will be increasingly monitored, such as through an expected growing number of tripartite agreements between TCA partners, the government and the Gavi Secretariat. Such tripartite agreements shall facilitate more clarity of and adherence to roles and responsibilities regarding cooperation, collaboration and mutual accountability of all relevant partners during TCA implementation.

Stakeholder	Roles and Responsibilities
EPI/MOH	Lead the TCA planning and monitoring process including development of a comprehensive roadmap for 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. Cadence of such meetings may vary based on country differentiation (High-Impact and Conflict/Fragile country segments are expected to maintain the highest frequency).
	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

	<p>Expanded Partners respectively on a country-by-country basis as part of the TCA Plan Development stage.</p> <p>Provide quarterly documented feedback on quality, relevance and impact of TCA to Coordination Forum and during the JA/MSD process</p> <p>Agree with partners on the contribution of staff time to be embedded</p> <p>Development of a mutual accountability framework</p>
Coordination Forum	<p>Review quarterly TCA implementation progress and challenges and agree on corrective actions (at least bi-annually) and endorse plan for following year</p> <p>Review and validate any requests for adjustments to the TCA plan</p>
Partners: Country Level	<p>Submit progress updates on TCA milestone reporting in June and November, as well as an update and explanation for incomplete milestones</p> <p>Monitor and discuss progress with other country stakeholders on a quarterly basis</p> <p>Contribute to TCA planning process</p> <p>Coordination Forum to be updated on recruitment or termination of staff/consultants. Staff retention to be reviewed on annual basis</p>
Partners: Regional Level	<p>Monitor progress on TCA delivery throughout the year (including review of regular TCA reporting) and support countries in identifying and overcoming challenges or bottlenecks</p> <p>Support dissemination of guidance, tools, and decisions from PT/ACT to country level staff</p> <p>Facilitate lessons learned and best practices from planning, implementation and monitoring of TCA in countries</p> <p>Review of TCA plans prior to submission to Gavi to ensure alignment with TCA guidance and allow for clearance before proposals are shared with HQs and ultimately Gavi Secretariat</p>
Partners: HQ Level	<p>Review submission of TCA milestone reports of priority countries before reporting deadlines and provide reporting feedback via the Partner Portal</p> <p>Disseminate guidance, tools, and decisions from PT, ACT, etc., to regional-level staff</p> <p>Core Partners to submit HR and financial utilisation reports to the Gavi Secretariat as per the respective clause in the country-specific MoUs</p>
Gavi SFA working groups	<p>Provide guidance to countries and partners on relevant TCA approaches in their programmatic areas</p> <p>Monitor progress on TCA delivery throughout the year in their programmatic areas</p>

Gavi Secretariat	Ensure clarity on 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 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 development of a mutual accountability framework