**Yemen**

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

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

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

*(Populated by Gavi)*

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| **Total Envelope** | **Indicative allocation per 2022-2025** | | **%** |
| $ 7,574,259 | **2022** | $ 1,480,912 | 19.6% |
| **2023** | $ 2,031,116 | 26.8% |
| **2024** | $ 2,031,116 | 26.8% |
| **2025** | $ 2,031,116 | 26.8% |

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 immunisation programme?*** |
| The national vision whose goal is a modern health system that meets and interacts with the needs of society, based on individual and collective responsibility, and supports the achievement of sustainable development; to each this goal the MOPH&P look for operating and activating all working, non-functioning and closed health facilities so that they provide all packages of primary health care services and not only immunization services, and provide health services at the level of districts that are consistent with the needs of citizens, with the availability of all elements and supplies for providing services in health facilities on a continuous basis and without interruption, and enhancing citizens' confidence in the health services provided in health facilities and expanding the provision of services in isadvantaged areas.In this exceptional situation that the Republic of Yemen is going through and the scarcity of resources that serve the health system in general and the immunization program in particular, this support from GAVI is the main and fruitful support that the immunization program touches by achieving the basic objectives, providing integrated services and raising the coverage of vaccines by supporting routine activities or activities to reach under-vaccinated children, zero-dose cases, or increase coverage in high-risk areas.  Providing immunization services must be through the government health sector exclusively. Immunization services cannot be provided through international or local organizations, as the Ministry is able to reach all areas, including conflict areas or fragile areas. The problem is not the access, but the lack of health facilities, the lack of health personnel, the lack of incentives, medicines and medical supplies;  Among the most important difficulties that the EPI program and the health sector in general are the insufficient financial resources to provide services and reach all targeted areas, the leakage of trained health workers, and the lack of an utomated electronic system for collecting and analyzing data at all levels and at the level of children's beneficiaries.  **Impact of factors on immunization:**  Support focused on immunization alone will not greatly improve immunization coverage, since the health needs are multiple and the citizen needs and searches for different health services that meet the needs. The citizen's confidence in health services in Health facilities will not improve unless through the provision of all services in health facilities with the availability of trained health personnel, the availability of equipment and the availability of essential medicines. Citizens’ confidence in the health sector, which must meet their needs, in addition to these rumors, there is great doubt and convictions among a large and influential group in society about the safety of vaccines (including educated people, doctors, university professors and senior leaders, as some of them refuse and instruct others not to immunize) and it is constantly increasing It is not possible to reduce these doubts and convictions except by providing a national laboratory with national expertise that works to implement studies and research on the safety of Vaccines, in addition to following up on the side effects of vaccines, as well as conducting basic tests for the safety of vaccines.  **The role and contribution of TA to the national immunization program:**  Supporting the EPI operation room at the central and governorate level, this well improve decision and response to the information from the health facilities related to the zero- dose and underimmunized children. The TA of the HIS for the MOH and EPI well result in improving the data regarding the cold chain and vaccines availability at all level and the data of the immunized children around the days and this well give the EPI the exact information about the zero-dose and underimmunized children, assisting those concerned in the MOH and EPI in identifying gaps and weaknesses and taking action quickly before any outbreak occurs and the spread of diseases which can prevented by immunization (VPD);  Rapid communication through the operating room with the directors of the EPI in the governorates and districts and providing them with feedback and any instructions that help reduce zero dose and underimmunized children, The presence and participation and contribution of experts from the core international organization (WHO&UNICEF) in the operating room helps in the rapid TA and decision-making response to the needs and interventions. |

1. **Current TA needs of your immunisation system (1-2 pages)**

***Please provide the planned allocation of PEF TCA towards investments areas and high-level objectives. Gavi-supported investment areas and a menu of objectives are available for reference in Gavi’s*** [***Programme Funding Guidelines***](https://www.gavi.org/news/document-library/gavi-programme-funding-guidelines)***. The country can plan for the remaining duration of their current HSS grant.***

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

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| **High-level Plan** | | **Budget (USD)** | | | | | | | | | | |
| **Investment Area** | **High-level objective/ activities** | **2022** | | **2023** | | **2024** | | **2025** | | **total** | | **%** | |
| Governance, policy, strategic planning and programme management | activating the central operation room and immunization operational rooms at the central and governorate levels | $400,000 | | $245,370 | | $245,370 | | $245,370 | | $1,136,110 | | 15% | |
| Health information systems and monitoring and learning | Strengthening the HIS for the MOH and EPI program | $65,000 | | $104,570 | | $104,570 | | $104,570 | | $378,710 | | 5% | |
| Supporting the establishment of the National Research center for Immunization and Vaccines | $450,000 | | $354,950 | | $354,950 | | $354,950 | | $1,514,850 | | 20% | |
| Demand generation and community engagement | increase awareness and education of health and nutrition, strengthening immunity and building confidence in health services, including the promotion of facility-based health services | $105,914 | | $217,170 | | $217,170 | | $217,170 | | $757,424 | | 10% | |
| Human resources for health | Appointing national experts and competencies at the level of hubs or governorates in public health and immunization | $60,000 | | $232,475 | | $232,475 | | $232,475 | | $757,425 | | 10% | |
| Service delivery | Supporting the provision and functioning of health services in health facilities as supply side and generating the demand side of services in the community | $400,000 | | $876,580 | | $876,580 | | $876,580 | | $3,029,740 | | 40% | |
| **Indicative allocation per Year in USD** | | $1,480,914 | $2,031,115 | | $2,031,115 | | $2,031,115 | | $7,574,259 | | 100% | |
| **Indicative allocation per Year in %** | | 19.6% | 26.8% | | 26.8% | | 26.8% | | 100% | |  | |

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| ***2.1 Please reflect and describe your immunisation system's current TA needs as they are aligned with investments made by Government, Gavi and bilateral/multilateral donors. Your answers shall provide the context of and rationale for the requested TCA support from Gavi.* *Please explicitly note the duration of the requested support.*** |
| **Current Technical Assistance needs for the EPI:**  The Ministry of Health, within the framework of reforming and regulating the health sector and upgrading its services, is approaching to support the provision of health services, including immunization services, in a routine and sustainable manner, in fixed health facilities, and to expand their provision through fixed-term investments in infrastructure, staff provision, and service provision requirements such as equipment, medicines and medical laboratories, and in a manner Exceptional and temporary. From this point of view, the Ministry of Health is thinking of working through many activities that support and enhance the knowledge and interventions required, and in order to reach Therefore, it is necessary to support some interventions that will contribute directly and indirectly to improving health interventions in general and immunization in particular, in addition to continuity and immediate response.  **1) Activating the operation Rooms for MOH & EPI at the central and governorate level:** This intervention is directly and indirectly in line with the health interventions carried out by the government represented by the Ministry of Health, as well as Gavi’s investments, as this activity aims to enhance the provision of the primary health care service package, including immunization at all levels around the clock through many goals (knowing the operational status of health facilities and the gaps in the field, knowing the level of provision of the primary health care service package, the shortcomings in the provision of services in health facilities, knowing the gap in immunization services, the cold chain and the supply of immunization supplies, and including It includes the number of unvaccinated and retarded children and knowing the reasons for this, to work on developing solutions, in addition to direct response to solve problems and shortcomings by communicating with governorates, directorates and health facilities on a daily and around-the-clock basis). The ORs consists of experts, technicians, assistants, statisticians, secretaries, in addition to the participation of immunization experts working for the World Health Organization and UNICEF, and the operating room will be directly linked to the governorates, directorates and health facilities.  **2) Strengthening the EPI Information System:** Enhanced health information systems are essential in order to make decision, update detailed micro-plans and manage the immunization program at all levels, track progress, and provide learning to improve performance and designing strategies to reach zero-dose and underimmunised children and missed communities, and overcome gender related barriers to immunization, generate and use qualitative timing and quantitative information at subnational and community levels for decision making, bringing operational data and results together and monitoring both implementation progress and performance and to overcome persistent data challenges based on preparedness and priorities of interventions.  **3) Supporting the establishment of the National Research Center for Immunization and Vaccine:** within the national vision of the Ministry of Health to have the distinction of providing integrated scientific research with the aim of improving the health of society and protecting it from the spread of diseases covered by immunization, especially since Yemen has witnessed repeated epidemic waves of diseases covered by immunization, the most important of which is the diphtheria and measles epidemics; in addition to distortion of immunization campaigns. It was necessary for the Ministry of health to look with a keen vision to establish a research development mechanism concerned with the quality, safety and security and effectiveness of vaccines and immunization, in addition to studying the diseases covered by immunization and their health and social determinants and risk factors. This activity is in line with Gavi investments in health information, surveillance, monitoring and learning from experience. This research center will enhance the capacity of health workers to use timely and evidence-based interventions such as implementation research, surveys, assessments and monitoring, qualitative studies to understand challenges and barriers related to demand, rejections and rumors against immunization, and factors associated with poor coverage, community rejection, zero-dose children and lost communities. The research center aims to contribute to improving the health status of society in Yemen by providing a quality, safe and effective vaccine to reduce morbidity and mortality resulting from diseases covered by immunization and vaccines assay. The center will work on the continuous research evaluation of the coverage of the routine vaccine and the immunization activities implemented through the national immunization program through direct and indirect detection of zero and missing cases. The center will also contribute to building the human capacity of immunization cadres in assessing the negative effects of immunization on a continuous and regular basis.  **4) Awareness and education of health and nutrition, strengthening immunity and building confidence in health services, including the promotion of attached health services:** There are many rumors in Yemeni society that have affected immunization directly and indirectly, as confidence in immunization has been lost, as immunization has become for the citizens not a priority in light of the economic situation in which he is living, and the shortcomings in the availability of basic health services or their absence in health facilities. The lack of medicines makes the citizen reluctance to search for immunization service, so health education will be one of the factors that will promote health services in health facilities, which will raise the percentage of their use by the citizen, including immunization, and thus reduce children with zero doses and underimmunized. Promoting health awareness requires working to strength health programs including, as well as training broadcasters on how to investigate accurate medical information to ensure that rumors are refuted and the right impact on listeners, in addition to working on designing media programs specialized in the field of health awareness and education to find specialized educators, broadcasters and media professionals. One of the issues that must be emphasized in the field of health education and awareness is to strengthen health program managers and health workers in the ways and methods of health education in professional, attractive and convincing methods based on evidence.  **5) Appointing national experts and competencies at the governorate level in public health and immunization:**  The national experts are EPI and PHC cadres who have worked for years in immunization and gain great experience and skills cumulated through many years, in addition to that there are the national and international experts set in the core organization (WHO and UNICEF) who can also transfer the skills, each national expert will be responsible for a number of governorates, thus transferring expertise and training in the field and following up on the decisions of the Ministry's leadership, the EPI, and rapid interventions will ensure high quality as it is close to the leadership of the health offices in the governorates and districts and is considered an assistant to the EPI program, the competencies are direct technical support at the different levels. There is no doubt that the field presence of experts and national competencies will help in providing scenarios for new interventions that will enable access to the missing groups that failed to complete the basic doses of vaccines, especially since all the activities currently implemented in the fixed and delivery sites, training and field supervision, have reached results.  **6) Supporting the provision and functioning of health services in all health facilities as supply side and generating the demand side of services in the community:**  Operating and activating all working, non-functioning and closed health facilities so that they provide all packages of primary health care services and not only immunization service, in aim to provide health services at the level of districts that are consistent with the needs of citizens, such as primary, secondary, or emergency health care services or referral services, with the availability of all elements and factors for providing services in health facilities on a continuous basis and without interruption, in addition to that enhancing citizens' confidence in the health services provided in health facilities, focusing on the countryside, and activating the health district system so that primary and secondary health services are provided at the district level. |
| * 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 vacciness;*** * ***programmatic sustainability.*** |
| By the support of the HIS for the EPI and running of the operation rooms and functioning all health facilities including nonfunctioning and closed health facilities  The HIS contributes to assisting the EPI program in:   * Determining the working, partially functioning and closed health facilities and thus following up on the problem and needs of the partially functioning and closed health facilities and activating them and this will increase the percentage of vaccinated children and reduce the zero dose. Also, follow up on the underimmunized children by name and reach them. * Identify any problems in the cold chain or any malfunctions or damage, therefore, action to solve and maintain it quickly. * Follow up the progress of the supervision process from the middle and peripheral levels through their reports and their progress plans to ensure the quality and equity of work in health facilities and the availability of all services, which contributes to raising the confidence of the beneficiaries and communities and increasing the demand for service. * Determining the training needs of health workers to ensure the quality of their performance. * Follow up the movement of vaccines at the facility level and targeted children. |
| ***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?*** |
| Over the past two decades, Yemen has implemented more than 40 national campaigns, and there are positive results for these campaigns, but for how long will Yemen continue to focus on campaigns that consume very high investments, which Yemen will not be able to meet if the support for Yemen is stopped, which will portend a very great misfortune, as the society has become unwilling and uninterested in these campaigns, unmotivated and not convinced by these campaigns that it does not see an end, on the other hand, and those who vaccinate their children in the campaigns have become lazy in taking their children to health facilities under the pretext of waiting for the upcoming campaigns, so these campaigns have become if continue constitutes a great burden on the Ministry of Health in light of the great need to provide health services that meet the needs of the citizen, the poor primary, secondary or tertiary health care services, and when conduct more campaigns, the greater the rejection of immunization by citizens, and thus leads to an increase in zero doses, underimmunized children and lost communities. In this context, the Ministry seeks to promote health work in health facilities to provide basic, secondary and tertiary health services within the framework of UHC & GHIs, and it tends to benefit from government investments and the investments of health development partners (including Gavi)in operating all health facilities by 100% and promoting their services to motivate citizens to access and use them Optimally (the current use of health facilities does not exceed 0.7 over a period of more than two decades) and take advantage of missed opportunities when citizens visit health facilities with their children, and develop solutions that ensure continuity and expansion in finding suitable alternatives and solutions acceptable to society in disadvantaged and remote areas and high-risk communities with the support and investments of health development partners, including the investment of the Global Vaccine Alliance (Gavi) with the aim of reaching health coverage through which all citizens receive health services, including immunization services, reducing zero cases, underimmunized children and lost communities. One of the priority areas of investment to support Gavi is the provision of health services in healthy facilities as supply side and the generation of the demand side of services in the community are critical to ensure zero dose, underimmunized children and lost communities, and the availability of continuous service provision will increase demand and thus positive impact on health coverage, including enhancing confidence in health services and those who provide them, appreciating the value of immunization, and trusting the safety and efficacy of vaccines. According to what was mentioned, the targeted country assistance (TCA) should take into account this approach of the Ministry of Health and support it technically and logistically.  The functioning of all health facilities and conduction the campaigns in the health facilities well ensure the quality of the campaigns and programmatic sustainability of the EPI.  Activating all health facilities and providing all services encourages beneficiaries and communities to access the facilities, especially since many people have become suspicious that the campaigns will reach them and start laziness to go to the facilities despite the health facilities are close to them so the number of zero dose and underimmunized children will be increase. |
| ***2.4 Describe how the TCA support will help re-establish routine immunisation services and any other COVID-19 related recovery activities.***  *Please indicate any COVID-19 related reallocation that may have occurred for previous TCA funds (if applicable); does this reallocation remain relevant for this proposal.* |
| This section is linked to the response in section 2.3 |
| ***2.5 Describe how the TCA support will identify and/or overcome already known gender-related or other barriers to immunisation activities. Please respond to how each partner can help address this.*** |
| The policy of EPI program is to reach all targeted children, males and females, By functioning all health facilities and running of the operation rooms of MOH and EPI and functioning of the HIS all children regardless of the gender can received the vaccines without any gender related barriers, Parents' awareness and convince them of the importance of immunization will make them keen to vaccinate their children, males and females. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| **Among the priority areas of investment for interventions in support of Gavi in the framework of TCA support are the following:**  1) Activating the central operations room and immunization operations at the central and governorate levels;  2) Strengthening the HIS for the MOH and EPI program;  3) Supporting the establishment of the National Research center for Immunization and Vaccines;  4) Awareness and education of health and nutrition, strengthening immunity and building confidence in health services, including the promotion of facility-based health services;  5) Appointing national experts and competencies at the level of hubs or governorates in public health and immunization;  6) Supporting the provision and functioning of health services in health facilities as supply side and generating the demand side of services in the community. |

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://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gavi.org%2Fnews%2Fdocument-library%2Ftca-guidelines&data=05%7C01%7Cegormley%40gavi.org%7C990571ac9fe3410660a008da24644b30%7C1de6d9f30daf4df6b9d65959f16f6118%7C0%7C0%7C637862310415669979%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=B6%2B91FguaNH9utCfM9aMPU3flVqbPk%2Bgx%2BlgiutijH0%3D&reserved=0) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| Unfortunately, the partners were identified by Gavi and core partners for technical assistance (WHO, UNICEF, CDC, CDC and the World Bank) without returning to the Ministry of Health and before the needs were identified by the Ministry of Health, and through the identification of needs by the Ministry of Health, the need for local partners and global extended partners and other implementers of technical assistance to support the implementation of activities become insignificant, as the Ministry is satisfied with the presence of the core partners of technical assistance (WHO, UNICEF, CDC, CDC and the World Bank) as partners working to provide technical assistance in partnership with the Ministry of Health as main implementer.  From the side of the Ministry of Health, core partners achieve sufficiency and effectiveness as potential partners in all identified priority areas of EPI.  From the side of the communities, Citizens’ thinking and distrust and lack of confidence of organizations and all that organizations provide and increase their presence in society must be taken into account and the negative sequences of more presence of organizations. | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** | |
| By reviewing the typical activities that can be supported by local partners and according to the Gavi Guidelines https://www.gavi.org/news/document-library/support/tca-guidelines, the Ministry of Health, if supported, in implementing the mentioned priority interventions in paragraph (2.6) of this narrative especially in its current status will be able to implement the proposed activities for local partners including (calling for the establishment of accountability frameworks at the local level to reach marginalized and remote communities, collection and use of subnational/community data to increase access to immunization services, identification of Zero-Dose Children, Lost Communities and underimmunized Children, facilitating access to areas previously inaccessible due to social, physical and/or operational barriers with the aim of ensuring vaccines and services are provided or communications adapted to reach communities, including languages ​​and cultures). In this context and in the event of supporting the above-mentioned priorities, the capacity of the Ministry of Health is much greater in strengthening immunization services at all levels, and the ability of the Ministry to reach all health facilities and communities is much easier than what organizations can reach, emphasizing that providing immunization services is exclusive to the National EPI in the Ministry of Health and its facilities at the national level, and no partner, no matter what, can work outside this approach. The intervention of organizations in providing immunization services on behalf of the ministry will have negative consequences on immunization coverage more than the current situation. |
| ***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.* | |
| The Ministry of Health does not think of other partners, since we have main partners (WHO & UNICEF), and therefore the allocation of funds is through these two organizations and in partnership and cooperation between them and the MOH | |
| ***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.* | |
| This section is is linked to the response in section 3.3 | |

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.*** |
| During the previous years, and despite the reservations of the Ministry of Health on the feasibility of targeted country assistance (TCA), there are no lessons learned in this regard, as this support is managed by the core partners away from the Ministry of health, as if the support is for the partners and the Ministry and the Expanded National Immunization Program have nothing to do with that, and therefore there is no any performance, lessons or practices that can be benefited from, and it should be noted that the technical support by the core partners is in most cases limited to working within the organizations away from the EPI and the field, and it was aimed for the international and local experts employed by the organizations to provide technical assistance to the national EPI at the MOH and EPI programm and field visits to identify health needs, even for specific days per week, but this is not done, and there are experts who come and go without any benefit that the Ministry and EPI programm obtain from these experts, but they gain experience in Yemen and from the current situation of Yemen and leave the country. |

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.*** |
| GAVI’s investments in the health sector for more than 20 years are considered articulate and feasible through the Health System Strengthening Program (HSS) through investments that have gained continuity and sustainability and touched the needs in the uninterrupted provision of vaccines, support for new vaccines, the cold chain, detailed micro-planning processes, alignment of national needs and the general resilience of Gavi, the one for Yemen, which is one of the best past, current and future investments. The priorities of the needs of the Ministry of Health and the national EPI program in this document are very important to benefit from the upcoming and planned investments of Gavi, and we at the Ministry of Health are recognize the eight investments identified by Gavi are in line with the directions and priorities of the Ministry of Health, and through Gavi's investments, we seek in the Ministry of Health to operate all health facilities to provide a package of primary health care services, including immunization at a rate of 100%, and this is in line with current and future support, although it is insufficient in providing sufficient cold chain to reach cold chain coverage that works with Solar energy in all health facilities at a rate of 100%, in addition to supporting the information system, surveillance and health education, as well as the supply chain and providing incentives for those in charge of immunization services at all central levels, governorates and directorates, so the Ministry stresses the need to build on Gavi’s past, current and future investments and benefit from targeted country assistance (TCA) in the institutional work of the Ministry of Health and not to distract efforts and investment through other partners who implement instead of the Ministry of Health, thus demolishing the successes achieved with the support provided by Gavi for a period exceeding 20 years.  Regarding CCEOP, the implementation of the project started at a fast and strong step and achieved a higher completion rate than expected. During the period from August 2021 until now, 81% of the solar energy refrigerators specified in the project were supplied, but the needs for the cold chain specified in the project does not cover the gap that is still large and expanding simultaneously with the expansion of the opening of new facilities and the activation of the closed... and we have to think quickly about planning a new project because of its importance in ensuring that vaccines are preserved in high quality and not exposed to damage, and this plays a prominent role in the citizen's confidence in EPI services. |

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?*** |
| Monitoring is the method that judges the progress made and compares that to the goals set in advance and the extent of improvement and performance in the desired indicators. It includes continuous monitoring supported by technical and financial reports and knowledge of progress made and aspects of successes and failures. The monitoring process should include the different levels and according to the reference evidence related to the approved interventions and activities in particular (input and output indicators) and the core indicators in general (core indicators and impact indicators), in line with the short-term and long-term program indicators and according to the areas of investments by the Ministry of Health and Gavi, the reports must be specific to the period by the Ministry of Health and by the auxiliary partners. Reports are not limited to the technical aspect only, but also provide financial reports and progress reports, including the efficacy and effectiveness of the supported investments. One of the important mechanisms in oversight is the joint aspects of supervision, according to the type of intervention and investment, and that the supervision is joint by the ministry and the authorities authorized to control, and that periodic meetings and exceptional meetings are important in improving work and correcting deficiencies quickly and in a timely manner. In accordance with the Gavi Guidelines for TCA, the EPI team regularly invites partners (ideally every three months) to monitor and assess progress, and calls for any routine or emergency meetings as needed. It is necessary to have a monitoring framework and monitoring tools that are approved by the Ministry of Health and Gavi defines the mechanisms of monitoring and the performance of partners. From a general perspective, it should include oversight of all health building blocks of the health sector, as well as priority areas of investment supported by Gavi, with an emphasis on national specificities. Key findings from the Ministry and partner reports will also form part of the discussions during review meetings and will identify lessons learned, appropriate modifications, and future and next steps, including judging the feasibility of interventions or not, and deciding whether the business partner continues or the agreement is discontinued, dispensed with, or replaced, It should also be noted that the organizations have relied in the past years on oversight and evaluation reports on audit firms, most of which lack sufficient experience and knowledge of the tasks and technical work related to the nature of the work of the Ministry of Health and its interventions related to the implementation of activities, including the technical and financial aspects, the requirements of practical reality and the exceptional circumstances of Yemen’s situation in particular. In light of the war and the siege, and what requires harmonization between the conditions of organizations and control companies in line with the national and approved laws, which the Ministry cannot neutralize or not comply with unless it will be brought to account by the regulatory authorities. |