

TEMPLATE

Gambia

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

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

(Populated by Gavi)

Total Envelope	Indicative allocation per 2022-2023		%
\$1,106,044	2022	\$401,163	36.3%
	2023	\$704,881	63.7%

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

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

The Gambia EPI program with support from partners is committed and continues to make efforts towards fully vaccinating all eligible persons through the routine system. Although the program has made significant gains in several vaccination fronts, it is also faced with challenges especially in preparing a national vaccination policy that guide the program and systems to quickly identify gaps and monitor progress (adequate M&E tools) which have resulted to challenges in:

1. Adequately identifying un- and under-immunized children/populations (including equity issues).
2. Real (or quasi) time supply chain monitoring across the national supply chain system.
3. Evidence generation for program monitoring and learning (vaccination, surveillance , and communication monitoring capacity).

The program is also has challenges in the development and production of job aids for communication, surveillance, logistics, and data use.

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

Please provide the planned allocation of PEF TCA towards investments areas and high-level objectives. Gavi-supported investment areas and a menu of objectives are available for

reference in Gavi's [Programme Funding Guidelines](#). The country can plan for the remaining duration of their current HSS grant.

(Please feel free to add lines as needed)

High-level Plan		Budget (USD)	%
2022			
Service delivery	<ol style="list-style-type: none"> 1. Prepare a national immunisation policy to guide the design and implementation of life-course immunisation approaches relevant to Gavi-supported vaccine programmes (HPV, MCV2). 2. Map out and build the capacity of potential local partners to implement TCA to reach zero-dose. 3. Develop and produce surveillance, communication, logistics, and data use job aids for health workers to enhance the quality and effectiveness of their work towards universal (including zero dose) vaccination of their target populations. 	\$120,000.00	30%
Supply chain	Strengthen logistics management information systems to ensure real-time monitoring at all immunisation supply chain levels to maximize supply chain efficiency.	\$50,000.00	12%
Health information systems and monitoring and learning	<ol style="list-style-type: none"> 1. Improve data use-related capacity, tools, evidence generation and/or systems for programme monitoring and learning, especially at the subnational level with a view of fully vaccinating the eligible population. 2. Strengthen information systems relevant for the identification and reach of zero-dose and underimmunised children. 	\$80,000.00	20%
Vaccine-preventable	Improve the availability and use of timely and accurate data for	\$50,000.00	12%

disease surveillance	decisions on vaccine introduction and preventive campaign targeting especially in zero-dose and under-immunized populations.		
Demand generation and community engagement	Pilot social and behavioural data and information systems, including social listening to address vaccine hesitancy and create demand to cut down on zero-doses and under-immunized populations.	\$60,000.00	15%
Leadership and Coordination and management. Governance, policy, strategic planning and programme management	1. Provide Technical support to the NITAG with a view to build capacity for decision making 2. Build capacity of the EPI staff in specialized areas and Public health Management system 3. Strengthen the capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children.	\$41,163.00	10%
2023			
Service delivery	1. Prepare a national immunisation policy to guide the design and implementation of life-course immunisation approaches relevant to Gavi-supported vaccine programmes (HPV, MCV2). 2. Map out and build the capacity of potential local partners to implement TCA to reach zero-dose. 3. Develop and produce surveillance, communication, logistics, and data use job aids for health workers to enhance the quality and effectiveness of their work towards universal vaccination of their target populations.	\$170,000.00	24%
Supply chain	Strengthen logistics management information systems to	\$100,000.00	14%

	ensure real-time monitoring at all immunisation supply chain levels to maximize supply chain efficiency.		
Health information systems and monitoring and learning	<ol style="list-style-type: none"> 1. Improve data use-related capacity, tools, evidence generation and/or systems for programme monitoring and learning, especially at the subnational level with a view of fully vaccinating the eligible population. 2. Strengthen information systems relevant for the identification and reach of zero-dose and underimmunised children. 	\$100,000.00	14%
Vaccine-preventable disease surveillance	Improve the availability and use of timely and accurate data for decisions on vaccine introduction and preventive campaign targeting especially in zero-dose and under-immunized populations.	\$100,000.00	14%
Demand generation and community engagement	Nationally social and behavioural data and information systems, including social listening to address vaccine hesitancy and create demand to cut down on zero-doses and under-immunized populations.	\$144,881.00	21%
Governance, policy, strategic planning and programme management	Strengthen the capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children.	\$90,000.00	13%

2.1 Please reflect and describe your immunisation system's 2022/23 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.

Our requested TCA support is principally based on the priority challenges of the program which are in line with government, Gavi 5.0 and other development partners' priorities. For this reason, we prioritized areas which when supported will improve program performance both in the immediate and long term. Hence the decision to focus on the development of a vaccination policy document and strengthening the monitoring and learning capacity of all

components of the program with a view of fast-tracking the goal to reach all zero-dose and under-vaccinated persons with the quality vaccines.

2.2 How will the requested TCA support advance Gavi's 5.0 mission per the country's context with focus on:

- **identifying and reaching zero-dose and consistently missed children and communities;**
- **improving stock reporting and vaccine management at sub-national level;**
- **enhancing strong leadership, management and coordination, including use of data for decision-making;**
- **introduction and scale up of vacciness;**
- **programmatic sustainability.**

- 1. Adequately identifying and reaching un- and under-immunized children/populations (including equity issues):** The systems to be instituted in bullet points 2 and 3 below will enhance the program's ability to monitor and trace sub-optimally vaccinated persons and populations and also ensure the uninterrupted availability of vaccines at service delivery points. This will go a long way in promoting universal routine vaccination in The gambia.
- 2. Real (or quasi) time supply chain monitoring across the national supply chain system to improve stock management and reporting at all levels.** A real time supply chain visibility system using the existing Vaccine visibility Syste (VVS) that is being piloted would be expanded to improve vaccine and supply management. There would also be supply chain redesign assessment to inform the country of a supply chain strategy to be instituted.
- 3. Enhancing strong leadership, management and coordination, including use of data for decision-making.** The TCA will be used to build program leadership management capacity and enhance monitoring and decision making capability for routine vaccination, vaccine-preventable disease surveillance, and vaccination demand generation to better position the program in responding to vaccination challenges and meeting and sustaining national and global vaccination goals. This will directly inform vaccie introduction and scale up and also encourage sustainability through knowledge and skills transfer during TCA implementation.

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?

Although the country is not planning to introduce new vaccines during the remaining part of this year and 2023, the program will implement a Measles-Rubella followup campaign this year. We will do the following to further strengthen the areas mentioned in 2.2 above:

1. Leverage the campaign to identify and vaccinate un- and under-vaccinated children with routine vaccines.
2. Utilize the campaign data to inform future programmatic decisions.
3. Take advantage of the campaign coverage survey to also implement a routine immunization survey to provide information on the following:

- a. Estimate the coverage of routine vaccines (no routine immunization survey has been conducted since 2003).
- b. Assess equity in routine vaccination coverage.
- c. Identify the behavioural and social drivers of routine vaccination in The Gambia.
- d. Use the campaign to build the capacities of the surveillance officers on active case search and routine surveillance.

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.

The challenges Covid-19 has brought on routine immunization by drawing from the the attention and program resources which were solely for RI while at the same time bolstering vaccine hesitancy cannot be over-emphasized. However, there has also been support for Covid-19 activities which are beneficial to routine immuniation. The COVID 19 vaccine delivery and deployment strategy would be used along side for routine vaccination de[ployment. Equally, the monitoiring and supportive supervisoty visit for CVOID 19 vaccine deployment would be used for supportive supervision on routine immunization service delivery. This TCA will be used to support activities aiming to achieve sustainable, equitable, and quality vaccination universal vaccination of the eligible population.

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.

Based on results of the KABP study on immunisation service uptake in Gambian communities, men, women, and adolesecents recognize the importance of vaccination. Many of the respondents also acknoweledged that both men and women bear the responsibility of taking children for vaccinations but only a handful of men actually do it. Even though previous surveys have not shown statistically significant different coverage rates between boys and girls in The Gambia, results of the KABP survey suggest that vaccination coverage could be improved through male involvment especially considering that men are dorninant in household decision making. Since the TCA may not include direct sensitization of the male folk, the EPI program aims to improve male involvement through activities in the main HSS budget. A communication for development(C4D) consultant would be recruited through the TCA to strenghten and support communication(example; messages on immunization, production of documentaries to increase public awareness).

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

The activities were prioritised based on the TCA needs of the vaccination program in each of the Gavi priority investment areas after taken into account conducted, ongoing, and planned activities for that area. In addition, activity prioritization was conducted based on perceived impact of the identified planned activities.

3. Partner diversification (0.5 page)

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

1. WHO
2. UNICEF
3. STPH
4. PATH

Unfortunately, we are not able to clearly identify local partners and CSO whom we think are competent enough to implement TCA activities. However, considering the TCA funding allocation recommendations and the important potential role of CSOs and local partners in ensuring sustainability, we will use the TCA to map out local partners who can support the implementation of such TCA in the country. Its worth to mention that the MoH is already working with the private sector in delivering immunisation services. Private health facilities are provided with cold chain systems and supplied vaccines to deliver to communities they serve as public health facilities do.

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

The MoH will continue working with private service providers to deliver vaccines and will map out local partners for implementing TCA support as mentioned in 3.1 above.

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 % 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.

For this particular TCA (2022 – 2023), part of the TCA funds will be used to identify local partners with the capacity to implement TCA based on their comparative advantage. After local partners have been identified, their potential areas of support will be captured in subsequent TCAs.

3.4 Please note the allocation of TCA to Local partners/ 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.

Since it may not be feasible to allocate 10% of TCA funding to local partners during this round considering the national situation, calculations will be made to ensure 2024 – 2025 TCA, EAF, and HSS allocations to local partners/CSOs will be at least 10% of the total 2022 – 2025 funding budget ceiling taking into account the proportion to be used in mapping and building the capacity of CSOs in this PEF TCA. Once funds are marked for CSO mapping, the country would further build the capacity of the identified CSOs that are potential partners in immunization service delivery. The partnership would be used especially at community

level to support immunization service delivery including the reaching of the zero dose and under privileged children.

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

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

This TCA plan is informed by several considerations including previous and ongoing TA activities. An important lesson learnt from previous TCAs is that having clear and open discussions on TCA activities prior to the beginning of implementing them is key to effective TA implementation. Therefore, we will ensure that we discuss with the TCA implementing agency and agree on activities in advance. One of the best practices we of previous TA is the full involvement of EPI and officers of other relevant programs in necessary TA processes. For example, MAHA worked with and built the capacity of the MoH IT team on GIS app they installed in DHIS 2 platform and shared with them the codes so that the MoH IT team can adapt and reuse the codes where necessary. Other TCAs were also implemented in a similar approach to the extent possible. That way program staff have been substantial knowledge and skills through TCA support and we hope to continue that approach in future TCAs. Most of the proposed TCA support in this round will build on work from previous TCAs.

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

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

1. Health system Immunization strengthening
2. CCEOP
3. Vaccine Renewals Support
4. Gavi Campaign support
5. New vaccine support

The programme would leverage on the existing TA support to provide operational research data that would be used as evidence for taking programmatic decisions on immunization service delivery especially in reaching the zero dose children. In addition, operational campaign support would be used to reach the missed children especially in areas where access to routine immunization services maybe of great challenge

6. TCA Monitoring

6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that information be used to adjust and improve programme implementation? How frequently are

data reviewed and used and who will be responsible to ensure that review and learning occurs?

The existing monitoring and Evaluation framework of the ministry of health houses all programmatic activities plan thus, the TCA planned activity implementation will be monitor through the same system. Additionally, The EPI activities are also being monitored and reviewed by the ICC.