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Afghanistan Case Study Report

Evaluation of the technical assistance provided through the Gavi Partners' Engagement Framework

Baseline Assessment

July 2017

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Acronyms and Abbreviations

Acronym	Description
BPHS	Basic Package of Health Services
EPHS	Essential Package of Hospital Services
EPI	Expanded Program on Immunization
CC	Cold Chain
CCE	Cold Chain Equipment
cMYP	Comprehensive Multi Year Plan
GAVI	Global Alliance for Vaccine and Immunization
GCMU	Grants and Contracts Management Unit
HSS	Health System Strengthening
JA	Joint Appraisal
KAP	Knowledge Attitude and Practice
MNTE	Maternal & Neonatal Tetanus Elimination
MoF	Ministry of Finance
MoPH	Ministry of Public Health
NIDs	National Immunization Days
PEI	Polio Eradication Initiative
PEMT	Provincial EPI Management Team
PTT	Polio Transit Team
REMT	Regional EPI Management Team
TCA	Technical Assistance
UNICEF	United Nations Children Fund
WHO	World Health Organization

Executive Summary

This report presents findings from a case study of Gavi-funded Targeted Country Assistance (TCA) in Afghanistan. This case study is a component of the larger prospective evaluation of TCA across the 20 Tier 1 and Tier 2 countries that are supported by Gavi-funded Partners to bolster the implementation of their national immunization programs. Using intensive interviews, document reviews, and observations, the Evaluation team explored the planning and implementation of the 2016 TCA cycle (2015 JA - implementation of the 2016 TCA activities through March 2017) in Afghanistan and identified key successes and challenges. Data collection for this case study was conducted between November 2016 and March 2017.

Below is a summary of the key findings and recommendations for this case study.

- **Key Finding 1.** Gavi uses several funding mechanisms in the country, and this has created confusion in Afghanistan. Since Afghanistan has only 2 funded TCA Partners, this may be inefficient for Afghanistan specifically.l
  - **Recommendation 1.** Consider consolidating Gavi's parallel funding mechanisms and bring all Gavi funds under one umbrella.

- **Key Finding 2.** Key subnational level staff were unaware of the TCA planning process, as well as how decisions are made that affect their activities.
  - **Recommendation 2.** Gavi may consider suggesting approaches for sub-national level staff and other sub-national stakeholder (e.g. NGOs) to be involved in the TCA planning process, especially in countries where security may impede travel to sub-national regions.

- **Key Finding 3.** Stakeholders echo findings that the annual review cycle does not communicate that Partners have the ability to invest in 2-3 year contracts for key personnel.
  - **Recommendation 3.** Gavi should communicate how the yearly planning cycle integrates into the longer term strategic partnership, so that Partners can adequately plan and the right human resources can be mobilized.

1. Introduction

This report presents findings from a case study of Gavi-funded Targeted Country Assistance (TCA) in Afghanistan. This case study is a component of the larger prospective evaluation of TCA across the 20 Tier 1 and Tier 2 countries that are supported by Gavi-funded Partners to bolster the implementation of their national immunization programs. This case study was conducted by Dr. Sediq Rishtin and Dr. Farhad Farahmand of the Afghanistan Centre for Training and Development (ACTD) in partnership with Deloitte Consulting.

Overview of Case Study Approach

The purpose of this case study is to supplement the Gavi Baseline Assessment of the Targeted Country Assistance (TCA) within the Partner Engagement Framework (PEF). Afghanistan was selected as one of four case study countries that will be followed throughout the five year evaluation of the PEF-TCA, alongside Nigeria, the Democratic Republic of Congo, and Ethiopia.

This report provides a background on the immunization landscape of Afghanistan, including the TA needs, and a summary of the key insights gained on some of the unique aspects of the TCA process in Afghanistan during the 2016 TCA cycle (2015 JA - implementation of the 2016 TCA activities through March 2017). This report focuses on two domains that are included in the overall evaluation: Domain 1 is the TCA planning process, while Domain 2 includes the TCA delivery by Gavi Partners.

Box 1. Selection criteria for case study countries:

- Tier 1 country
- Diversity of TA providers
- Diversity of TA activities & programmatic areas
- Regional representation
- Security

As with the broader TCA evaluation, this case study employed a mixed methods approach. Information used in this analysis is based on an extensive document review (see Appendix A); interviews with 18 stakeholders from TCA implementing Partners, MOH, and the Gavi Secretariat (see Appendix B); In-person observations of two EPI/TCA coordinating meetings between Partners and the MOH (Appendix C); and responses to an 360° online survey from respondents in Afghanistan. Interviews were primarily conducted with stakeholders at the Central level, which is one limitation of the case study.

2. Backgorund and Country Context

Immunization landscape

Afghanistan is a small landlocked country in the Middle East with challenging economic, security, and political issues, each of which poses further challenges upon its health issues. Afghanistan has a birth cohort of 1,083,160 in 2017, compared to an overall population of 34,169,138 according to Gavi's factsheet.
Vaccine preventable diseases like Measles, Neonatal Tetanus, Diphtheria, Pertussis, Hepatitis B, Polio and Tuberculosis are leading contributors to infant, and children under five morbidity and mortality in Afghanistan. Tetanus is also a main cause of puerperal sepsis and many deaths among postpartum women.

National immunization and HSS priorities

EPI services were initiated in 1978 in different parts of the country, most of which concentrated in the urban areas. According to the national health policy, out of the nine priorities the following are the two top priorities for the Ministry of Public Health (MoPH):

1. Prevention and control of communicable diseases
2. Child health

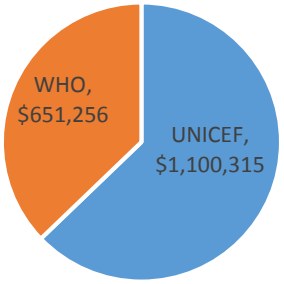
National EPI policy has been developed in line with the National Health Policy. When a new vaccine is available, it is added to the national EPI schedule. On the national level, there is an EPI directorate chaired by the national EPI manager under preventive medicine general directorate in MoPH. There are 7 regional offices in Kabul, Paktia, Kandahar, Herat, Mazar, Kunduz and Jalalabad which are located in different zones of Afghanistan, managed by the Regional EPI Management Team (REMT) managers. Provincial EPI offices, which are managed by the Provincial EPI Management Team (PEMT) managers, are located in all 34 provinces of Afghanistan.
The core intention of MoPH is to deliver safe, potent, reliable, and free immunization services which are available and accessible to all eligible children and women regardless of their ethnicity, race, religion, gender, geographical location and political affiliations. Key goals for the immunization program, stemming from the draft cMYP, include:

- Introduce Rota Virus Vaccine in 2017, for which WHO and UNICEF will support MoPH in developing the new vaccine introduction application and introduction evaluation. UNICEF will provide needed CCE for all new vaccines.
- Increase access to immunization services.
- Improve quality of EPI services.
- Improve and increase capacity of cold chain system.
- Strengthen the surveillance system.

- Reach 90% immunization coverage on national level and 80% at each district level.
- Eliminate measles and tetanus (maternal and neonatal) by 2020.

The National Immunization Program is supported by partner support, including Gavi Grants (GAVI-ISS, GAVI-NVS and GAVI-HSS), WHO, UNICEF, JICA and Basic Package of Health Services (BPHS) donors (World Bank, USAID, and the European Union). In 2016, UNICEF was allocated $1.1M for TCA activities and WHO was allocated $650,000.

Figure 2. Allocation of TCA Funding by Partner - $1.75M



Despite Partner support, interviewees noted the ongoing and systemic challenges that the EPI faces in its efforts to increase immunization coverage and equity:

- **Misperceptions and Anti-Vaccination Groups**: Some children do not receive immunizations because of refusal. There is a common misconception among some communities that vaccinations are useless and do not prevent diseases. Many also believe that it causes infertility among males. In some areas vaccination is prevented by armed opposition groups of Afghan government and they do not allow vaccinators to conduct outreach services. In some districts, for example, Rig and Shorabak, there were no immunization services until this past year. Recently UNICEF established two mobile health teams, which provide immunization services, to try to reach some of these under-covered areas.
- **Security challenges**: This is a big challenge for immunization. In insecure areas it is very difficult to find qualified staff to accomplish immunization services. Unavailability of female vaccinators in such areas prevents women from accessing immunization because most families do not allow the female members of their family to be vaccinated by male vaccinators. Afghan government opposition groups also interfere in staffing, monitoring and NIS. In some areas they do not allow vaccinators to mark doors to confirm that vaccination has been conducted during polio campaigns. Also, they do not allow monitors to travel to those areas which are under their control.
- **Geographical Issues**: Some areas are extremely difficult to access.
- **Data Quality Problems**: As with other health programs, the immunization program is faced with poor quality of data. This reduces the confidence in vaccination estimates and include lack of robust census at the national level.
- **Low salary of subnational staff:** Regional and provincial staff of the MoPH receive as little as 90-150 USD/month, while those who work with international organization like WHO and UNICEF receive higher salaries. This reality is one factor that contributes to high staff turnover.

3. Domain 1: TCA Planning

The TCA planning process included a Joint Appraisal process, involving coordination and meetings among the stakeholders of the EPI, UNICEF, WHO and supported by the Gavi Secretariat. A Joint Appraisal report was then developed, and endorsement sought by the ICC. The report included the key needs for Technical Assistance. After the report, stakeholders met to identify what activities will be funded, and which Partner will carry out those activities. The Gavi Secretariat then made the final decisions regarding funding.

JA Process in country

The last JA was conducted in Kabul in 2016. Interviewees indicated that only national level stakeholders attended the 2016 JA. MoPH Directorate of preventive medicine, HSS department of MoPH, National EPI, WHO and UNICEF were involved. 5 from 16 interviewees indicated that they attended last year JA and all of them are national level staff with MoPH, UNICEF and WHO. One of the interviews said about last year's JA:

> "All of who attended JA process mentioned that JA was very effective and we discussed problems, challenges, progress and achievements. They said we are using JA reports for our planning and proposals." - - MoPH

The National EPI has three different review processes across different levels of the EPI program:

1. **Annual Review meeting**: This review has been conducted on national level. REMT managers, PEMT managers, WHO and UNICEF representatives from national and subnational level participated in this review. EPI program problems, challenges and achievements were discussed. White areas, polio positives cases, outbreaks, establishment of vaccination fix centers and other EPI related issues were also discussed.
2. **Quarterly Review meeting**: This review is conducted at the regional level. There are 7 REMT offices and they are responsible to invite their related provinces PEMT managers on quarterly basis to review last quarter EPI program achievements, problems and challenges.
3. **Provincial Review meeting**: This review has been conducted at provincial level and relevant province EPI program leads the discussion.

In all the above review meetings, BPHS and other relevant partners attend.

Based on the collected information from interviews there were post JA review meetings on quarterly basis. These meetings were chaired by the deputy minister of public health where they discuss JA findings, planned activities' progress and action points. In 2016, two meetings were conducted for JA follow up.

In other review meetings there are participants who are not involed with the JA. Also all those persons who attended JA did not necessarily participate in all types of review meetings. However, JA participants are laregly involved in national level annual review meetings.

Relevance of the TCA plan to Country needs

According to interviewees information, the TCA was planned based on MoPH/National EPI needs and priorities. Responsibilities were clear for every partner and MoPH/National EPI had the leading role in this process.

TCA provided is based on JA findings which are shared with the Gavi secretariat. Those findings constituted national EPI needs and the TCA activities were planned based on those priorities and necessities.

During interviews when we asked and showed TCA spreadsheet for interviewees, only 3 from 15 interviewees said that they were completely familiar with TCA spreadsheet because they were directly involved in EPI. These three persons are the national EPI manager, a WHO program manager for routine immunization and an UNICEF immunization specialist. At the sub-national level, no one had information about TCA plan and they said, "This TCA spreadsheet is not shared with us and we don't know responsibilities of UNICEF and WHO". They proposed that it will be better to share TCA spreadsheet with sub-national level staff to know about partners responsibilities and Gavi's role.

"Gavi must inform regional team from their support/assistance with EPI, if region informed then provincial team even fix centers will inform about GAVI support and assistance. If GAVI maybe spend millions of dollars but I say they did not support us because I don't have information about that and I did not see any document regard GAVI support. I suggest that Gavi must inform us about their assistance." MoPH

Diversity of partners and comparative advantages: There are only two partners in TCA implementation in Afghanistan: WHO and UNICEF. They work with MoPH and provide TCA according to developed plan.

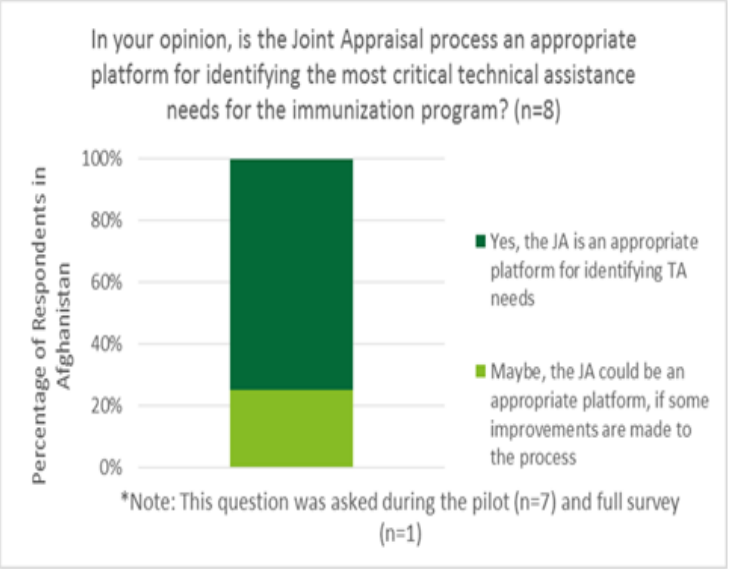
When interviewees asked about comparative advantages they mentioned the following:

No	Partner	Comparative advantage	Frequency (Said by interviewees)
1	UNICEF	CC management, vaccine supply and procurement.	11
2	WHO	Introduction of norms and standards	1
		Focus on policies, strategies and planning.	3
		Capacity Building	5
		NIDs support	3
		Providing complementary assistance like: measles campaign and monitoring.	1

Country ownership of the TCA Planning process

As per collected information from interviews TCA planning and the JA process was led by the national EPI department. When asked, partners and national immunization program staff said that TCA planning and JA process was led by the national immunization directorate and other departments from MoPH were also involved in this process. MoPH and national EPI staff said that they are leading TCA because they are own the programme and and responsible for all EPI related activities When asked about their representation and engagement in TCA process, one MoPH staff member replied:

"At the national level we observed the cMYP update meeting and in Kandahar (Region) we observed problem solving and planning process, specificaly focused on some challenges in NIDs. We saw during observation of these events on national and sub national level, that meetings conducted in MoPH relevant offices and National EPI, relevant staffs were fully involved in those events. In both events participants were from MoPH/EPI, WHO and UNICEF. They had discussions during meetings and agreed on planned activities."



Interviewees described the objectives of the TCA activities oas follows:

- To introduce the rota virus vaccine in 2017 for which WHO will support MoPH in application and introduction evaluation.
- To provide needed CCE for new vaccines.
- To increase access to immunization services.
- To improve quality of EPI services.
- To improve and increase capacity of cold chain system.
- Strengthening of surveillance system.
- To reach 90% immunization coverage on national level and 80% at each district level.
- To eliminate measles and tetanus (maternal and neonatal) by 2020.

"JA informing the partners including government in the areas of gaps. It is a clear process and engaged the partners who are receiving fund from Gavi. It reminds us the weak point not only in TA but in management, coordination and prioritization. MoPH is very transparent and there is no bias. No findings for JA are unpleasant for MoPH and they are easily agreed on points which need for improvement." -Partner

The limited engagement of sub-national stakeholders in the TCA planning process is a key indicator of the limited transparancy of the TCA planning process apart from those who are directly involved.

Efficiency of the TCA planning process. According to involved persons in TCA planning process, TCA planning was conducted based on JA findings and provided based on needs and priorities of national immunization program. Programmatic areas and planned activities of partners are clear in this plan, which identified problems and prevented duplication. It focused on the priorities and activities which were agreed on by the MoPH, Gavi and the Partners.

4. Domain 2: TA Delivery

TCA implementation

TCA started in March 2016 with a little delay because of delayed transfer of Gavi TCA funds from Gavi to Partners' headquarters offices, then from headquarters to country office. This then delayed staff hiring by UNICEF and WHO. Overall, Partners and MoPH/NEPI interviewed staff were satisfied with TCA implementation and they said it was progressing well. When they were asked about key accomplishments of TCA, they mentioned different activities as below:

Key accomplishment of TCA	Conducted by whom	Frequency
Real time monitoring introduction at the end of 2016 which will monitor supply, logistics, vaccines, cold chain, including temperature.	UNICEF	1
Support provided for data quality improvement. New data base for compiling the coverage developed and EPI report tools prepared.	WHO	1
Support to data quality improvement plan	UNICEF/NEPI	1
Reviews of EPI program and discussion on EPI related issues.	Partners +MoPH	1
Rota virus vaccine application developed and shared with GAVI	WHO/UNICEF	1
cMYP updated	Partners +MoPH	3
Measles selected campaign conducted in 81/90 districts with 95% coverage.	WHO/UNICEF	1
Existence of good coordination between MoPH and partners.	Partners +MoPH	3
Vaccinators' training on EPI reporting	WHO/UNICEF and BPHS	1
Give specification for vaccines and CC equipment There was no stock out in last year	UNICEF UNICEF	1 12
Initial report of real time monitoring and CC inventory provided.	UNICEF	1
Communication strategy for RI and its zero draft to be further elaborated in details	UNICEF	1
National EPI dash board action plan developed and TCA relevant staffs are engaged in it with national EPI and WHO.	UNICEF	1
Development of CCEOP	UNICEF	1
Technical support to KAP	UNICEF	1
MNCH handbook	UNICEF	1
Awareness and communicated related materials developed including boradcast of radio/TV spots	UNICEF	Variable
Field visits by EPI staff	UNICEF	Vailable

Support to PM&E system in the provinces	UNICEF	Vailable
EPI review meetings	UNICEF	Variable

Some of interviewees replied that it is early to say about TCA success and key accomplishments because TCA started late in 2016. TCA activities are both ongoing and there has been limited time. For example, surveillance, routine immunization, monitoring and supervision and capacity building are ongoing activities. Printing guidelines, and cMYP updating are time limited activities. Also coverage survey was conducted every 2-3 years, comprehensive EPI review every 3 years and effective vaccine management assessment is conducted every three years.

Partners indicate that Gavi support is imperative for theirtheir work in Afghanistan and that they are provided sufficient funding and staff for TA. Also they said that coordination between partners, MoPH and Gavi has improved in recent years and they have regular meetings and communication. Additionally, they have regular video conferences with Gavi. National EPI and partners attended those meetings. Also when Gavi mission comes to Afghanistan they have visits and meeting with national immunization and partners.

"Now system of Gavi improved and simplified and now we have easy access to Gavi. Before there were many narrative reports and extra information required but now all these things simplified." – Partner

Below are some of the challenges in TCA delivery mentioned by interviewees:

- UNICEF staff recruitment has been delayed (due to delayed receipt of TCA funds), causing the postponement of TCA activities.
- Funds arrived late to WHO, which was then exacerbated by its own bureaucracy, causing delays to some activities. Furthermore staff and funds were not sufficient for TCA activities, according to WHO. Additionally, a UNICEF staff members replied that funding and staff is sufficient for TCA but WHO had complain about number of staff and budget.
- Knowledge Attitude and Practice (KAP) postponed because the agency that was selected to sign the contract and conduct the survey, withdrew in the very last minutes. UNICEF had to restart the whole process.
- Reporting procedure to GAVI is complicated for national immunization program, and MoPH suggested GAVI must simplify their reporting procedure or allow MopH to hire additional staff for reporting
- The TCA duration of one year is considered as quite short. One of the Partner organization representatives said if we hire staff for one year they don't feel that their job is secure and mostly well qualified staff are not willing to apply for short term projects. It will be better to plan TCA for 2-4 years which will decrease staffing problem and we will be able to have qualified staff for TCA implementation.

"There is not sufficient staff and funding for this TA. We still have limited national staff for this TA activities and it's limited to a period. " - Partner

TA Provider's technical expertise/capacity

It seems that WHO and UNICEF have proper experience in immunization program and they are fully aware of the local immunization context as they have been suported the immunization program for several decades. UNICEF has been working in Afghanistan continuously since 1949. WHO and UNICEF have offices at national and sub national levels. UNICEF also has provicial offices in 9 provinces in addition to regional offices. When asked, MoPH/National EPI staff in national and sub national level accepted that both organizations are providing TCA for them and their representatives are working jointly with them. They have regular weekly and monthly meetings.

During observations of two events the Evaluation Team observed that WHO and UNICEF staff were actively involved in those events and they had dominant role in decision making, problem solving, planning and providing technical assistance.

On a sub-national level most interviewees talked about UNICEF cooperation because they are providing visible assistance like vaccine procurement and supply and CC management, training, operation/running cost of all 34 provincial offices. The Kunduz regional EPI manager said that there is no office and staff of UNICEF in Kunduz because they moved to Badkhshan province because of security problems.

TCA providers have adequate experience in providing technical assistance not only in Afghanistan but they are doing such tasks in many countries around the world. They have internationally accepted procedures and policies and they are receiving support from their regional offices and head quarter based on need.

TA Management, Coordination, Monitoring

All stakeholders who are engaged in TCA said that there is a strong coordination between them. They have regular meetings at national and sub-national level. At national level, they have quarterly meetings to discuss TCA progress and JA findings. In addition, all EPI related issues including TCA are being discussed in biweekly EPI taskforce meetings taking place at the national EPI office in Kabul. If any major issue arises, the ICC is also be an alternative platform for discussion. At sub-national (Provincial level) there are weekly and monthly coordination meetings in place. Even if some emergency issue arises at the provincial level, they hold a meeting to discuss it in a timely manner.

Most of the coordination meetings take place in MoPH/National EPI department and at the provincial level it takes place in regional and provincial EPI offices. All interviewees mentioned that coordination is good between MoPH, Partners and Gavi. They said that there were regular video conferences in place with Gavi and when Gavi representatives had visited Afghanistan they have had meetings with all the stakeholders who are involved in TCA.

TCA activities are planned well by involved parties which prevents any duplication of activities. These activities are planned and agreed by MoPH, WHO and UNICEF. They are then monitored by the

Partners to ensure that they are carried out according to the plan. As one of the partner said in interview:

"TCA activities are monitoring not only by reporting to Gavi but partner organizations have their own internal control/audit procedures. They have both internal and external audit. External audit is conducted every two to three years for UNICEF and they are visiting their partners' offices too. As part of financial assurance, UNICEF conducts HACT visits to gov't line ministries/departments to ensure resources are utilized based on need and in accordance with the set objectives. This is in addition to regular visits to project sites by UNICEF staff. UNICEF conducts mid- and end-year programme reviews wth involved stakeholders engaging all partners at national and sub-national levels. In places where UNICEF staff cannot conduct visits alternative mechanisms such as third party or extenders are in place. Investigational visits from MoPH relevant departments are also conducted and they check all the relevant documents. WHO also has an internal monitoring system. They monitor their staff and planned activities on regular basis. Also mid-year and annual reviews are in place in WHO."

At national level there are different meetings between MoPH and partners. There are meetings every two weeks which are chaired by national EPI manager, EPI task force meeting conducted on biweekly base, steering committee meeting then National Technical Advisory Group (NITAG) meeting, which is conducted mostly by well qualified technical staff and where they discuss important issues, for example introduction of any new vaccine is discussed at NITAG meeting. At provincial and regional level weekly, monthly and quarterly coordination meetings are in place.

TA contribution to capacity building

TCA contributes towards EPI program by improving coordination between Partners and stakeholders through regular meetings for TCA follow up. Also, quality of activities improved because of monitoring enhancement, for instance temperature record of CC system an an example of programmatic level capacity improvement. Furthermore there were no stock outs in the last one year and timely supply of CCE is another programmatic improvement. However, these activities are undertaken independantly and do not build sustainable capacity within the MoPH.

There were some capacity building programs which have been done at national and sub-national level but sub-national interviewees do not to differentiate that they are part of TCA or not.

Individual level change in knowledge and skill in this TCA was not mentioned by interviewees. When they were asked in this regard, most of them said that they did not receive any training in this TCA framework. One of EPI managers said about personal level knowledge improvement and participation in workshop that: *"I did not take any training but supervisors and other staff received training in NEPI but I don't know it was funded by Gavi or others." --MoPH*

Three of the 16 interviewees said that they attended some workshops, such as mid-level management, SOP standardization for CC and cMYP session but they were not sure that these trainings/workshops were part of TCA or not.

Overall interviewees who had information about TCA agreed on current model of TCA and they said it worked well and it was on track. However, it is still to be seen whether it is enabling MoPH in the long run.

At the regional and provincial level there are capacity problems in EPI and there is a need for further support and capacity building. Sub-national level staff requested for both short term and long term

trainings and exposure visits. They said: we work in these positions for a long time and we must be supported to improve our knowledge. They said it will be better to provide ground for our education up to master degree. For other trainings they proposed to conduct training need assessment and based on that findings hold trainings for sub national level staff. At the sub-national level, PEMT and REMT managers still have issues with computer skills and English. They also need support in micro planning development, cold chain management and maintenance.

Ownership, Accountability, Transparency

The ownership of the EPI program lies with the Ministry of Public Health. There are many donors and organizations which work under MoPH umbrella and provide EPI services or technical assistance. Regarding the TCA, when asked about MoPH/NEPI involvement, all of interviewees from MoPH, WHO and UNICEF replied that they are engaged in TCA and they are owners of this program. They have regular meetings and discussions on TCA activities progress and challenges.

At the national level, MoPH/NEPI has the ability to lead and to be engaged in TCA planning and delivery process but there's still a need for support. For example, advisory activites are required as in updating of cMYP, preparation of some proposals, preparation of databases and different conduction of different capacity building programs.

The two TCA-related meetings which our team observed (cMYP updating and Micro planning and problem solving), were conducted in Kabul and Kandahar, were conducted in MoPH offices. Heads of MoPH relevant offices were leading those sessions with technical support of WHO and UNICEF.

As positive points of TCA, informants said that it was a transparent and accountable process because there are specific deliverables and milestones for every Partner and they have to report precisely. Also when we asked national EPI representative regarding TCA planning, JA and post JA meetings he said he was leading the process. Partners also agreed on proper engagement of MoPH in TCA and they mentioned that at national level there is a capacity of leading and engagement in TCA by MoPH. However, at the sub-national level, this is still a need for support for proper management of the program. Sub-national level staff need to improve their managerial and communication skills. Increased familiarity with the English language and computer skills would be benefitial to improve communication.

"JA informing the partners including government in the areas of gaps. It is a clear process and engaged the partners who are receiving fund from GAVI. It reminds us of the weak point not only in TA but in management, coordination and prioritization. MoPH is very transparent and there is no bias. No findings for JA are unpleasant for MoPH and they are easily agreed on points which need for improvement." - Partner

Partners are responsible to report TCA progress to Gavi and MoPH. Furthermore progress is discussed in coordination meetings which take place between stakeholders.

Factors that influence effectiveness of TCA

According to the collected information, the current TCA model is overall acceptable for MoPH and Partners. Factors which influence effectiveness of TCA positively are:

- TCA partners and MoPH were involved from the beginning of process and plan prepared jointly
- All parties agreed on the planned activities and duplication was prevented
- Relevant programmatic areas and activities are clear for partners and MoPH
- TCA is followed up by Gavi. Gavi holds a regular video conference with national EPI and partners. Also, partners submit reports and milestone status to Gavi regularly
- It is an evidence-based approach
- Funds flow directly to Afghanistan and now decision making power is here which facilitated the accomplishment of activities
- Proper and regular coordination and communication between Gavi, MoPH and Partners. Moreover information sharing worked well
- MoPH and Partners are mostly involved at national level and they are in loop in case of any progress, changes and challenges.

"GAVI must inform regional team from their support/assistance with EPI, if region informed then provincial team even fix centers will inform about GAVI support and assistance. If GAVI maybe spend millions of dollars but I say they did not support us because I don't have information about that and I did not see any document regard GAVI support. I suggest that GAVI must inform us about their assistance." - MoPH

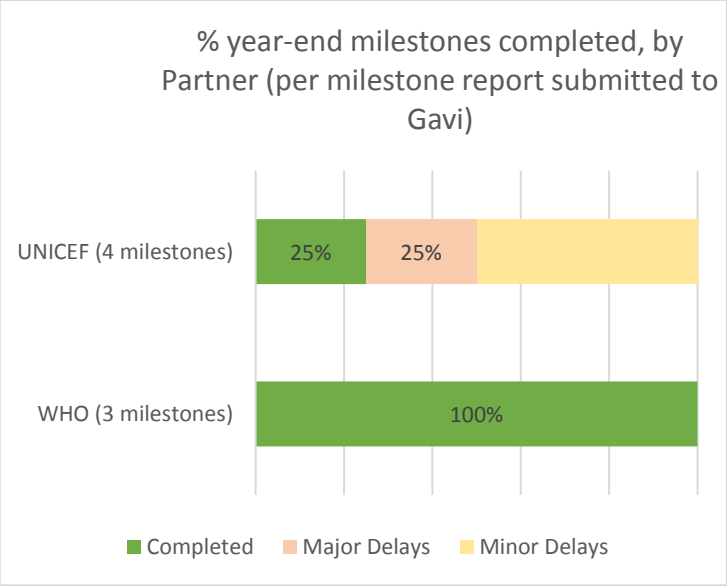
There are some factors which had negative effect on TCA:

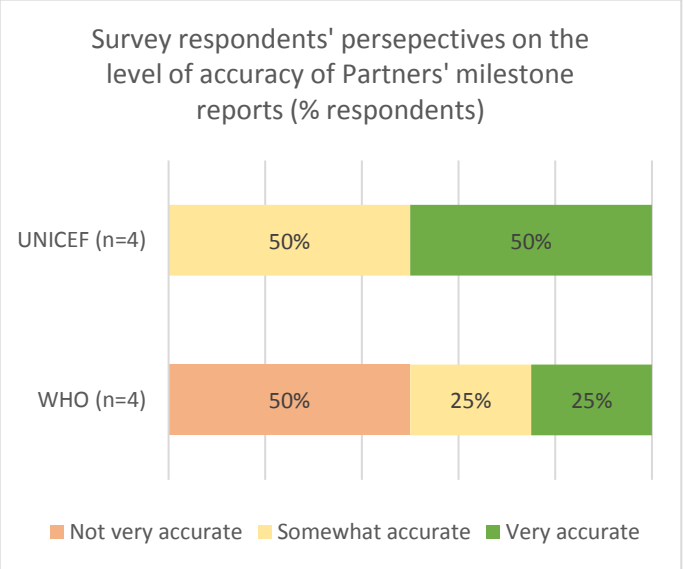
- Delayed arrival of funds to WHO as a result of delayed funding release from Gavi as well as internal organizational bottlenecks
- No sufficient staff to accomplish TCA activities in WHO
- Late recruitment of staff by UNICEF due to delayed receipt of funds
- Sub-national level staffs are not fully involved in TCA and most of them do not know about TCA plan
- For the coverage survey, the funds are not enough

"I have a suggestion for GAVI to simplify their reporting procedure or to allow us to hire additional staff for reporting." - MoPH

Milestone Reporting

UNICEF and WHO submitted progress reports to the Gavi Secretariat on the status of their TCA activities. As of the year-end milestone report, about 57% of Partners' milestones were reported as "completed". Where explanations were provided, incomple milestones were noted as being in progress, with one activity delayed as a result results of a subcontracted firm having withdrawn after being selected to conduct the related activities.





Respondents to the 360° online survey indicated that only 50% of UNICEF's milestone reports and 25% of WHO's milestone reports were accurate. Though these results reflect perspectives from only 4 respondent, they are crude indicators of the quality of the TCA milestone reports.

5. Overall Conclusion and Recommendation

This evaluation provides the opportunity to provide key recommendations for the learning process within Gavi. Largely, the findings of extensive interviews, document reviews, and surveys, indicate that the PEF TCA was successfully rolled out in Afghanistan, and has been an improvement in many respects. However, there are opportunities to learn from the implementation in Afghanistan. The following summarizes the key findings and recommendations stemming from the Afghanistan case.

Level of Priority	Recommendations
Study further and take action as needed	❖ **Key Finding 1. The multitude of Gavi funding mechanisms in the country is confusing and may be less efficient for a country with limited Partner activities, like Afghanistan.** ➢ **Recommendation 1. Consider consolidating Gavi's parallel funding mechanisms and bring all Gavi funds under one umbrella.** In Afghanistan, the many ways that Gavi supports the country are not clearly delineated and are seen to be redundant or inefficient. For Afghanistan, where there are only two TCA Partners (WHO & UNICEF), these various applications, reporting, and monitoring systems seem inefficient.
Act Now	❖ **Key Finding 2. Key subnational level staff were unaware of the TCA planning process, as well as how decisions are made that affect their activities.** ➢ **Recommendation 2. The Gavi Secretariat should consider suggesting approaches for sub-national level staff to be involved in the TCA planning process, especially in a country such as Afghanistan where security may impede travel to sub-national regions.** Afghanistan does not have a formal role for sub-national stakeholders as participants or contributors to the TCA planning process. In fact, according to interviews, many stakeholders at that level do not fully understand the Gavi funding mechanism and how that may ultimately affect their efforts. This is exacerbated by the fact that the Joint Appraisal does not always occur in Afghanistan, and for security reasons, travel to subnational regions is restricted. Gavi may consider stronger guidance suggesting ways that countries may increase the inclusion of sub-national stakeholder perspectives including those of NGOs and regional EPI sub-office, to participate at the national level, as they have on-the-ground experience that is currently lacking.

- **Key Finding 3. Stakeholders echo findings that the annual review cycle does not communicate that Partners have the ability to invest in 2-3 year contracts for key personnel.** The yearly process was perceived to be too short in order to recruit, hire, and retain key personnel for activities within Afghanistan.

  - **Recommendation 3. Gavi Secretariat should communicate how the yearly planning cycle integrates into the longer term strategic partnership, so that Partners can adequately plan and the right human resources can be mobilized.** Multiple stakeholders communicated the difficulty in attracting quality staff to implement the TCA activities. The yearly cycle makes future funding uncertain for Partners, and stakeholders from those organizations communicated that it would be better for funding and investments be made at the 2-4 timeframe. This may mean that Gavi either commits to multi-year investments as part of the TCA planning process, or they may consider changing the messaging, so that Partners are more certain of future funds, so that they can provide 2 years (or longer) contracts and reduce turnover.

Annex A. List of Stakeholder interviewed

Organization	Name	Position/Role
MoPH, Kabul	Dr.Najibullah Safi	Director General of Preventive Medicine Dep.
MoPH, Kabul	Dr.Sardar Mohammad Parwez	NEPI Manager
WHO, Kabul	Dr.Rik Peeperkorn	WHO Representative in Afghanistan
MoPH, Kabl	Dr.Najibullah Safi	General Director of Preventive Medicine Dep.
MoPH, Kabul	Dr.Najla Ahrari	HSS deputy coordinator
UNICEF, kabul	Dr.Fazil Ahmad	Immunization Specialist
WHO, Kabul	Dr.Abdul Shakor	Program Manager for Routine Immunization
MoPH, Paktia	Mr.Habib Mohammad	Regional EMT Manager, Paktia
MoPH, Laghman	Dr.Abdul Rasool Wafa	Provincial EMT Manager
MoPH, Ningarhar	Dr.Jan Mohammad Sahebzad	Regional EMT Manager, Ningarhar
MoPH, Kandahar	Mr.Nazar Mohammad	Regional EMT Manager, Kandahar
WHO, Kandahar	Dr.Selab Aiobi	National Health coordinator , Kandahar
MoPH, Kunzuz	Dr.Ghulam Jailani Attaee	Regional EMT Manager, Kunduz
MoPH, Herat	Dr.Danesh	Regional Deputy EMT manager, Herat
WHO, Herat	Safiullah Sorosh	Provincial Officer
MoPH,Mazar	Dr.Sayed Ahmad Alawi	Regional EPI supervisor

Annex B. List of Documents reviewed

Full reference for Document

- Afghanistan Joint Appraisal 2015
- Afghanistan Joint Appraisal 2016
- Afghanistan-Comprehensive multi-year plan for 2011-2015 - Year 2010
- Multi Year Plan of Action for EPI 2006-2010.Year 2008
- Afghanistan HSS Data Quality proposal 2016
- Afghanistan Annual Progress Report 2010
- Afghanistan Annual Progress Report 2011
- Afghanistan Annual Progress Report 2012
- Afghanistan Annual Progress Report 2013
- Afghanistan Annual Progress Report 2014
- The Afghanistan Mortality Survey (AMS) 2010
- Assessment of EPI (Expanded program of immunization) vaccine coverage in a pre-urban area 2007
- Weekly epidemiological record- WHO- 11 November 2011
- CDC assessment of risks to the global polio eradication initiative (GPEI) strategic plan 2010-2012
- Afghanistan Polio Eradication Initiative MoPH / WHO / UNICEF Annual Report Afghanistan, 2008
- EPI sustainability plan 2004-09, Feb 2005
- GPEI Strategic Plan 2010-2012
- Global Polio Eradication Initiative, from internet accessed on 12 May 2012
- Independent evaluation of the Global Polio Eradication Initiative, Afghanistan, August 2009
- SAGE Report, Oct 2009

Annex C. List of Meetings/Events observed

Event	Description	Event sponsor/organizer	Date of event	Place of event (city)
cMYP review	This event was conducted by MoPH, WHO, UNICEF and other stakeholders in MoPH, Preventative medicine general directorate. In this session WHO representatives explained that what they will do to update the comprehensive multi-year plan. They asked relevant departments for information sharing and cooperation.	MoPH+WHO	17/Dec/2016	MoPH, Kabul
Problems solving and planning session	Two districts EPI teams were invited by WHO/REMT to discuss problems, chose alternatives, responsible persons and deadlines. They also discussed NIDs problems in this meeting. At the end all problems listed and plan developed for those problems.	REMT office + WHO	10/Jan/2017	REMT Office , Kandahar