Gavi's Country Monitoring and Learning (M&L) Guidelines

These Country Monitoring and Learning (M&L) guidelines are meant to be used by countries who are applying for and/or receiving support from Gavi for their immunisation programme. They provide:

- Instructions and clarification on the end-to-end grant monitoring process
- Information on the indicators that should be used to monitor the performance of Gavi support
- Guidance on how to create a learning agenda to apply lessons learned from past programmes to current planning and performance.

Contents

1. Grant Monitoring Steps

Gavi's Country M&L guidelines outline the standardised indicators and learning plans to monitor performance of Gavi support to countries. These indicators are aligned to Gavi 5.0 strategic objectives for regular reporting and review and are designed to generate evidence-based information for decision making at a country level. The corresponding learning activities will provide countries with additional evidence to further tailor strategies and planning.

Gavi's M&L approach relies on the generation, reporting and review of information from multiple sources at different checkpoints over the course of the grant. Collectively, this should result in a rigorous, methodical, and regular review of a country's progress against Gavi grants, which triangulates different data sources. Below is an overview of how and when these different review checkpoints fit together:

Application Stage:

- Grant-linked Key Performance Indicators (KPIs) baselines and targets are set during the Full Portfolio Planning (FPP) and standalone EAF application preparation stage. (Refer to **Table 1** below for list of Grant-linked KPIs, and to **Section 3** for more details on these indicators).
- Learning activities are developed and reflected in the application workplan and budget (or budget amount is allocated for activities whose details will be developed during the grant). More information on learning activities can be found in **Section 5** below.

Regular Reviews (Monthly/Quarterly/Bi-Annually)

- Monitoring and Performance Management (MPM) Indicators are reviewed throughout the year by the Gavi Secretariat. (Refer to **Table 1** below for list of MPM indicators)
- Relevant data and questions are discussed with countries and Alliance partners on a regular basis, either quarterly or bi-annually. Countries ***do not need to provide this data*** at these times (unless specific data is requested in advance of a review).

Annual Joint Appraisal (JA)

- The annual JA builds on regular monitoring and performance reviews as a compiled overview of routine immunisation programme progress against national goals and objectives and how Gavi support is contributing to this progress. (Refer to Table 1 below for which MPM indicators will be reviewed at the JA stage.)
- The JA is supplemented by data, information, and insights from the country, Gavi Alliance partners, and other key stakeholders.
- Findings from learning activities are reviewed and reflected within the JA and to inform programmatic planning and forthcoming learning activities.

The comprehensive set of indicators discussed and monitored at each step are outlined in **Section 2**.

2. Table 1. End-to-end Grant Monitoring Indicators

Programme Management				
Learning Question	**Performance Indicator**	**Grant-linked KPIs**	**MPM indicators**	**Joint Appraisal**
How efficiently is the Secretariat able to disburse funding to the country and partners?	1. Percentage of funding disbursed through each funding lever (vs. approved and latest forecast)		X	
	2. Percentage of funding disbursed through each funding channel (i.e., country system, partner) vs. approved and latest forecast, i.e., the Board approved ambition to channel funds back to governments)		X	
	3. Total amount of funds allocated towards targeted investments to reach zero-dose children		X	
How efficient are the Secretariat's mechanisms to monitor country-level implementation?	4. Proportion of planned workplan activities implemented as per the plan		X	
How well is the country able to absorb Gavi funding?	5. Percent of grant funds utilised		X	X
	6. Amount of cash balance in-country^		X	X
How efficiently has the country been able to close-out grants?	7. Percentage of country grants closed out as scheduled		X	
Is the country complying with co-financing requirements in a timely manner?	8. Percentage of vaccine programs with country co-financing obligation of current year met	X	X	X
Is the country addressing gender related barriers in their immunisation programmes?	9. Has the country implemented initiatives that remove or reduce gender related barriers?		X	X
Immunisation Programme Performance – Zero-dose, Routine immunisation coverage, Vaccine introductions, campaigns, and outbreak response				
Have vaccine doses and immunisation products been procured and delivered to countries as planned?	10. Percentage of Gavi-approved vaccine doses delivered		X	
	11. Percentage of Gavi-approved syringes delivered		X	
How well are is the country managing its vaccine stocks?	12. Proportion of health facilities providing routine immunization services that reported no stock-outs of DTP-containing vaccine in {Year}	X	X	X
	13. Proportion of health facilities providing routine immunization services that reported no stock-outs of Measles containing vaccine in {Year}		X	X
	14. Closed vial wastage of DTP-containing vaccine		X	X
	15. Quantity of vaccine doses in stock in country, in terms of months of consumption (by antigen)		X	

Programme Management				
Learning Question	**Performance Indicator**	**Grant-linked KPIs**	**MPM indicators**	**Joint Appraisal**
	16. Quantity of vaccine doses available until end of the year, in terms of months of consumption (by antigen)		X	
Are vaccines being consumed at rates that are in-line with approved forecasts?	17. Percentage of forecasted Annual Vaccine Requirement (AVR) consumed in prior period (by antigen)		X	X
How well is the country managing its cold chain equipment?	18. Percentage of functional PQS equipment at all levels in a country		X	
Have new vaccines been introduced as planned?	19. Number of routine introductions completed over number of targets set for the calendar year		X	X
	20. Coverage of recently introduced vaccines			X
How effective have Gavi supported vaccination campaigns been?	21. Number of vaccination campaigns conducted (stratified by type of campaigns, (including preventive, reactive, catch-up, follow-up, sub-national and national)		X	X
	22. Percentage of Gavi supported campaigns that achieved target coverage rate (quality)		X	
	23. Coverage of recent Gavi-supported campaigns, compared to target			X
	24. Number of reported outbreaks of vaccine-preventable diseases (for which GAVI supports with reactive campaigns)		X	X
Are Gavi-supported service delivery points offering routine immunisation services?	25. Percentage of functional health facilities providing routine immunisation services		X	
	26. Immunisation sessions conducted in Gavi countries. Disaggregated by fixed and outreach		X	
What progress has been made to reach zero-dose and under-immunised children with vaccinations?	27. Reduction in the number of zero-dose children (grant-linked KPI)	X	X	X
	28. Percentage change in number of zero-dose children		X	
	29. Number of children reached with DTP1 in targeted areas	X	X	X
	30. Drop in coverage from DTP1 to MCV last dose	X	X	X
	31. Drop out from DTP1 to DTP3	X	X	X
Technical Country Assistance – Partner performance to strengthen EPI programmes				
Is the country implementation of TCA as expected?	32. Country analysis on partner performance as per workplans		X	
Are partners performing as expected?	33. Percentage of country applications developed with partner TA successful upon first IRC review		X	
	34. Percentage of partner supported campaigns that achieved target coverage rate (quality)		X	

3. Grant-linked Key Performance Indicators (KPIs)

One of the key components of Gavi's Country M&L approach is a set of standardised indicators known as **Grant-linked Key Performance Indicators (KPIs**), indicated in **Table 1** above. These are a standardised set of indicators that the country will discuss and set targets against during the preparation of a new application for support from Gavi (i.e. Full Portfolio Planning (FPP) and standalone Equity Accelerator Funding (EAF)). The relevant documents and guidance for that process can be found in the Gavi Support Detail Instructions .

These indicators are **closely linked to the grant outcomes and drive target-setting for key performance measures for every Gavi-supported country**. They are critical for guiding planning, and monitoring progress towards the zero-dose equity agenda at the core of the Gavi 5.0 strategy.

3.1 Indicators

The Grant-linked KPIs are meant to measure improvements in the equity, efficiency, sustainability, and extension of a country's routine immunisation system. Grant-linked KPIs are a standardised **set of indicators that are reported on an annual basis**, as shown below. Complete details about indicator definitions, calculations, data sources and analyses are provided in **Annex I**.

Targets required for ALL COUNTRIES:			
Indicator	**Level of Measurement**	**Reporting Frequency**	**Data Source(s)**
# of zero-dose children at national level	National	Annually	WUENIC and UNPD
Drop out from: • DTP1 to DTP3 at national level • DTP1 to last routine dose of MCV at national level	National	Annually	WUENIC
% of health facilities that reported no stock-outs for the full year for DTP	National	Annually	Admin[1]
Annual timely fulfilment of co-financing obligations	N/A	Annually	Gavi Secretariat Data
Target setting based on COUNTRY SEGMENT: • *Required for **High Impact** segment* • *Optional for **Fragile and Conflict** segment* • *Not Required for **Core** segment (Priority and Standard)*			
# of children reached (with DTP1) in areas targeted for intervention	*Sub-national (districts targeted for Gavi support)*	*Annually*	*Admin[1]*
Drop out from DTP1 to DTP3 in areas targeted for intervention	*Sub-national (districts targeted for Gavi support)*	*Annually*	*Admin[1]*

[1] Country administrative data, as reported by countries to WHO/UNICEF through the Joint Reporting Form (JRF)

The indicators measuring subnational results depend on a country having targeted its Gavi grant towards subnational areas based on a situational analysis. The selected areas should be outlined in Tab 4 of the application kit ("Targeted Areas").

In addition to the pre-defined indicators above, in exceptional circumstances, countries may propose and discuss adding 1-2 additional indicators relevant to their respective grants. This would be most relevant in countries with large investments and existing accountability frameworks, and where alignment between these existing frameworks and the Gavi framework can be made.

3.2 Baselines, Targets, and Reporting

Baselines and targets are required for each indicator and should be set during the FPP (Full Portfolio Planning) and EAF (Equity Accelerator Funding) application development. Baselines and targets will need to be entered in the Gavi Support Detail Template: Tab 3 – Grant-linked KPIs and Learning (see image of tab in Figure 1). Instructions on entering baselines and targets into the Gavi Support Detail Template are provided in the Gavi Support Detail Instructions.

Grant-linked Key Performance Indicators (KPIs)

Grant Start Year: Grant End Year:

	Indicator	Baseline	Baseline Year	End of Grant Target (Change from Baseline)	End of Grant Value (Projected)	Data source	Frequency of reporting
C.1	Number of Zero Dose Children at national level	[baseline value]	[year]	[target change as %]	#VALUE!	WUENIC & UNPD	Annually
C.2	Drop out from DTP1 to DTP3 at national level	[baseline value]	[year]	[target change as %]	#VALUE!	WUENIC	Annually
C.3	Drop out from DTP1 to last routine dose of MCV at national level	[baseline value]	[year]	[target change as %]	#VALUE!	WUENIC	Annually
C.4	Percentage of health facilities that reported no stock-outs for the full year for DTP	[baseline value]	[year]	[target change as %]	#VALUE!	Admin (JRF)	Annually
C.5	Annual timely fulfilment of co-financing obligation	[baseline value]	[year]	Yes	n/a	Gavi Secretariat	Annually
S.1	Number of children reached (with DTP1) in areas targeted for intervention	[baseline value]	[year]	[target change as %]	#VALUE!	Admin (JRF)	Annually
S.2	Drop out from DTP1 to DTP3 in areas targeted for intervention	[baseline value]	[year]	[target change as %]	#VALUE!	Admin (JRF)	Annually

Figure 1 Grant-linked KPI & Learning tab within the Gavi Support Detail. This tab needs to be completed during the FPP/EAF application stage.

3.2.1 Defining Baselines

Baseline values for each indicator should be provided for the most recent year for which data are available. Following grant approval, if activity implementation is delayed by at least one year, the country will be asked to update baseline values for indicators with annual data sources.

3.2.2 Setting Targets

Each country is expected to set a single end-of-grant target for every grant-linked key performance indicator, which reflects what the country hopes to have achieved by the end of the grant. In the application template, the country's relative target will be automatically calculated into a numeric change from baseline. Using relative targets will reduce potential issues related to updates to historical data (e.g. WUENIC revisions, updated population estimates, etc.), as the relative target can continue to apply even if there are revisions to historical baseline data.

Targets should be both ambitious and realistic given baseline values of each indicator and based on planned activities and should align to commitments made in other strategies such as National Immunisation Strategies, Multi-Year Plans, or Immunization Agenda 2030 where applicable.

IA2030 has a target of a 50% reduction in the number of zero-dose children between 2019 and 2030, and Gavi 5.0 has a target of a 25% decline in the number of zero-dose children between 2019 and 2025. Countries should consider this level of ambition in their target setting, although for Gavi's monitoring, a country's target may be more or less ambitious depending on its context.

For the sustainability indicator: "Timely fulfilment of co-financing obligations," the target will be automatically set as "Yes" as all countries are expected to fulfil 100% of their co-financing obligations in a timely manner as per their grant requirements.

Target Setting Example

Indicator: # of zero-dose children
Baseline value: 235,000
Grant Target: reduction by 20% from baseline (188,000 zero dose by end of grant)

The annual review of grant-linked key performance indicators will calculate the relative percent reduction from baseline. This will help account for potential historical revisions to data sources used for these indicators. If, in this example, a WUENIC revision in a later year of the grant changes the baseline value to 200,000 zero dose children as a result of revised coverage estimates, the target of a 20% reduction remains valid.

The trend of these year-to-year changes will be looked at against the progress towards the end-of-grant target of relative change to assess performance.

When setting targets or discussing actuals for the Grant-linked KPIs, it is helpful to consider how other grant activities, health system improvements, or data quality investments might impact progress against these targets. For example, numbers of zero-dose children may initially increase early in a grant if the ability to identify and enumerate those children improves, even if the target is to decrease the number of zero-dose children by the end of the grant. For more details on how to prepare Grant-linked KPIs during a FPP/EAF application please refer to the relevant section within the Gavi Support Detail Instructions.

3.2.3 Reporting against Grant-linked KPIs

Countries will be asked to report on these indicators annually to assess progress towards the end-of-grant targets through their Joint Appraisals (JAs). Gavi will also update the results of these indicators internally based on globally available data sources such as WUENIC and Joint Reporting Form (JRF) data where possible.

The grant-linked KPIs will be used to highlight trends against important indicators. The country is also encouraged to use additional data or proxy indicators to triangulate between data sources to draw out additional insights and complement where current information systems are yet adequate. Please see Gavi's Joint Appraisal here for more details on the JA analysis guidelines and reporting template.

For countries that may not perform a Joint Appraisal on an annual basis, their grant-linked KPI results will be monitored on a regular basis through the MPM monitoring process (further detailed in **Section 4** below).

4. Monitoring & Performance Management (MPM) Indicators for routine review

Gavi will routinely review and monitor a broader set of pre-defined indicators on a monthly, quarterly, bi-annual and annual basis with country stakeholders and partners as indicated in **Table 1**. These **indicators are linked to learning questions that track progress against key functions and processes critical to the successful implementation and performance of Gavi country grants**.

The performance indicators primarily focus on quantitative data. Results of each indicator will provide a quantifiable signal of progress and guide regular performance discussions with key stakeholders.

In addition to these quantifiable indicators, Gavi will be using a set of cross-cutting questions to glean essential qualitative information which can also be integrated into performance reviews.

Cross-cutting Questions

i. What factors have facilitated or impeded progress?
ii. What promising practices and/or innovations have emerged?
iii. What key contributions have partners made to drive performance?
iv. What are the top risks that should be mitigated?

These questions are intended to generate insights into factors that contribute to the observed result(s) seen in the performance indicators; to stimulate discussion on the determinants and context of these results; and to inform actions including further scale-up or course correction.

The **list of the monitoring and performance management indicators can be seen in Table 1.** These indicators are to be reviewed and discussed on a regular basis (e.g. quarterly or bi-annually) with country stakeholders and partners. For these indicators, neither targets nor baselines need to be provided by the country. The results will be generated by Gavi, drawing on internal Secretariat and globally available data for countries through the WHO and UNICEF. To facilitate this, it is expected that monthly country data is reported at minimum quarterly through existing mechanisms supported by Alliance partners (e.g. stock data to UNICEF through Thrive 360; outbreak and monthly administrative immunization coverage to WHO). Countries may be asked to provide some of this data directly to Gavi if it is not available through the WHO or UNICEF.

5. Learning Activities

In addition to the regular review of the indicators and select targets, above in **Table 1**, countries are encouraged to generate and use data from additional sources for their own immunisation programme management needs. These may come from existing in-country data sources or may be generated by novel learning activities.

Learning is critically important to Gavi and the zero-dose agenda. A learning approach will allow countries and partners to **ensure that evidence-based learning is embedded as a core element throughout an immunisation programme, using evidence to inform discussions, make decisions and continually adjust programme activities to improve outcomes**. This includes identifying and scaling-up best practices. While such information can come from data such as the Grant-linked KPIs, it can also be generated or complemented through specific learning activities such as evaluations, research, surveys, field or desk data assessments, or other methods (including Data Quality Assessments; Knowledge, Attitudes, Beliefs and Practices or now Behavioural and Social Drivers (BeSD) for Immunization studies; Service Availability and Readiness Assessment survey; implementation research; etc).

5.1 – Development of the Learning Activities: Application Stage

Gavi expects that countries devote a portion of their grant funding towards:

1) strengthening the underlying data systems for the grant-linked KPIs; and
2) generating and using evidence through Learning Agenda activities to optimise and improve the implementation of their grant.

During the development of a FPP/EAF application, countries are expected to identify "learning priorities", or areas where more information than is currently available is needed to:

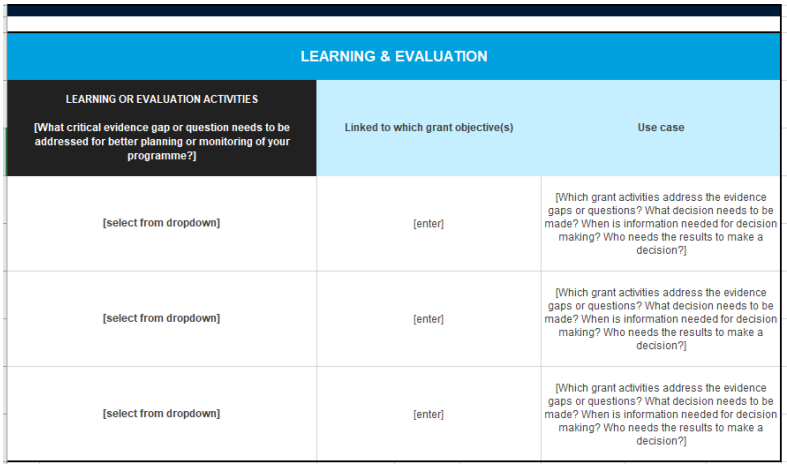
- successfully guide and learn from implementation, management, and monitoring of grant activities or outcomes;
- improve data quality; or
- better understand specific barriers to immunisation.

These learning priorities should then lead to the development of specific learning activities, which are activities that will help provide the information required to address the learning priorities.

Countries are provided with a dropdown list of suggested learning priority questions around which they can base their learning activities. These questions are derived from the **Gavi 5.0 Learning Priority Questions** approved by the Board in December 2020[2] and represent the evidence required to effectively deliver and learn from activities under the strategic goals for Gavi 5.0. Priority should be

[2] Report to the Board, Annex E: Draft Gavi 5.0 Theory of Change and Learning Priorities (December 2020). https://www.gavi.org/governance/gavi-board/minutes/15-december-2020

given to questions that help country report against the Grant-linked KPIs or understand drivers of progress in implementation and performance of Gavi support (i.e. MPM Indicators). A list of the dropdown Learning Priority Questions is provided in **Annex II**.



LEARNING & EVALUATION		
LEARNING OR EVALUATION ACTIVITIES [What critical evidence gap or question needs to be addressed for better planning or monitoring of your programme?]	Linked to which grant objective(s)	Use case
[select from dropdown]	[enter]	[Which grant activities address the evidence gaps or questions? What decision needs to be made? When is information needed for decision making? Who needs the results to make a decision?]
[select from dropdown]	[enter]	[Which grant activities address the evidence gaps or questions? What decision needs to be made? When is information needed for decision making? Who needs the results to make a decision?]
[select from dropdown]	[enter]	[Which grant activities address the evidence gaps or questions? What decision needs to be made? When is information needed for decision making? Who needs the results to make a decision?]

Figure 2 - Learning and Evaluation section under the Grant-linked KPI & Learning Tab in the Gavi Support Detail. Countries select 3 or more learning question from a dropdown in the first column around which they can prioritise learning activities.

During the development of a FPP/EAF application, countries are expected to **develop at least three learning activities** to include in their FPP/EAF workplan and budget (though they may include more). Learning activities, as well as other monitoring, evaluation, and data strengthening interventions, are collectively suggested to constitute at least **10% of the HSIS/EAF grant budget**.

These investments in learning activities should complement routine data strengthening investments, such as enhancing the existing health management information system (e.g., DHIS2) with integration of logistics or surveillance data into a sub-national dashboard. Another example includes implementing quality surveys using the current WHO guidance[3]. Or more broadly, any of the components of the WHO SCORE initiative for Health Data to assist Member States in strengthening country data systems and capacity to monitor progress towards the health-related SDGs, Triple Billion targets, and other national and subnational health priorities[4]. While not all investments in data strengthening need to be reflected as learning activities, those that will provide answers to Gavi's priority learning questions should be included as such.

[3] https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/survey-methods
[4] https://www.who.int/data/data-collection-tools/score

DEVELOPING LEARNING ACTIVITIES: EXAMPLES

A country has a grant targeted towards 7 districts with large numbers of zero-dose children and low coverage rates. Some potential learning priorities and activities this country may decide to include in its application could be:

1. *It is a learning priority to better understand the distribution of zero-dose children in these 7 districts due to unreliable administrative data. To address this, a survey of those 7 districts is selected as a learning activity.*
2. *It is a learning priority to understand whether specific activities or practices are effective at reaching zero-dose children in remote rural communities. A mid-term evaluation is developed as a learning activity to evaluate the effectiveness of a tailored outreach strategy that is being implemented to reach those children.*
3. *It is a learning priority to improve the quality of administrative data. It is decided that increased supervision of health management information system (e.g., DHIS2) data entry and validation should be included as learning activities in the application workplan and budget to improve administrative data quality.*

5.2 – Refinement of Learning Activities Throughout Grant Implementation

Countries may find that the specific activity details, timelines, and budget requirements for some of those learning activities need to be developed during the course of the grant rather than during the application stage. In this instance, **a placeholder 'activity' with a high-level description and budget amount can be provided in the application (more specifically, the Theory of Change mapping, workplan, and budget). Countries need to ensure that at least 10% of their budget is available for monitoring, evaluation, and learning activities**, including budget set aside for these placeholder activities to ensure that adequate funding is available once it is fully developed.

During implementation of the grant, results generated by learning activities should be reviewed and discussed to inform actions or decisions as part of the routine reviews and Joint Appraisals (JAs). It is expected that learning activity results will be shared with Gavi and Alliance stakeholders once they are available.

6. Annual Joint Appraisal (JA)

One of the key opportunities for sharing data comes during the annual Joint Appraisal. The Joint Appraisal (JA) is an essential element of Gavi's regular monitoring and performance management, building on the regular reviews described in **Section 4**.

The JA is an annual, country-led, multi-stakeholder review/discussion that represents an important opportunity for countries to engage Gavi Alliance partners and other key stakeholders on annual progress of routine immunisation programmes against national goals and objectives, and how Gavi support is contributing to this progress. Key stakeholders involved in the country's immunisation programme should be represented at the Joint Appraisal, including civil society organisations (CSOs).

Ideally, participants from other sections in the Ministry of Health dealing with health information, surveillance and HMIS should be involved to seek synergies related to data collection and strengthening; activities from the immunisation programme that can strengthen civil registration and vital statistics (CRVS) should also be considered as data activities are discussed.

As an integrated part of Gavi's portfolio management process, the JA discussion should review Gavi's contribution to the immunisation programme performance over the previous year (including delivery of COVID-19 vaccines and the impact of the COVID-19 pandemic on immunisation), and discuss the challenges met and future needs for improving immunisation performance with a focus on reaching zero-dose children and missed communities. A key feature of the JA is the joint discussion about trends observed and the resulting suggestions and follow-up actions, which are also captured in the JA report.

The JA process will involve preparatory work on data assembly and analysis for the review/discussion, potentially multiple exchanges, with at least one event for live discussion, concluding with the finalisation of a report and relevant deliberation outcomes and follow-up actions. This should include:

- Annual results of the Grant-linked KPIs
- Annual results of the Monitoring and Performance Management Indicators
- Additional annual data required for the Joint Appraisal
- Additional relevant information provided by countries
- Progress update on Learning Agenda activities

For more details on the Joint Appraisal and required data and analyses, please see the Joint Appraisal template here.

As relevant

- Learning activity results are shared for review and discussion with Gavi and Alliance partners once available
- New evidence, or major changes in country context, warrant discussion or review.

For any questions or clarifications regarding Gavi's MEL Approach and MEL requirements, countries are advised to reach out to their Senior Country Manager, Programme Officer, Programme Manager, or HSIS Focal Point.

ANNEX I. Grant-linked KPI Definitions, Analysis, and Interpretation

Core indicators

The following indicators are required for all countries.

NUMBER OF ZERO-DOSE CHILDREN AT NATIONAL LEVEL

Definition: The estimated number of surviving infants who have not received the first dose of DTP-containing vaccine (DTP1) by the end of their first year of life.
Data Type: Number
Frequency of Reporting: Annual
Data Source: WUENIC and UNPD World Population Prospects, most recent revision available

How is this calculated?
This indicator is calculated based on information from WUENIC estimates and the UNPD's World Population Prospects, using the most recent revision available (for example WUENIC 2021, released in 2022 and UN Pop estimates 2022). It is calculated by multiplying a country's DTP1 coverage based on WUENIC by the number of surviving infants in the country based on the latest revision of World Population Prospects: "YYYY" revision from the UN Population Division to calculate the number of surviving infants reached with DTP1, and then subtracting that figure from the number of surviving infants.

Example: WUENIC coverage of DTP1 is 95%. Number of surviving infants is 649,000. So, 649,000 x 0.95 = 616,550, which is the number of surviving infants reached with DTP1. The number of zero-dose children is then 649,000 – 616,550 = 32,450.

Why is Gavi monitoring this?
The indicator is a measure of equity, giving an indication of the reach of routine immunisation services to missed communities. Evidence has shown that communities where children do not routinely receive a first dose of DTP-containing vaccine are usually not receiving other childhood vaccines or primary health services (PHC).[5] The focus on zero-dose is meant to serve as a starting point for addressing inequities in immunisation coverage as well as other PHC services, with an emphasis on regularly reaching children who are being missed by routine immunisation. The reduction in the number of zero-dose children is a mission-level indicator and reflects Gavi's overall vision for the 2021-2025 strategic period to 'leave no one behind with immunisation'.

Analysis and Interpretation
During annual review, this indicator is to be analysed as the (1) absolute reduction in zero dose children as a trend over time and (2) percent change of number of zero dose children against baseline

[5] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00477-6/fulltext

value. Changes over time will be assessed against end of grant target set during application stage. For this indicator, historical revisions to WUENIC may mean that baseline and annual estimates will be updated as new data becomes available. In exceptional cases, it is also possible that the end-of-grant target will also need to be revised following historical revisions.

Tracking progress against a country's zero-dose target provides a measure of the effectiveness of an immunisation system's ability to extend routine immunisation services to regularly reach missed or marginalised communities.

INDICATOR: DROP OUT FROM DTP1 TO DTP3 – AT NATIONAL LEVEL

Definition: Dropout rate between the first and third dose of diphtheria-tetanus-pertussis containing vaccines.
Data Type: Relative difference expressed in percentage.
Frequency of Reporting: Annual
Data Source: WUENIC (National level)

How is this calculated?
The difference in coverage between DTP1 and DTP3 is divided by DTP1 coverage to calculate the proportion of surviving infants who received DTP1 and then did not receive DTP3.

Example: DTP1 coverage is 90%. DTP3 coverage is 76%. The difference between them is 14%. Therefore, the dropout rate is (90-76) / 90 = 14 / 90 = 0.16, or 16%.

Why is Gavi monitoring this?
This indicator is a measure of the extent and strength of the health system. Dropout rates show the ability of the system to reach children with the third dose in a series. In strong systems, children have enough contacts with the system at appropriate times to ensure high coverage with three doses of DTP-containing vaccine. Weaker systems may have the ability to reach a child with the first dose in the series, but not the third dose.

Analysis and Interpretation
DTP1-DTP3 dropout measures the same delivery systems across touchpoints over time, thereby providing an indication on whether there may be factors that hinder caregivers from continuing to access the delivery system, or that hinder a system from reaching children multiple times. Further analysis and data collection is needed to understand the drivers.

During annual review, this indicator is to be analyzed as the (1) reduction in dropout between DTP1 and DTP3 as a trend over time and; (2) percent change of DTP1-DTP3 drop out against baseline value. Changes over time will be assessed against end of grant target set during application stage. For this indicator, historical revisions to WUENIC may mean that baseline and previous years' figures will be recalculated.

DROP OUT FROM DTP1 TO LAST ROUTINE DOSE OF MCV (MCV1 OR MCV2) – AT NATIONAL LEVEL

Definition: Difference between DTP1 coverage and coverage of the last routine dose of measles-containing vaccine in the national schedule (MCV1 or MCV2).
Data Type: Relative difference expressed in percentage.
Frequency of Reporting: Annual
Data Source: WUENIC (National level), and numerators and survey data as comparisons

How is this calculated?
At a national level, this indicator is calculated by subtracting the coverage rate of the last dose of measles-containing vaccine in the national schedule from the coverage rate of DTP1, and then dividing by the coverage rate of DTP1, and expressed as a percentage.
Calculation: ((DTP1-MCV2/DTP1)*100)

Example: DTP1 coverage is 90%. MCV2 coverage is 76%. The difference between them is 14 percentage points. Then this is divided by DTP1 coverage, giving a drop-out rate of 15.5%

Why is Gavi monitoring this?
This indicator is a measure of the extent of the reach of the health system across the immunisation schedule. The different in coverage between DTP1 and the last dose of MCV is helpful to understand whether an immunisation system is able to follow and reach children through the course of the multiple vaccinations at different immunisation touchpoints in a routine schedule.

Analysis and Interpretation
The drop in coverage from DTP1 to the last dose of MCV measures the same delivery systems across touchpoints over time, thereby providing an indication on whether there may be factors that hinder caregivers from continuing to access the delivery system, or that hinder a system from reaching children multiple times. Further analysis and data collection is needed to understand the drivers and should be considered as part of the learning agenda plans.

During annual review, this indicator is to be analyzed as (1) reduction in dropout between DTP1 and MCV last dose as a trend over time and (2) the percent change in the drop out between DTP1 and the last dose of MCV against baseline value. Changes over time will be assessed against end of grant target set during application stage. For the national level indicator, historical revisions to WUENIC may mean that baseline and previous years' figures will recalculated.

PERCENTAGE OF HEALTH FACILITIES THAT REPORTED NO STOCK-OUTS FOR THE YEAR FOR DTP

Definition: Percentage of health facilities within a country that reported no stock-outs for the year for diphtheria-tetanus-pertussis containing vaccines.
Data Type: Percentage
Frequency of Reporting: Annual

Data Source: Administrative data as reported through the JRF.

How is this calculated?
This indicator is reported through the JRF. This is a proportion expressed in percentage. The denominator is the total number of health facilities that offered vaccination services in a given year.

The numerator is the subtraction of the health facilities that reported any stock-out of a diphtheria-tetanus-pertussis containing vaccine during any month of the given year from the total of health facilities (as per list described above), regardless of stock-out duration.

Why is Gavi monitoring this?
This indicator is a measure of the efficiency of the health system. It provides an indication of country capacity to forecast and distribute vaccines to health facilities making them available when needed to reach children.

Analysis and Interpretation
This indicator is highly sensitive to stockouts at health facility level. If a health facility has a stock out of DTP for just one day in the year, the health facility will be considered to not have full stock availability of that vaccine for the year.

During annual review, this indicator is to be analysed as the (1) reduction in proportion of health facilities reporting stock outs of DTP as a trend over time and; (2) percent change of proportion of health facilities with stock outs against baseline value. The completeness and likely accuracy of both numerators and denominators should be described alongside the estimated indicator.

Changes over time will be assessed against end of grant target, expressed as a relative reduction of DTP-containing vaccine stock-outs, set during application stage. Country should consider setting their own targets of data completeness and quality alongside the main indicator.

INDICATOR: ANNUAL TIMELY FULFILLMENT OF CO-FINANCING OBLIGATIONS

Definition: Country with co-financing obligations to Gavi that complete co-financing payments by 31 December of the year in question
Data Type: Categorical
Frequency of Reporting: Annual
Data Source: Gavi Immunisation Financing and Sustainability Records

How is this calculated?
No calculation is required for this indicator.

Why is Gavi monitoring this?
The fulfilment of co-financing commitments is a measure of country commitment to financing vaccines. Co-financing serves as a mechanism to support countries on a path toward greater sustainability.

Analysis and Interpretation
This indicator will monitor the commitment of Gavi-supported countries to financing vaccines as they progress towards phasing out of Gavi support. The ability to co-finance, in complement to increasing GNI, reflects a country's financial readiness to transition. Co-financing of vaccines is one of the ways in which Gavi-supported countries contribute to their immunisation costs.

Supplemental indicators

For countries in the **High Impact** segment, these indicators are required.

For countries in the **Fragile and Conflict** segment, the country is encouraged to look at their main grant investments and discuss with their Gavi SCM whether it would be appropriate to include 1-2 additional indicators for target setting. This inclusion is optional.

For countries in the **Standard segment (Core and Priority)**, these indicators are not required. Countries may, of course, propose to include additional indicators for target setting, but it is not expected for this segment.

These indicators depend on a country's grant having targeted sub-national areas for Gavi support. These areas should have been detailed in the country's application kit (Tab 4. Targeted Areas).

Supplemental Indicator: NUMBER OF CHILDREN REACHED (WITH DTP1) IN AREAS TARGETED FOR INTERVENTION

Definition: The number of surviving infants who received the first dose of diphtheria-tetanus-pertussis containing vaccine in subnational areas targeted for Gavi support.
Data Type: Number
Frequency of Reporting: Annual
Data Source: Subnational administrative data, as reported through the JRF

How is this calculated?
This indicator is calculated based on subnational administrative data, as reported through the JRF. The number of children reached with DTP1 is aggregated from across all subnational areas targeted for Gavi support.

Example: A Gavi grant targets 4 provinces (A, B, C, and D). The provinces have reached the following number of children with DTP1 in the past year:
A = 15,000

B = 20,000
C = 25,000
D = 10,000

The sum of these figures (70,000) is reported as the number of children reached with DTP1 in intervention areas.

Why is Gavi monitoring this?

The indicator is a measure of equity, giving an indication of the reach of routine immunisation services to missed communities. Evidence has shown that communities where children do not routinely receive a first dose of DTP-containing vaccine are usually not receiving other childhood vaccines or primary health services.[6] Increasing the number of children reached with the first dose of DTP serves as a starting point for addressing inequities in immunisation coverage and should result in a reduction in the number of zero-dose children.

Analysis and Interpretation

During annual review, this indicator is to be analysed as the (1) absolute increase in number of children reached with DTP1 as a trend over time; and (2) percent change in number of children reached with DTP1 against baseline value. Changes over time will be assessed against end of grant target set during application stage.

Supplemental Indicator: DROP OUT FROM DTP1 to DTP3 – IN AREAS TARGETED FOR INTERVENTION

Definition: Dropout rate between the first and third dose of diphtheria-tetanus-pertussis containing vaccines.
Data Type: Rate, expressed as a percentage
Frequency of Reporting: Annual
Data Source: Subnational administrative data, as reported through the JRF.

How is this calculated?

The difference in the number of surviving infants reached with DTP1 and those reached with DTP3 divided by the number of surviving infants reached with DTP1 to calculate the proportion of surviving infants who received DTP1 and then did not receive DTP3.

Example: 90,000 surviving infants are reached with DTP1. 76,000 surviving infants are reached with DTP3. The difference between them is 14,000. Therefore, the dropout rate is (90,000-76,000) / 90,000 = 14,000 / 90,000 = 0.16, or 16%.

Why is Gavi monitoring this?

This indicator is a measure of the extent and strength of the health system. Dropout rates show the ability of the system to reach children with the third dose in a series. In strong systems, children have enough contacts with the system at appropriate times to ensure high coverage with three doses of

[6] https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00477-6/fulltext

DTP-containing vaccine. Weaker systems may have the ability to reach a child with the first dose in the series, but not the third dose.

Analysis and Interpretation

DTP1-DTP3 dropout measures the same delivery systems across touchpoints over time, thereby providing an indication on whether there may be factors that hinder caregivers from continuing to access the delivery system, or that hinder a system from reaching children multiple times. Further analysis and data collection is needed to understand the drivers.

During annual review, this indicator is to be analyzed as the (1) reduction in dropout between DTP1 and DTP3 as a trend over time and; (2) percent change of DTP1-DTP3 drop out against baseline value. Changes over time will be assessed against end of grant target set during application stage.

ANNEX II. Learning Activities: Gavi 5.0 Learning Priority Questions

The following are a list of priority learning questions identified as part of the Gavi 5.0 process.

We recommend countries look to this list as a starting point to defining their learning activities as part of their grant. These questions are already populated in the drop-down menu in the application template.

If a country has other priority questions around their programme, they can choose to propose their own unique learning questions beyond the list below.

Gavi 5.0 Learning Priority Questions

- Where, who, and how many are zero-dose children, and missed communities? Why are they being missed and what are the root causes?
- Are specific approaches designed to reach zero-dose children and missed communities working; what worked wel;, what did not work as well and why?
- What are effective ways to engage with other partners to reach the marginalised, missed communities and zero-dose children?
- What are the costs of expanding services to these populations? What are the costs associated with Gavi's tailored and differentiated approach?
- What are the key barriers, and enabling factors, including gender and demand-related, to close immunity gaps?
- What are the evidence gaps at national / sub-national level to monitor and measure for zero-dose and have Gavi data investments contributed to identifying and quantifying zero-dose children and missed communities?
- What are, if any, the unintended consequences of targeting zero-dose children and missed communities?
- What are the key enablers or bottlenecks to rapid scale-up / update of new and underused vaccines? Specifically, to increase proportion of Fully Immunised Children (FIC)?
- How well are immunisation systems doing to prevent VPD?
- Where should we use non universal vaccines?
- Are the vaccine formation and schedules working as expected? How can we further optimise the vaccine programme (e.g. targeted use, timing of use, etc.)?
- How can we better prevent, predict, and respond to outbreaks to reduce their impact?
- Are the approaches to addressing gender-related barriers effective to increase immunisation coverage, why or why not?
- What do we know about the drivers for vaccine hesitancy and vaccine demand, and their contribution to vaccine uptake?
- How have approaches influenced vaccine hesitancy, vaccine uptake, vaccine choice? (including to address gender-related barriers, dropouts, provision of product information, C&E)