**Bangladesh**

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

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

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

*(Populated by Gavi)*

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| **Total Envelope** | **Indicative allocation per 2022-2024** | | **%** |
| $3,459,230 | **2022** | $1,101,235 | 31.8% |
| **2023** | $1,178,998 | 34,1% |
| **2024** | $1,178,998 | 34.1% |

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

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| ***1.1 Please note any country context that is significant to understanding the country's vision and request for Gavi TCA support. What specific effects do these factors have on the national immunisation programme?*** |
| **Objectives of Expanded Program on Immunization, Bangladesh (cMYP):**   * At least 95% fully immunization coverage among under one-year children at the national level and at least 90% full immunization coverage in all districts * Td5 coverage among women of childbearing age reached at least 80% at the national level and at least 75% in all districts * Maintain polio-free certification status * Achieve national level 95% measles and rubella coverage and reach measles, rubella, and CRS elimination by 2023 * Prevention of diseases protected by new and underused vaccines * Maintain maternal and neonatal tetanus elimination validation status * Ensure safe injection practices and waste disposal   COVID-19 pandemic had a significant impact on routine immunization in Bangladesh like in many other countries. More than 20 % (24 400) immunization sessions were not held in April 2020 and more than 28% (36 600) in May 2020. Penta3 coverage declined around 22% in March, 68% in April, and 53% in May 2020. Urban areas were affected more than rural: Penta 3 coverage in urban in April 2020 Urban 27%  and 50% in rural.    The main reasons for the drop in coverage were repurposing of EPI staff to COVID responses, lockdown, fear of catching the infection from the session, and staff COVID positive. COVID-19 pandemic hampered routine immunization in many ways including the drop in coverage, an increased number of “Zero Dose” and missed children in 2020.  National EPI has taken several initiatives to improve immunization coverage. The following factors contributed to the revitalization of routine immunization.   * Political commitment: There high level of political commitment with regular messages from the Prime Minister to revitalize RI. * Assessment of COVID-19 impact on RI through the development of tools to identify the functionality of health facilities and their staff affected by the pandemic and the effect on RI coverage, VPD surveillance including outbreak detection, storage, and shipment of VPD samples * Routine Immunization and VPD reviews were undertaken in priority districts and city corporations jointly by partners and government. This deep dive was conducted to assess the quality of generated data at all levels. Findings were shared at all levels for corrective actions. * Community engagement:Health workers includingvaccinators are trusted and accepted as most resides in the same community * Tracking of supplies: Despite lockdowns, vaccine movement was ensured based on vaccine alerts no major vaccine and logistics stock out reported. * Standard operating procedure (SOP) to continue immunization during pandemic was developed and disseminated. Instruction was given to the subnational level to reinforce the defaulter tracking system to identify missed children, include them in microplan and ensure vaccination as soon as feasible. * National EPI has taken several initiatives to increase immunization coverage. Standard operating procedure to resume and continue immunization with IPC component developed during the pandemic. Relevant instructions from DGHS (EPI) sent to sub-national level to reinforce defaulter tracking system to identify missed children, include them in micro plan and ensure vaccination as feasible. A monitoring tool such as the dashboard has been developed. * National EPI conducted the virtual meetings with the low-covered Districts to take actions to improve the coverage. The hands-on training on infection prevention and control (IPC) for nearly 26,500 (around 26,423) health workers and their supervisors was conducted to largely improve their knowledge and capacity and thereby mitigate the risk of the potential spread of COVID-19 and way to improve immunization and VPD surveillance. This training was very helpful in dispelling fears of service providers related to COVID-19 National EPI conducted the catch-up vaccination for the children up to 3 years of age who missed their routine antigen in the COVID-19 pandemic which provided the opportunity to get missed doses. EPI, DGHS used every opportunity to disseminate messages on routine immunization such as routine video conferences with subnational managers and daily press briefings on COVID-19 urging parents to bring children to EPI centers for vaccination. Developed and disseminated messages through social media, posters, PSA, and celebrity announcements to continue routine immunization.   The immunization coverage has significantly improved in 2021. However, there are zero doses and unvaccinated children, especially in urban areas.  The pandemic is also impacted by delaying the preparation of new vaccines introduction HPV, TCV, JE, and Rota. EPI has accelerated the processes to expedite new vaccine introduction.  Findings from administrative reporting, coverage evaluation surveys, and independent field assessments show high vaccine acceptance in the country. All data sources indicate that there are less than 3 % of zero-dose children in the community. However, due to the engagement of EPI staff in COVID-19 response the tracking and following of children were hampered. Bangladesh will be undertaking tailored strategies to identify, reach, monitor, measure, and advocate for ZD and UV children in the country in the coming days.  TCA support will focus mainly on identifying and reaching zero dose children and partially vaccinated children (including MR2) in low-performing rural and urban areas, and programmatic and financial sustainability since Bangladesh is in the accelerated transition phase.  Other key areas that we seek support from TCA in line with GAVI HSS and GAVI 5.0 agenda include:   * Vaccine, cold chain, and logistics management * Reaching the unreached and partially reached through improved community engagement and demand generation * Improve data quality including denominator issues based on new census projections, * Use of modern technology for estimation of coverage, improving access and utilization of vaccine * Enhance leadership, policy, and financial management capacity * Encourage self-production of cold chain equipment as we are currently totally dependent on offshore procurement. * Support in developing investment cases and high-level advocacy for programmatic and financial sustainability to address the Gavi transition. * Support the new vaccine introduction * Sustaining high-quality VPD surveillance. |

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

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

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

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| **High-level Plan** | | **Budget (USD)** | **%** |
| **2022** | |  |  |
| Service delivery | Identify and reach zero doses, under-immunized, and missed communities through integration with primary health care services and collaboration with local community partners and private sectors by improving the efficiency, regularity, and/or reliability of immunization activities linking with ongoing HSS and future EAF. | 440,494 | 40% |
| Human resources for health (HRH) | Conduct HR study/ assessment and develop HR strategy to address geographical distribution, population density, and retention of health workers to increase equitable access to immunization services.  Improve supportive supervision and monitoring through continuous development of professional, technical, and managerial capacity of managers and healthcare workers to better plan, implement and monitor immunization services. | 88,099 | 8% |
| Supply Chain | Improve the design of the immunization supply chain (ISC) system to improve efficiency and vaccine availability, especially in the last mile of integrating with existing VLMIS.  Strengthen waste management to reduce infection risk and/or environmental impact. | 99,111 | 9% |
| Health information systems and monitoring and learning | Improve the capacity of health workers/ managers on data analysis and management, develop new technology and tools for better data analysis and use for action and for evidence generation and/or systems for program monitoring and learning, especially at the subnational level.  Strengthen the country’s capacity to detect, evaluate, and respond to serious adverse events following immunization. | 99,111 | 9% |
| Vaccine-preventable disease surveillance | Continue to strengthen VPD surveillance at all levels including e-Surveillance and integrated disease surveillance to provide information for disease control.  . | 99,111 | 9% |
| Demand generation and community engagement | Improve capacity in designing, implementing, monitoring, and/or evaluating demand generation activities including social research at all levels to reach zero doses and under-immunized children.  Strengthen partnerships with local and community actors to improve demand for immunization through customized institutional capacity building. | 99,111 | 9% |
| Governance, policy, strategic planning, and program management | Strengthen the capacity of governance/technical bodies/NITAG and managers for planning, coordination, and tracking of progress at all levels, particularly for reaching zero-dose and under-immunized children.  Ensure equality, inclusion, and protection in management structures, immunization policies, guidelines, practices, and accountability measures. | 88,099 | 8% |
| Health Financing | Advocate and develop strategies for increased government financing for immunization services including vaccines for sustainability in light of GAVI’s accelerated transition. Use of appropriate forecasting, costing, and use of evidence-based information for policy decision  Improve the efficient use of resources through tracking of service delivery, fund flow to service delivery level, financial management, efficient spending, and reduction the vaccine wastage | 88,099 | 8% |
| **2023** | |  |  |
| Service delivery | Continue to identify and reach zero doses, under-immunized, and missed communities through integration with primary health care services and collaboration with local community partners and private sectors by improving the efficiency, regularity and/or reliability of immunization activities linked with ongoing HSS and future EAF.  Design and implement life-course immunization approaches relevant to Gavi-supported vaccine programs (HPV, JE, Rota, and TCV). | 440,494 | 40% |
| Human resources for health (HRH) | Development and use of e-learning platform for continuous capacity building.  Continuous development of professional, technical, and managerial capacity of managers and healthcare workers to better plan, implement and monitor immunization services. | 88,099 | 8% |
| Supply Chain | Improve the design of the immunization supply chain (ISC) system to improve efficiency and vaccine availability, especially in the last mile of integrating with existing VLMIS  Study on cold chain sustainable maintenance system and engagement of private sector. | 99,111 | 9% |
| Health information systems and monitoring and learning | Continue to improve the capacity of health workers/managers on data analysis and management through developed new technology and tools for better data analysis, use for action and for evidence generation and/or systems for program monitoring and learning, especially at the subnational level linking to DHIS2  Strengthen the country’s capacity to detect, evaluate and respond to serious adverse events following immunization. | 99,111 | 9% |
| Vaccine-preventable disease surveillance | Continue to strengthen VPD surveillance at all levels including e-Surveillance and integrated disease surveillance to provide information for disease control. | 99,111 | 9% |
| Demand generation and community engagement | Improve capacity in designing, implementing, monitoring and/or evaluating demand generation activities including social research at all levels to reach zero doses and under-immunized children  Strengthen partnerships with local and community actors to improve demand for immunization through customized institutional capacity building. | 99,111 | 9% |
| Governance, policy, strategic planning, and program management | Continue to strengthen the capacity of governance/technical bodies/NITAG and managers for planning, coordination, and tracking of progress at all levels, particularly in reaching zero-dose and under-immunized children  Ensure equality, inclusion, and protection in management structures, immunization policies, guidelines, practices, and accountability measures | 88,099 | 8% |
| Health Financing | Continue to advocate for increased government financing for immunization services including vaccines for sustainability in light of GAVI’s accelerated transition. Use of appropriate forecasting, costing, and use of evidence-based information for a policy decision.  Improve the efficient use of resources through tracking of fund flow to service delivery level, financial management, efficient spending, and reduction the vaccine wastage | 88,099 | 8% |
| **2024** | |  |  |
| Service delivery | Continue to identify and reach zero doses, under-immunized, and missed communities through integration with primary health care services and collaboration with local community partners and private sectors by improving the efficiency, regularity and/or reliability of immunization activities linked with ongoing HSS and future EAF.  Design and implement life-course immunization approaches relevant to Gavi-supported vaccine programs (HPV, JE, Rota, and TCV). | 440,494 | 40% |
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| ***2.1 Please reflect and describe your immunisation system's current TA needs as they are aligned with investments made by Government, Gavi and bilateral/multilateral donors. Your answers shall provide the context of and rationale for the requested TCA support from Gavi.* *Please explicitly note the duration of the requested support.*** |
| Full immunization coverage among children under 12 months has remained stable between 80 to 84 percent for more than ten years. Although immunization coverage is high, inequities persist, and significant variations are observed across rural-urban areas. In order to achieve the SDG target and to protect children against preventable diseases, the country needs to accelerate its efforts:   * Tackle inequity in health service delivery and accelerate efforts to use data effectively and reach every child with a complete immunization package. * Implement innovation to identify missed children, under-immunized, and missed communities, and ensure all vaccinations are completed by the appropriate age. * Integrate with PHC services for better outcomes. * Strengthen the health system to continue the delivery of routine vaccinations and other critical health services for children during the COVID-19 pandemic and beyond. Invest in human resources, vaccines, equipment, and data management to improve efficiency and financial sustainability. * Increase government investment in immunization by 20-25 percent each year for the next five years to successfully transition to self-financing by 2026. * Accelerate efforts and allocation of adequate resources to introduce new vaccines as part of routine immunization. * Ensure policy, strategy, and adequately trained human resources are in to improve program performance |
| * 1. ***How will the requested TCA support advance Gavi's 5.0 mission per the country's context with focus on:*** * ***identifying and reaching zero-dose and consistently missed children and communities.*** * ***improving stock reporting and vaccine management at sub-national level;*** * ***enhancing strong leadership, management and coordination, including use of data for decision-making;*** * ***introduction and scale up of vaccines;*** * ***programmatic sustainability.*** |
| **Identifying and reaching zero-dose and consistently missed children and communities:**  The vaccination coverage remains high for several years in Bangladesh. The government is committed to sustaining the high coverages and at the same time ensuring equitable vaccination services reach every single target child through outreach and fixed vaccination sites. Bangladesh continues to conduct various coverage surveys/assessments (CES 2019, VPD surveillance and EPI review, RI monitoring, triangulation of various immunization and surveillance data) to find out zero dose children and missed children and communities.  The findings of various surveys/assessments/WUENIC consistently indicate around 1% of children with Penta1 zero-dose. The administrative coverage data for 2020 showed <1 % Penta1 zero-dose children (11,533) and 233,219 partial coverage with a drop-out rate of >7% between Penta1 and Penta 3. The M: F ratio is almost the same. While the figure is high for the MR vaccine with 7.48% (246,641) zero-dose children and 11% (373,2723) dropout between MR1 and MR2 for the year 2020. At the same time data from the measles outbreaks showed that there are missed communities for vaccination especially ethnic and hard to reach.  Recent field assessment conducted through partners to identify zero-dose, under-immunized, and missed communities in high priority areas (Haor, slum, Chore, and area with areas with vacant health workers and missed communities (vulnerable / Ethnic/ hill track) throughout the country. The findings acknowledged the presence of under-vaccinated and zero-dose children. Studies in LMIC have shown that high under-immunized children are linked with PHC services (ANC checkup, delivery place, and TT2 coverage) with similar findings in Bangladesh.  Bangladesh will be using tailored approaches that will identify, reach, monitor, measure, and advocate for zero-dose, under-immunized children and missed communities and address barriers not only with immunization but also primary health care system.  The government in its National Immunization Strategy (draft) 2023-2027 focuses on the “Leave no one behind” policy which will be an opportunity to reach not only those who have been left out by vaccination, but also by other primary healthcare services.  The government in coordination with various stakeholders/partners will continue to identify zero-dose and under-immunized children and missed communities and barriers for reaching each child through regular data assessment/targeted survey, data analysis, bottleneck, analysis, data triangulation with various data sources, real-time vaccination data monitoring, operation research, electronic registration with the tracking system. EPI plans to develop data analytic tools, build the capacity of staff at a level that will fit for purpose, and strengthen linkages with various stakeholders (MoLD, MIS, Education, CRVS, etc.). Developing and sharing immunization dashboards with districts will help in understanding and addressing the gaps in ZD/UV.  Due to high vaccine acceptance in the community, we acknowledge that there are few ZD-dose children in the community. However, there are gaps in tracking and vaccination of children in the later part of the year for Penta 3, PCV3, IPV2, MR1, and MR2. The plan is to build the capacity of the staff to identify and use newer technology to support (such as GIS) to improve micro-planning, especially in hard-to-reach areas. Other interventions required to reduce the ZD/UV are promoting innovations, tracking, and following up on missed children, high-level advocacy, and engaging local leaders to promote the importance of immunization.  These purposed activities will increase coverage, equity, and efficiency. EPI will encourage greater collaboration and integration within and beyond the health sector, reinforcing the importance of integration between primary health care services to increase efficiency and reach those who are being left out by multiple basic interventions.  This TCA will support the field-level implementation of the different activities to reach the zero dose and under-vaccinated children under HSS3. This will also link with the future EAF.  **Improving stock reporting and vaccine management at the sub-national level:**  The vaccine supply chain is the fundamental tool to a good health care system and must be designed and effectively managed to ensure a consistent and uninterrupted supply of vaccines. One of the major challenges facing the success of many immunization programs worldwide is shortages of vaccines at health facilities, coming from inadequate vaccine stock management.  The foundation of a good vaccine and logistic demand and supply management is having realistic estimates of the target population. Bangladesh after 2011 is currently undergoing a census exercise and the updated projections are expected by year-end 2022.  TCA will be focused to improve the digitalization of the supply chain bringing end-to-end visibility of supplies and equipment and enabling managers to make informed decisions that help reach immunization goals.  The country looks forward to seeking support in the self-production of cold chain types of equipment as we are currently totally dependent on offshore procurement. TCA support will be crucial for improving a sustainable cold chain preventive, corrective maintenance system.  **Enhancing strong leadership, management, and coordination, including the use of data for decision-making:**  Root cause analysis meetings and consultative workshops were held between 24 April to 19 May 2022 to enhance strong leadership, management, and coordination including the use of data for decision-making for NIS 2023-2027 development. The 61st ICC meeting which was held on 18 May 2022 to endorse the process of the development of NIS 2023-2027. It was suggested to integrate other primary health services mainly IMCI, maternal and nutrition etc. with immunization services. One of the objectives of the NIS is “Sustain Operation of Critical Immunization System Components While Transitioning from Foreign to Domestic Sources of Financing”. A dissemination workshop with the wide stakeholders has been conducted on 26 May 2022. After incorporating feedback received from the dissemination workshop, the NIS would be submitted to the Ministry for approval.  Strengthen national and subnational commitment to immunization through high-level advocacy, assessments, and data-supported reviews at all levels including local government bodies. Need-based technical advice from NITAG and other expert groups is sought from time to time. Vision needs to be converted to implementation plans through effective and trained leadership at all levels.    TCA is sought to further strengthen the existing mechanism for capacity building of program managers and leaders on leadership and program management involving other government institutions and departments. Following field visits, and discussions with the senior and mid-level managers, and partners there is a great need to develop a techno-managerial handbook on routine Immunization for mid-level managers.  Appropriate and timely use of health and health-related information for decision-making is an essential element in the process of transforming health outcomes. Decisions at different levels can only be effective if they are backed with accurate and reliable information. Quality data provides accurate and timely information to manage services and aids to prioritize and ensure the best use of resources.  For taking programmatic actions Bangladesh is currently relying on data from CES, DHIS-2 and Independent field assessments, including supporting field level vaccine sessions, household, and cold chain monitoring through technical partners. For Promoting evidence-based decision-making we seek TCA support in areas of field assessment through government and partners for real-time data collection for need-based interventions, use of newer technology such as GIS, online microplanning and apps for sessions and individual tracking systems etc. for improved micro-planning in identified priority districts, institutionalizing data triangulation for use at sub-national and sub-districts level, estimation of population projections based on census 2022 with the support from Bangladesh Bureau of Statistics and experts.  **Introduction and scale-up of vaccines:**  The decision of whether to add a new vaccine to a national immunization schedule is influenced by multiple factors, including affordability and relative cost-effectiveness, disease burden, availability and price of vaccines, safety, suitability of available vaccine products for national programs, and program readiness  Bangladesh is set to introduce TCV, JE, HPV, Penta/ Td Booster dose, and possibly Rota vaccine in the national immunization program. HPV application has been approved by GAVI with the possible introduction in 2023 based on vaccine availability. Bangladesh will apply for JE and TCV introduction to GAVI this year. Through this TCA we plan to support the preparation of new vaccine applications and strengthen the NITAG for informed and evidence-based decision making. The country would also like to see support for need-based disease burden studies. Preparedness assessment includes addressing gaps in terms of HR in core immunization areas.  **Sustain high quality VPDs surveillance**  Currently, VPD surveillance is supported through Surveillance and Immunization Medical Officer (SIMO) throughout the country. The SIMO network (WHO) is supported with funding from GAVI (HSS3) and GPEI. The government has developed and endorsed the Polio Transition Plan(PTP) which outlines 3 phases of transition. However, the COVID pandemic delayed its implementation. With the support from this TCA, the government will expedite the process of the PTP implementation. Interventions are planned in this TCA for high-level advocacy to increase health finance to address the additional requirement of the post-Gavi transition phase including PTP.  **Programmatic and Financial Sustainability:**  While immunization services have started to recover from disruptions caused by COVID-19, the number of children remain vulnerable to deadly diseases highlighting the urgent need for a renewed commitment to sustain, accelerate and innovate to improve vaccination access and uptake. Despite initial disruptions during the first months of the pandemic, [Bangladesh restored routine immunization services](https://www.unicef.org/bangladesh/en/press-releases/unicef-hails-immunization-progress-bangladesh-monthly-uptake-surpasses-pre-covid-19) to pre-COVID-19 levels in June 2020 and has steadily maintained this coverage. In addition, the country successfully held a mass immunization campaign for measles and rubella from December 2020 to January 2021 that reached 36 million children and overcame the additional challenges posed by COVID-19  To sustain the gains made country needs to invest in stronger immunization systems, with tailored approaches for communities in hard-to-reach, fragile, urban, peri-urban, and other underserved areas in the country. Operational funds for immunization (non-vaccine funds) have also risen due to inflation, pandemic, and other factors responsible at the national and international levels. Despite all the factors Bangladesh has been able to demonstrate a strong response to the resumption of immunization services in the country.  This TCA will help the country to address high-level advocacy meetings with MoH, Ministry of Local government, Ministry of Finance, and Ministry of Planning for increasing financial allocation of immunization financing including new vaccine introduction for programmatic and financial sustainability in view of the transition of GAVI support. The country will also focus on efficient use of available resources at all levels, financial management, and reflection of transition in immunization policy and strategies as NIS and financial documents. This will help EPI in moving forward on the GAVI transition agenda (from Co-financing to self-financing).  Bangladesh is in process of developing a National Immunization Strategy (NIS) 2023-2027 thorough consultative process with the objectives of achieving and maintaining National and Sub-national target vaccination coverage rates among children under 24 months and CBAW, maintaining polio-free, MNT elimination, and HepB control status, achieve measles, rubella and CRS elimination by 2024, ensuring access and use of high-quality vaccines, protection of the population against VPDs by new and underused vaccine and sustaining Operation of critical immunization system components while transitioning from foreign to domestic sources of financing, The draft NIS will be finalized by June 2022. |
| ***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?*** |
| Bangladesh has experience in using and has demonstrated new vaccine introductions and campaigns to further strengthen immunization and VPD surveillance in the following areas   * Advocacy of new vaccines brings strong political will and commitment toward routine immunization * Provides an opportunity to screen the beneficiaries for ZD/UV. As part of a campaign or new vaccine introduction the Zero dose and under vaccination are addressed as part of the advocacy at all levels, training of staff, monitoring in vulnerable areas, and community engagement through health workers * New vaccine introduction is taken as an opportunity to advocate for promoting booster doses and school immunization * Each new vaccine introduced in the system brings synergy to the program in terms of training, supervisory visits, preparedness assessment exercises, and new logistics such as vaccination cards, registers, etc. helping in strengthening the program. * Revisiting cold chain system at all levels, supply of need-based new ILR / DFs / Cold boxes, Vaccine carriers, etc. * Helps in community engagement and mobilization and motivation of health workers * Utilize the preparedness assessments for need-based interventions. * Based on risk prioritization (data triangulation) plan field visits of a senior official from govt and partners Update and refresh the health workers on all aspects of immunization * Help review and strengthen the cold chain system and inventory along with the stock management system * HMIS will be strengthened during the introduction of the new vaccine including training on data management and analysis which will strengthen data for the decision-making process * Additional funding will support in overall strengthening and sustainability of the program |
| ***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.* |
| In the following ways, TCA support will help to re-establish routine immunization services-   * Implement GIS technology in vulnerable and high-risk areas to identify “Zero Dose” and missed children and will bring them under routine immunization * Initiate efforts in individual tracking system from pregnant women to fully immunized children will ensure enrolment of each and every child in routine immunization and will prevent zero doses and missed children * TA support for development and implementation of Vaccine tracking system up to last-mile (beneficiary level) integrating with e-LMIS will support to re-establish the vaccine and cold chain management chain or link that was hampered during COVID-19 pandemic due to engagement in response activities and for COVID-19 vaccination * TA support for demand generation and community engagement (institutional contract with Islamic foundation, DMC, etc.) will strengthen our linkage with the community and will re-establish the faith in routine immunization and EPI worker |
| ***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.*** |
| Gender equity is not an issue in Bangladesh. Evidence to support the same includes data from COVID-19 vaccination male (50.5%): female (49.5%) is almost the same, CES 2019 and recently available RCA of more than 4100 children in the hardest to reach areas suggest that gender inequity is not there in Bangladesh. However, there are inequities in terms of access to services by women or other marginalized populations, high-risk groups, underserved populations etc.  Geographic inequity exists in urban and rural areas. CES full immunization 79.3 % as compared to rural coverage 85%. Vacancy of staff adds to access and utilization issues. Currently, these are being addressed through catch-up campaigns or re-purposing staff from other areas. Vaccination acceptance and health-seeking behavior coupled with service delivery by health workers add to the equity issues. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| During planning for TCA support, we have given priority to the following issue or concerns-   * Impact of COVID-19 on routine immunization especially re-establishing routine immunization services emphasizing “Zero Dose” and missed children * Recovery from delay in implementing planned activities like the introduction of the new and unused vaccines in routine EPI * Advocacy at the policy level including MoHFW, MoF, and Ministry of Planning to increase the national health budget for the vaccine, logistics procurement, Gavi transition plan, and financial sustainability * Weakness of the current EPI which came to the front during responding to COVID-19 pandemic like the vulnerability of cold chain system, efficient vaccine and logistics management, tracking of the vaccine against vaccinated target population and availability of CCE means how quickly supply of vaccine and CCE can be made available during need * Scaling up protection against vaccine-preventable diseases to prevent outbreaks and pandemics * Emergency preparedness continues vaccination during any kind of emergency |

1. **Partner diversification (0.5 page)**

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| ***3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners and CSOs) to support the activities implementation? (Refer to the*** [***PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning***](https://www.gavi.org/news/document-library/tca-guidelines) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| UNICEF and WHO have been working with the government of Bangladesh as a trusted partners along with the World Bank, USAID, PATH, HSIP etc. The government will engage Global Partners, Local Partners, and CSO based on the type of activities and capacities of the different partners. Financial partners like World Bank will be engaged in immunization financing/transition. | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners and how you are building their capacities.*** | |
| * Government will develop terms of reference(ToR) with clear objectives and expected outcomes * Identification of local partners as per the ToR * Collaboration mechanism will be outlined in the Memorandum of understanding between government and partners |
| ***3.3 Please note the allocation of TCA to Local Partners (only) and describe the approach you will use to comply with the recommendation of allocating 30% of TCA to Local Partners over the course of 2022-25.*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* | |
| * Government yet to identify the local partners. At least 30% of the overall TCA allocation to local partners will comply with the recommendation of allocating funds. | |
| ***3.4 Please note the allocation of TCA to CSOs only (either Global or Local Expanded Partners) and describe the approach you will use to comply with the requirement of allocating 10% of combined TCA, EAF, and HSS ceilings for CSO implementation (e.g., if less than 10% of TCA funding is allocated to CSOs, please indicate how this will be compensated through the allocation of HSS and EAF funding to CSOs).*** *Please refer to section 2.3 (3. Partner Mapping) of the PEF TCA Planning Guidelines for more information.* | |
| * Government yet to identify either Global or Local Expanded Partners. We will allocate 10% of the TCA funding to the CSOs. * Potential areas for engaging local level partners and CSOs will be the identification of zero dose and unvaccinated children in low-performing, hard to reach, and high-risk areas including urban slums. Another potential area to engage local partners is targeted community-based demand generation activities to catch zero dose and unvaccinated children. | |

1. **Lessons learnt from past TA experience (0.5 page)**

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| ***4.1 Please explain how the TCA plan will build on previous performance, lessons learned, and best practices of TCA activities from your previous TCA plan, including contributions to the national programme and knowledge/skill building, and how this has been taken into account in this TCA planning and prioritisation.*** |
| * Continue TA support for maintaining the system and strengthening the system making the program robust for reducing zero doses and drop-out children. * Advocate for increased public financing for UHC through PHC, with immunization as a leading program in this advocacy * institutionalize Leadership Management training in new (5th) sector program training for mid-level managers on Planning, Budgeting, resource mobilization, financial management, and data-driven decision making * Revisit the existing SBCC strategy through Social Research on vaccine acceptance among zero doses and partially vaccinated children to understand the true reason/ bottlenecks * Sustainable individual tracking system from pregnant women to fully immunized children incorporating the Implementation Research findings * Piloting online micro plan for routine immunization including GIS mapping based on lessons learned from the MR campaign * Build on existing monitoring and supervision networks using new technologies * Institutionalize reviews and feedback mechanisms at national and sub-national reviews. * Further strengthen the AEFI committees at the National, Division, City Corporation, and districts level * Lesson learned from existing integration of VLMIS in DHIS, develop and implement Vaccine * Build on community engagement for improved tracking and mobilization. * Tracking system up to last-mile (beneficiary level) integrating with e-LMIS |

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

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| ***5.1 Please list all planned upcoming Gavi investments (e.g. new vaccine support, CCEOP) that would require TA support within the planned period, including Full Portfolio Planning process and describe how the TCA plan will be aligned with the ongoing and/or planned investments made by Gavi.*** |
| All planned upcoming Gavi investments where TA support required are listed below.   * TCA 2022-2025 * New vaccine support (HPV, Rota) and expecting support for TCV, JE vaccine, and Penta/Td booster dose(s) * CCEOP implementation * EAF * Vaccine renewal   With the support of this TCA, Gavi 5.0 objectives and HSS objectives will be achieved through the implementation of different interventions and activities which are outlined in this TCA application along with ongoing HSS3, TCA 2021, and CCEOP interventions. |

1. **TCA Monitoring (1 page)**

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| ***6.1 Please provide an outline of the TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole. How will that information be used to adjust and improve programme implementation? How frequently are data reviewed and used and who will be responsible to ensure that review and learning occurs?*** |
| TCA in-country mechanism to jointly monitor and track implementation progress and generation of results of the TCA plan as a whole.  The government along with technical partners including CSOs will review and track implementation progress through   * Periodic reviews at National (twice a year, Divisional thrice a year, District once every three months, and City Corporation level once every three months). * Separate review of City Corporations to address urban issues * Monitor program/activities based on performance indicators * Sharing of periodic feedback to Govt and partners at all levels * RCA through field government and partners agencies * Conduct EPI VPD field assessments in priority districts * Need-based reviews with weak/low performing districts * Developing tools to further strengthen supervision and feedback mechanisms   With all those above review meetings, data collection, real-time monitoring, and findings of the analysis half-yearly strategic review meeting will be conducted with all related stakeholders, local partners, implementers, and donors including Gavi to review the progress and to assess the requirement of any adjustment in the strategy or the interventions.  Data will be reviewed at different levels with different interventions such as low-level managers will review more frequently like monthly than the Division and National level who will review at least quarterly.  The following performance indicators will be used to review and monitor the periodic progress at the national and sub-national levels.   * Percentage of zero doses and under-vaccinated children covered * Percentage of full vaccinated children among 24 months considering MR 2 * Percentage of drop out from Penta1 to Penta 3 * Percentage of District timely submitted the report in DHIS 2 * Number of children assessed by Rapid convenience monitoring * Percentage of functioning cold chain equipment * Number of new vaccines introduced * Percentage of districts that achieved measles surveillance performance indicators * Number of high-level advocacy conducted for Gavi transition * Number of districts that implemented routine immunization SBCC campaign |