**Lesotho**

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

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

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

*(Populated by Gavi)*

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| **Total Envelope** | **Indicative allocation per 2022-2025** | | **%** |
| $2,731,992 | **2022** | $617,349 | 22.6 |
| **2023** | $704,881 | 25.8% |
| **2024** | $704,881 | 25.8% |
| **2025** | $704,881 | 25.8% |

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

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| ***1.1 Please note any country context that is significant to understanding the country's vision and request for Gavi TCA support. What specific effects do these factors have on the national immunisation programme?*** |
| Lesotho gained independence from the United Kingdom on 4th October, 1966. It is a mountainous, landlocked country surrounded by the Republic of South Africa. The population is just over 2 million people. About 61% of the population is between the ages of 15-46 years whilst 34% are under the age of 15 years. The rural and hard to reach areas, in which ~70% of the population resides, are home to the majority of the poor, and income distribution remains skewed in favour of the urban areas. Three quarters of the unemployed live in rural areas and include mostly the youth. These rural and hard to reach areas are characterized by a mountainous and rugged terrain, long distances between facilities and from villages to facilities, and very harsh winters.  Implementaiton of health programmes in Lesotho is guided by the National Health Strategic Plan (NHSP) (2017 – 2022). The shared vision of the strategy is a global vision that seeks to achieve Universal Health Coverage for all people of all ages. This strategy was developed within the context of global health. The NHSP derives its focus from the country’s Constitution which promotes health gain as a social gain. The NHSP is centred on a whole-system approach to tackling health in Lesotho. It goes beyond the traditional concept of 'health services'. It is about developing a system in which health and social well-being are valued and supported. The context of the health system includes both public and private providers of health services. It also includes every person and institution with an influence on, or a role to play in, the health of individuals, groups, communities and society at large. In describing the strategic direction for the future, the Strategy incorporates a shared vision in order to deliver a healthier wealthier population.  According to the DHS (2014), more than two-thirds (68.6%) of the children aged 12-23 months had received all the basic vaccinations. Vulnerable groups regarding vaccination were children living in the Mokhotlong *(a district with very hard to reach areas)* district (only 47.5% had received all the basic vaccinations according to DHS, 2014) and the lowest wealth quintile (59.7%). Children of mothers with no education were less likely to receive vitamin A supplements (52.7%). Deworming medication was given to only 22.2% of the under-five children at the national level, although this was more than twice the number in 2009. In some districts, such as Qacha’s Nek (10.8%) and Quthing (14.2%), this remains a challenge. There was no significant difference between children from urban or rural areas or between children from the highest or the lowest wealth quintile in terms of seeking advice or treatment in the presence of signs of danger, but the level of education of the mother had an impact on child health practices. |

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** | | 617,349.00 |  |
| Service Delivery | To Improve immunization coverage and equity in the in all districts using the second year of life vaccinations approach, mapping of zero-dose children, and build capacity of old and incoming frontline health workers in all districts through onsite mentorship and e-learning for immunization and PHC service delivery in Lesotho by 2025 | $308,675 | 50% |
| Health information systems and monitoring  and learning | To improve EPI’s monitoring and evaluation for a more responsive, timely, and effective health system that could be used in planning, monitoring, and resource mobilization for immunization services at all levels in Lesotho by 2025 | $123,470 | 20% |
| Supply chain | To strengthen the immunization Supply Chain Management (ISCM) through capacity and vaccines supply Infrastructure optimization to meet EPI program requirements, and to enable the availability of quality vaccines and other commodities by 2025 | $185,204 | 30% |
| **2023** | | **704,881.00** |  |
| Service Delivery | To Improve immunization coverage and equity in the six in all districts using the second year of life vaccinations approach, mapping of zero-dose children, and build capacity of old and incoming frontline health workers in all districts through onsite mentorship and e-learning for immunization and PHC service delivery in Lesotho by 2025 | $352,441 | 50% |
| Health information systems and monitoring  and learning | To improve EPI’s monitoring and evaluation for a more responsive, timely, and effective health system that could be used in planning, monitoring, and resource mobilization for immunization services at all levels in Lesotho by 2025 | $140,976 | 20% |
| Supply chain | To strengthen the immunization Supply Chain Management (ISCM) through capacity and vaccines supply Infrastructure optimization to meet EPI program requirements, and to enable the availability of quality vaccines and other commodities by 2025 | $211,464 | 30% |
| **2024** | | **704,881.00** |  |
| Service Delivery | To Improve immunization coverage and equity in the six in all districts using the second year of life vaccinations approach, mapping of zero-dose children, and build capacity of old and incoming frontline health workers in all districts through onsite mentorship and e-learning for immunization and PHC service delivery in Lesotho by 2025 | $352,441 | 50% |
| Health information systems and monitoring  and learning | To improve EPI’s monitoring and evaluation for a more responsive, timely, and effective health system that could be used in planning, monitoring, and resource mobilization for immunization services at all levels in Lesotho by 2025 | $140,976 | 20% |
| Supply Chain | To strengthen the immunization Supply Chain Management (ISCM) through capacity and vaccines supply Infrastructure optimization to meet EPI program requirements, and to enable the availability of quality vaccines and other commodities by 2025 | $211,464 | 30% |
| **2025** | | **704,881.00** |  |
| Service Delivery | To Improve immunization coverage and equity in the six in all districts using the second year of life vaccinations approach, mapping of zero-dose children, and build capacity of old and incoming frontline health workers in all districts through onsite mentorship and e-learning for immunization and PHC service delivery in Lesotho by 2025 | $352,441 | 50% |
| Health information systems and monitoring  and learning | To improve EPI’s monitoring and evaluation for a more responsive, timely, and effective health system that could be used in planning, monitoring, and resource mobilization for immunization services at all levels in Lesotho by 2025 | $140,976 | 20% |
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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.*** |
| The goal of the Expanded Programme on Immunization (EPI) is to see the country having at least 95% of children fully protected from vaccine preventable diseases through the delivery of quality immunization services in an equitable manner by 2025. This implies that there should be improved acceptability and accessibility of immunization services, improved data quality and performance measurement of the health system strengthening interventions *(funded by both government and partners)*, and a strong functioning vaccine supply and cold chain system to ensure vaccines are available in the right quantities, in the right place, and at the right time for all age-eligible children.  As a departure point in realizing the goal, in 2020 EPI developed a theory of change with the following targeted outcomes:   1. Improved acceptability, accessibility, and utilization of immunization services, and capacitated health workers providing quality immunization services 2. Improved data quality and performance measurement of health system strengthening interventions 3. Vaccines are available in the right time, and in the right place for all age-eligible children   For these targeted outcomes above, the interventions by EPI are as follows:   1. To achieve the first outcome, EPI is working on strengthening the mapping of zero dose children and continuously missed communities , and strengthening of the second year of life vaccinations with an emphasis on equity. Mapping of the zero dose children will be complemented by the registration of the children through the flow-up digital application. To leverage on the advancement of digital platforms within the public health sector, EPI is looking at advocating for linking of the MoH HMIS with the Civil Registration and Vital Statistics (CRVS). Furthermore, EPI is working on the adaptation of immunization service delivery, and improving routine social mobilization and community engagement. In addition, improvement in service delivery cannot occur if the services are not planned and delivered by capacitated health workers. This therefore positions health worker capacity building through mid-level management trainings and on site mentoring as a critical component in achieving this first targeted outcome. 2. To achieve the second outcome, EPI will under the second HSS grant work on developing and operationalizing of an EPI M&E framework which draws from the health sector wide M&E framework. In addition, EPI is working on strengthening the effective functioning of the Data Quality Improvement (DIT) team to lead data management and surveillance strengthening interventions, and work on strengthening health worker capacity to conduct data analysis, and using data for decision making. In addition, focus on the COVID-19 vaccine delivery by health workers and data clerks at the health facility level has slightly deviated the focus from routine immunization data management, and EPI is planning on conducting an EPI coverage survey to determine the coverage estimate for a sub-set of vaccines to enable effective analysis of the routine immunization data particularly for 2020 and 2021, and develop routine immunization data improvement plan. 3. To achieve the third outcome, EPI is working on strengthening supply chain management including vaccine wastage monitoring and management, and through the second HSS grant, establishment of a predictable last mile distribution system, and regular reviews of districts EVM improvement plans. Furthermore, health workers will be capacitated on vaccine management through trainings and onsite mentoring. Getting vaccines to the last mile in the right efficacy cannot happen without adequate and well-functioning cold chain equipment, and an effective temperature monitoring system. To this end EPI will leverage the CCEOP processes under Gavi 5.0 to determine the cold chain sufficiency and close existing gaps, and capacity building of health workers in temperature monitoring.   Lesotho has over the years aligned its technical assistant requirements with the goals and objectives of the immunization programme, to complement available EPI capacity and to advance agreed upon interventions aimed at achieving these objectives. The technical assistance needs provided ensures that there is adequate skills transfers, enhancement of competency and capacity for sustained quality programme implementation. The requested TCA support outlined in this document is targeted at complementing EPI capacity and supporting the development of strategies and systems in tackling the implementation of the proposed interventions. |
| * 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 first targeted outcome by EPI speaks to leaving no child behind, and the targeted 95% is based on country contextual factors. Although Lesotho has attained high Penta 1 coverage, there is need to map the missing children and those communities which have been consistently being missed. Identifying and accounting for children and communities that are not accessing immunization services due to multiple factors such as location, disabilities, religious backgrounds etc, is imperative. Mapping of zero dose and under-immunized children to understand the distribution, and understanding their access barriers will enable EPI to develop targeted mitigation strategies to bridge the existing coverage gap. Furthermore, undertaking of an immunization coverage survey will complete the above mentioned interventions.   ***Improving stock reporting and vaccine managment at sub-national level***   * EPI is pursuing the vaccine supply chain goal of ensuring that vaccines are available in the right quantities, in the right efficacy, and the right time. For this to be possible, EPI will work on increasing visibility of supply chain data and improvement of stock reporting *(including vaccine wastage reporing)* through entry of the supply chain data into DHIS/eLMIS at the health facility level, while SMT is implemented at the national and district level. This will enable data visibility on stock reporting, accuracy, and discrepancies. This supply chain data visibility by the national level will enable the development of tailored made mitigation strategies to address the challenges and build capacity of health workers in vaccine’s management. Furthermore, the training of health workers in vaccine management, and the annual M&E EPI reviews for all health facilities is targeted at enhancing sub-national level capacity in vaccine stock management and reporting. Furthermore, enhancing of health worker capacity will positively impact the establishment of the a predictable last mile distribution system. Technical assistance will therefore be required to support EPI in the above proposed interventions.   ***Enhancing strong leadership, management and coordination, and including use of data for decision-making***   * Capacity building of the people responsible for organizing and delivering health services is among the key interventions of reaching the goal set by the EPI programme of achieving at least a 95% coverage of fully immunized children. The goal pursued with capacity building is to ensure strong leadership and management of the EPI programme, with leaders and managers who use data for decision making at the national and district level. To further enhance the use of data for decision making, the approved second HSS grant comprises of an annual M&E workshops to be held for all districts to monitor and evaluate at all the EPI areas; management, supply chain, data management etc. Furthermore, to pursue the realization effective coordination of available resources, and partners supporting EPI. The middle managers training, vaccine management trainings for all levels, and on-site mentoring at the district and health facility level are targeted at enhancing the EPI programme leadership and management at all levels of the health system. Technical assistance will be required to support EPI in the delivery of the proposed trainings and on-site mentoring, and institutionalizing using data for decision making.   ***Introduction and scale up of vaccines***   * As the next step in towards complete OPV withdrawal as recommended by [WHO](https://www.paho.org/sites/default/files/faqs_ipv2_eng_10_june_2020.pdf), Lesotho is looking at introducing the second dose of IPV into the routine schedule. EPI will present the intention of introducing the second dose of IPV to the Lesotho National Immunization Technical Advisory Group (NITAG) to provide their independent and evidence-informed recommendations *(on feasibility, sustainability, and proposed schedule)* to the presented intention. Furthermore, while the introduction of IPV 2 may not be regarded as a new vaccine introduction, lessons learnt from previous introductions of new vaccine formulations, change in vaccination schedules etc, has indicated that demand generation and promotion activities *(with emphasis of health education targeted at parents and care givers*), health worker trainings etc are critical components. Technical assistance will thus be needed to support EPI in implementing this activity as part of the Polio Endgame Strategy (2019 – 2023).   ***Programme sustainability***   * The delivery of the COVID-19 vaccine[[1]](#footnote-2) with the HPV vaccine during the HPV vaccine launch at schools provided EPI with an opportunity of experiencing the parallel delivery of new vaccines. The lessons learnt from the experience is that effective health worker training is required, there is need for the development of SOPs to guide the process, and effective supply and cold chain management is needed throughout the process. EPI is working on determining how the COVID-19 vaccine can be integrated into existing health services. Most of the population that had received the vaccine access the services through outreaches. This model has however proved to be costly and more sustainable service models are required. * Enhancing the capacity of sub-national managers and community leadership has proven to contribute towards programme sustainability. EPI is targeting the continuous capacity building of District Immunization Steering Committees (DISCs) to achieve the sustainability goal. |
| ***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?*** |
| Any new vaccine introduction or campaign provides a country with a good opportunity to render refresher trainings on effective microplanning processes, supply and cold chain management, effective analysis of coverage data, using of data for decision making to develop mitigation strategies in instances of challenges, conducting of community level surveillance, and demand generation and promotion among others. To follow are examples, through experience, of how Lesotho uses new vaccine introductions and campaigns to strengthen the immunization service delivery.  ***Trainings and microplanning***   * Lesotho uses vaccine introduction and vaccine campaign trainings to provide refreshers on all the afore mentioned components. For example, EPI leveraged on the introduction of the COVID-19 vaccine to mentor Public Health Nurses and EPI Child Health Officers (CHO) in effective vaccine supply management principles such as reporting and cold chain management *(particularly since the vaccines do not come with VVM stickers).* Furthermore, EPI conducted an audit of the COVID-19 supply chain data in all the 10 district vaccine stores in April 2022 to determine the accuracy of the monthly reported data by the districts. * Every new vaccine introduction is in addition used as a continuous learning for health workers on EPI’s microplanning process to map the target populations, defining the characteristics of the targeted population for the development of targeted demand generation and promotion activities, and the develop strategies on how to reach the identified target populations. Additionally, new vaccine introduction presents an opportunity for use of new innovations such as GIS-based digital microplans which ensure all populations are accounted for, identify gaps in population equitable access to care, and optimize planning for outreach activities to ensure equitability and reach of services.   ***Using data for decision making***   * For the recent HPV vaccine introduction, EPI held a meeting with all 10 districts to analyse the performance of each district. The objective of the meeting was to present the coverage data to the districts, and for districts to discuss the success and challenges experienced in the two weeks of the HPV vaccine campaign. Furthermore, the meeting reached a resolution that new plans will be developed to target reaching those that were not reached during the two weeks of the campaign and mop-up activities. The timely review of data collectively by all districts enforces the accountability that is borne by the PHNs and EPI CHOs of managing their respective health facilities and reporting on the performance of their districts. In addition, meetings for all ten District Immunization Steering Committees[[2]](#footnote-3) is targeted in the month of June with the objective of reviewing the HPV vaccination data for each district, and compiling a report on lessons learnt, and recommended mitigation strategies for the delivery of the second HPV vaccine dose.   ***Demand generation and promotion***   * The introduction of the COVID-19 vaccine in March 2021 and the reintroduction of the HPV vaccine in April 2022 has provided Lesotho with an opportunity to educate the population on immunization as a life-course approach. Traditionally vaccination services in Lesotho were only seen as services targeted to under 5. In conducting the demand generation and promotion for the afore mentioned vaccines, communities were educated on vaccines; how vaccines work, benefits of vaccines with evidence, and adverse effects following immunization.   As previously indicated, new vaccine introductions and campaigns are used as opportunity for continuous learning on the different EPI components. |
| ***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.* |
| * Mapping of zero dose children and the consistently missed communities, and understanding factors hindering effective access to immunization with the objective of developing targeted mitigation strategies will aid EPI in the restoration and maintenance of the immunization services * The coverage survey will be an additional tool to complete the routine immunization data analysis, and it will provide EPI with a clear picture on the impact of the COVID-19 pandemic to the immunization services * The tracking of the vaccine key performance indicators (KPIs) such as stock reporting, stock availability, order fulfilment rates, and stock adequacy among others, was overtaken by the urgency of the COVID-19 vaccine supply management. The COVID-19 vaccine supply chain management required active/weekly tracking of the vaccination coverage for all health facilities to determine uptake, and arranging the redeployment of vaccine supplies to high volume sites from low volume sites as the vaccines had a short shelf life. The TCA herein proposed will restore this KPI tracking at the sub-national level. * The proposed middle managers and vaccine management trainings strengthen the capacity of the sub-national level EPI management in effective service delivery planning and vaccine management. These trainings were last held about 4 years ago. As evidence has indicated, continuous learning in the workplace expands personnel skill set, increases skills and knowledge retention, and generates new ideas and perspective on how to effectively and efficiently deliver on the targeted outcomes. |
| ***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.*** |
| In Lesotho, there is no significant difference in immunisation coverage for girls and boys. However, other barriers may deter female caregivers from accessing immunization services; long distances to health facilities and immunization services hours conflicting with their working hours. Women being considered primary caregivers in the communities may mean limited access to immunization services in families where there are no female caregivers, e.g., child-headed families, fathers/male caregivers. These barriers mean children may not receive needed vaccines in a timely manner. TCA support will strengthen outreach services, community engagement and mobilization to encourage immunization uptake and male involvement. |
| ***2.6 Describe how you prioritised the interventions to be supported by Gavi under requested TCA support.*** |
| EPI developed the theory of change in 2020 through consultation of key stakeholders. The TOC was developed in parallel with the second HSS grant. Each component of the targeted outcomes was derived from challenges that are faced by EPI as identified in a number of assessments, and consultations at the national and sub-national level. The targeted interventions were developed by the following EPI sub-working groups:   * Leadership, management, and coordination, and service delivery * Supply chain and logistics team * EPI data management and surveillance * Demand generation and promotion   Representation of the above mentioned groups comprises of EPI, various MoH departments such as HMIS, planning, and IT, representation from the Christian Health Association of Lesotho (CHAL), representation from Lesotho Red Cross Society (LRCS), the allied and expanded partners (WHO, UNICEF, and CHAI), and other key stakeholders. This TOC was reviewed in April by the EPI TWG as part of the EPI review at the national level to update it were necessary. The prioritized TCA support requested herein aligns with the developed theory of change by the above mentioned working groups, and the TWG. |

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

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| ***3.1 Describe which partners you have already mapped, including Alliance and Expanded partners (including Global Partners, Local Partners and CSOs) to support the activities implementation? (Refer to the*** [***PEF Targeted Country Assistance (TCA) Guidance for 2022-2025 Multi-Year Planning***](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.gavi.org%2Fnews%2Fdocument-library%2Ftca-guidelines&data=05%7C01%7Cegormley%40gavi.org%7C990571ac9fe3410660a008da24644b30%7C1de6d9f30daf4df6b9d65959f16f6118%7C0%7C0%7C637862310415669979%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=B6%2B91FguaNH9utCfM9aMPU3flVqbPk%2Bgx%2BlgiutijH0%3D&reserved=0) ***for the type of institutions considered global versus local partners and CSOs.)*** |
| * CSOs which actively participate in the EPI implementation of immunization activities with Christian Health Association of Lesotho (CHAL), and Lesotho Red Cross Society (LRCS). CHAL provides services to at least 40% of Basotho through their health centers and hospitals that are mostly located in rural and hard to reach areas. All these facilities offer immunization services. The CHAL health workers and district and national level management is included in the designing of immunization services and interventions. Furthermore, the CHAL health workers are included in all EPI trainings and mentoring. All the afore mentioned in addition apply to LRCS. Both CHAL and LRCS are key partners of the Ministry of Health in the implementation of various health programmes * EPI is in addition supported by the Alliance (UNICEF and WHO), and Expanded (Clinton Health Access Initiative (CHAI) partners. All partners provide support to EPI in areas of comparative advantage. | |
| ***3.2 Please indicate how exactly you plan to collaborate with Local Partners.*** | |
| The Expanded Programme on immunization does engage Local Partners through either the Core Partners for TA, or the Expanded Partner. The engagement of the local partner is activity specific depending on the EPI proposed interventions. For example, local media companies are sub-contracted through the existing EPI partners for development of digital IEC materials, management of some fleet, among others. In addition, Local Partners such as LRCS are sub-contracted in such a manner to support with social mobilization activities. |
| ***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.* | |
| As mentioned above, local partners are engaged for specific activities. Their engagement will be undertaken through the process of sub-contracting for implementation of some activities under the TCA and the health system strengthening grant. Lesotho will work towards an allocation of 30% TCA support to local partners these partners between 2022-2025. Local partners play a critcial role in supporting advancement on the zero-dose agenda as they are close to local communities and have a strong understanding of the immunisation relatd barraiers. | |
| ***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.* | |
| Allocation of funding to the CSO is well reflected in the second health system strengthening (HSS2) grant with an estimated $278, 280 targeted towards CSO engagement for the second year of life social mobilization. This figure amounts to 9% of the HSS2 grant. Lesotho will be developing a standalone EAF application during the course of 2022, there will be a strong focus on identification of CSOs that can support advancement of the ZD agenda and funding will be allocated to CSOs throigh the EAF application. As outlined in the section above, we will alos explore sub-contracting arrangements for CSO through the 2022-2025 TCA. | |

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.*** |
| * Annual EPI workplan activities have aligned with the National Health Strategic Plan (NHSP) 2017 – 2022, the National Reproductive, and the Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH & N) strategic plan 2017 – 2027. These activities are well reflected in the the comprehensive Multi-year plan (cMYP) (2018 -2022). The cMYP takes a health system strengthening approach in outlining EPI activities targeted at contributing to the broader EPI goals. This implies that activities are intentionally designed to complement each other to work towards that broader goal. For example, the establishment of district immunization steering committees (DISCs) in all 10 districts in 2020 *(a previous TCA activity)* was part of the roadmap to the HPV vaccine introduction targeted for early 2022. In addition, configuration of the WHO Immunization Application into DHS2 (*a previous TCA activity)* was building towards the capturing of vaccine supply chain data into DHIS2 *(a current TCA activity).* EPI has jointly worked with its alliance and expanded partners to ensure that requested TCA builds on previous activities and performance * One of the lessons learnt in implementing of TCA support in the previously years is that in order to further enhance the impact of the TCA support, all requested TCA support should align with the broader EPI goal. The afore mentioned was among the reasons for the development of the EPI theory of change in 2020. The theory of change communicates to all stakeholders EPI’s missions and goals, and targeted interventions. This enables for effective monitoring of EPI performance through well-defined challenges, interventions, objectives, and outcomes. In addition, one of the lessons learnt was to discuss proposed TCA support jointly with EPI and its partners. EPI has been submitting a jointly developed TCA plan since 2018. In developing the TCA support work plan, EPI relied on the comparative advantages of each partner. * The requested TCA support will complement rather than replace existing EPI capacity. This has been a long standing practice in which EPI and its partners approach the TCA support. As indicated above, the interventions herein mentioned are targeted at building EPI systems and improving of some cultural practices to ensure programme sustainability. |

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.*** |
| * EPI successfully applied for the second HSS grant in 2020, with targeted implementation for 2021 to 2025. The implementation of the HSS2 grant however was delayed due to a focus on the COVID-19 vaccine introduction by the country as one of the ways to tackle the current ongoing global pandemic. The HSS2 grant aligns with the EPI theory of change as detailed above. The requested TCA support subsequently aligns with the activities to be implemented under the HSS2 grant: providing additional capacity to EPI to effectively implement the grant, relying on the comparative advantage of the different EPI partners. As highlighted in the above sections, EPI’s focus on the tracking of zero-dose children, second year of life defaulter tracking, strengthening of community level demand generation and promotion *(with priority on health education for parents, care givers, and community leaders)*, enhancing the culture of using data for decision making thorugh annual EPI M&E workshops, and annual district EVM self-assessments are well reflected in the HSS grant and in the requested TCA support. * Lesotho is to apply for the CCEOP within the current Gavi 5.0 strategic period. Lesotho would require technical assistance for drafting of the CCEOP application and for determining of the cold chain capacity gaps in the country to inform the application. * In introducing the IPV second dose, EPI will require TA support for designing of the IPV second dose introduction: trainings and microplanning, determining of the demand generation and promotion activities, and supply and cold chain. |

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?*** |
| * As indicated in section 4 above, EPI develops an annual workplan that is derived from the NHSP 2017 – 2022, the RMNCAH&N strategic plan 2017 – 2027, cMYP, and the TCA workplan. This annual plan indicates lead persons for implementation within EPI and the supporting partner, implementation time, and funding allocation of the activity. The workplan is reviewed on a quarterly basis by the EPI TWG. The key leads provide progress updates to the TWG, and in cases of activity delay, mitigation strategies are jointly discussed and action points to expedite implementation are developed. In addition to discussion progress updates, the activities are reviewed to determine if the activity remains adequately defined or the definition needs to be revised based on various contextual factors. * The EPI annual workplan is incorporated in the annual RMNCAH&N work plan. The comprehensive RMNCAH&N work plan is reviewed on an annual basis * The annual EPI M&E workshop that are to be implemented under the HSS2 grant will complete existing M&E reviews of EPI programme performance. * The health system strengthening grant results monitoring is undertaken through a grants performance framework (GPF). As indicated above, the herein requested TCA support aligns greatly with the second HSS grant. The GPF is reviewed on an annual basis during joint reviews or Gavi missions in country. The GPF tracks the results of the majority of TCA activities.   The MoH Planning Unit is responsible for ensuring that the EPI and RMCAH&N work plans are reviewed on a quarterly and annual basis. EPI’s partners are invited to all the reviews being undertaken by both EPI and the Family Health Division through the MoH Planning Unit support. The TCA support is implemented in a way that it complements EPI capacity rather than replacing. Capacity building is built into the all TCA supported activities from the outset and this thus informs the entire implementation approach, with the sustainability of capacity a key consideration throughout implementation. |

1. The COVID-19 vaccine was not administered to those targeted for the HPV vaccine [↑](#footnote-ref-2)
2. The District Immunization Steering Committees (DISCs) are sub-national level committees that comprise of the District Health Management Team (DHMT), the District Education Managers (DEMs), the District Administrators (DAs), the District Councillors (DCs), and other key district level representation. These committees have been instrumental in the reintroduction planning of the HPV vaccine and its delivery and the delivery of the COVID-19 vaccine. The high coverage achieved for the HPV 1st dose can be attributed to the effective functioning of these committees [↑](#footnote-ref-3)