

Malawi

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

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

(Populated by Gavi)

Total Envelope	Indicative allocation per 2022-2023		%
\$1,935,304	2022	\$829,994	42.9%
	2023	\$1,105,310	57.1%

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

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

The vision of the EPI program in Malawi is to reduce child morbidity and mortality due to vaccine preventable diseases (VPDs). This will be achievable through the provision of quality, safe and efficacious vaccines to all children without discrimination based on gender, geographic access, sect or geographic regions. The Malawi Health Sector Strategic plan (HSSPII) and the EPI comprehensive multi-year plan (cMYP) aimed to have 95% of children under one year of age receive by 2021.

All the set targets for immunisation coverage indicators as per the country's strategic documents were not met. Through program review meetings and supervisory visits, the main bottlenecks identified contributing to underperformance in the delivery of immunisation services include: low implementation of planned activities due to competing priorities especially due to the introduction of Covid-19 vaccination, infodemics around the Covid-19 vaccines which has affected uptake of the routine vaccinations, especially at the beginning of COVID - 19 pandemic, cancellation of scheduled immunisation sessions, inadequate human resource, inadequate supportive supervision, lack of mentorship and performance feedback to health centres and lack of facility data driven decisions. Other factors include inadequate capacity building for health workers such as Reach Every Child (REC) approach and Immunisation In Practice (IIP), lack of defaulter tracing mechanism, poor data management practices, low knowledge among caregivers on immunisations, religious beliefs, missed opportunities due to non integration of services, geographical barriers and discordance in population figures used for denominator between NSO and head counts

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

Please provide the planned allocation of PEF TCA towards investments areas and high-level objectives. Gavi-supported investment areas and a menu of objectives are available for reference in Gavi’s [Programme Funding Guidelines](#). The country can plan for the remaining duration of their current HSS grant.

(Please feel free to add lines as needed)

High-level Plan		Budget (USD)	%
2022			
Service delivery	Identifying and reaching zero-dose children and missed Communities	150,000	18
Service delivery	New vaccine introduction	50,000	6
Service delivery	Programatic sustainability	69,994	8
Human Resource	Enhancing strong leadership, management and Coordination (LMC), Including data for decision making	150,000	18
Human Resource	Programmatic Sustainability	120,000	15
Information Management Systems	Enhancing strong leadership, management and Coordination (LMC), Including data for decision making	125,000	15
Supplies Management	Improving stock reporting and vaccine management at subnational level	115,000	14
Leadership, Governance & Coordination	Programmatic sustainability	50,000	6
2023			
Human Resource	Enhancing strong leadership, management and Coordination (LMC), Including data for decision making	150,000	14
Service delivery	New vaccine introduction	100,310	9

Service delivery	Identifying and reaching zero-dose children and missed Communities	475,000	42
Service delivery	Programmatic sustainability	50,000	5
Information management system	Enhancing strong leadership, management and Coordination (LMC), Including data for decision making	100,000	9
Supplies management	Improving stock reporting and vaccine management at subnational level	100,000	9
Leadership Governance & Coordination	Programmatic sustainability	50,000	5
Human Resource	Programmatic sustainability	80,000	7
2024			
Investment Area	High-level objective		
Investment Area	High-level objective		
2025			
Investment Area	High-level objective		
Investment Area	High-level objective		

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.

<p>The country has identified the following areas as priorities to focus TA support in the 2022-23 period</p> <ul style="list-style-type: none"> • Implementation and scale up of the Urban Immunization strategy and development of the Zero Dose Strategy • Provision of TA support at subnational level to strengthen routine immunization i.e. through deployment of District TAs in the top 10 underperforming districts • Introduction/scale up of new vaccines - novel OPV, TCV, second dose of IPV , Malaria Vaccine and Improve uptake of HPV vaccine among 9 year old girls. • Improve uptake of Routine vaccines through tracking of children's immunization status using My Village My Home (MVMH) tool • Strengthen demand generation/social mobilization for routine vaccination, outbreak vaccination response. • Strengthen surveillance of Vaccine Preventable Diseases, vaccine related events (VRE) and Vaccine Safety • Instituting digital reporting of EPI data and improve real time reporting and use of data for routine immunization, outbreak response using digital platforms e.g. RapidPro and use of Electronic Immunization Register (EIR)
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- Strengthen Cold Chain (CC) and Vaccine Management at national and subnational level including CC capacity assessments, forecasting, vaccine accountability and implementation of EVMA recommendations
- Provide EPI policy directions through EPI policy, Field manual and cMYP and strengthen capacity building of vaccinators through basic training modules e.g. Immunization In Practice (IIP)

Currently Gavi is the major donor for the Malawi immunization program and is providing funding support towards vaccine procurement, new vaccine introduction, Health System Strengthening, Cold Chain Equipment Optimization Platform (CCEOP) and engagement of partners through TCA. Other donors such as the World Bank have provided funding to the tune of \$30 million to support COVID vaccine procurement and operation cost. Other donors such as the Health Sector Joint Fund (HSJF) have supported the Malawi government with funding for co-financing new vaccine procurement and to roll out HPV vaccination campaigns in 2020. The Malawi Government is committed to increasing its funding allocation for vaccine procurement, and in the 2022-23 national budget, the government has introduced a budget line for operational and maintenance cost (MK91 million) for the immunization program which is a further sign for its commitment to the immunization program.

This TCA support being requested will support implementation of critical TA areas that are currently not directly funded by government, donors and partners. However, the support will be directed towards overall strengthening of the critical program areas and gaps as identified above and will therefore enhance the impact of the support provided by government and donors in the entire immunization program

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

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

The current TCA is designed around the Gavi IRMMA (identify, reach, monitor, measure, advocate) Framework in Gavi's 5.0 strategy.

- Reaching zero-dose children and under-immunized communities in line with GAVI's 5.0 strategy to improve immunization equity. Through development of a Zero-dose strategy, Malawi will be able to **effectively identify** and reach the zero-dose children and under-immunized communities, by correctly estimating the populations and understanding their supply and demand barriers to immunization. Malawi will

strengthen the reach of the EPI program through implementation of ongoing programmatic activities prioritized in this document.

- To strengthen the reach to broader and underserved communities and to enhance leadership, management and coordination, resources will also be used to timely introduce and scale up the reach of new vaccines such as TCV, TCV, Malaria and HPV strengthening.. Malawi will also strengthen demand generation and community mobilization activities in line with the zero dose, urban immunization and routine immunization strategies to ensure outreach activities are complemented with increased demand.
- **Improving data management and use of data for decision-making:** To be able to **measure progress**, Malawi will **strengthen M&E activities** by focusing on use of DHIS2, ODK, Electronic Immunization Register (EIR) and RapidPro for real data capturing and reporting and regular supportive supervision to subnational and hard to reach areas. Malawi will also strengthen real time reporting and use of data for routine decision making; reporting on new vaccine introduction and reporting on outbreak response using RapidPro and Electronic Immunization Register (EIR). **Continued advocacy** for the Malawi program is critical for sustaining resour
- Strengthening the vaccine cold chain and vaccine management is also top priority for the EPI program. This will include routine monitoring of vaccine management through implementation and monitoring of national and subnational level cold chain capacities, vaccine forecasting, vaccine accountability, implementation of EVMA recommendations and ensuring improved use and integration of existing digital data systems such as Open LMIS, e-HIN cSTOCK and SMT.
- **Continued advocacy** for the Malawi program is critical for sustaining resources for ongoing activities, Malawi will therefore, during this period, also finalize the EPI policy document which is critical for representing the EPI program needs at National level and will build a framework for sustainability of program activities. In addition there is a need to develop the cMYP and revise the EPI field manual to guide implementation of EPI program in the country.

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?

The country plans to introduce two new vaccines, namely typhoid conjugate vaccine (TCV) and RTS, S/AS01 (malaria vaccine), from this year of 2022. Initially, there will be an integrated measles rubella and typhoid conjugate vaccine catch up campaign followed by routinization of TCV. Also, the country will be expanding RTS, S/AS01 into comparator areas within the malaria vaccine implementation programme (MVIP) districts. The introduction of new life saving vaccines in the immunization system brings with it enormous opportunities to fill gaps and challenges within the routine immunization, which otherwise had not attracted funding support to deal with the lingering problems in the system.

The planned integrated TCV/MR campaign will have a significant impact in reducing the zero dose children which the country is currently facing. The EPI program in collaboration with local immunization partners are already monitoring the number of zero dose children, for example, during the year 2020 and 2021, the country reported a proportion of 4.8% and 4.7% zero dose children against the annual targets of 747,470 and 715,540 respectively. The MoH in collaboration with partners plans to capitalize on the resources for the on coming integrated campaign to strengthen community engagement activities with the aim of creating awareness and demand for the vaccines. For example the immunization schedule will be revised to include new vaccines. The revised schedule, with the rest of the antigens, will be communicated to caregivers, in the process, mobilizing for all the vaccines.

Micro plans will be developed at all levels to determine various resources required for the campaign. During the course of the exercise eligible children will be mapped to help predict the precise targets and reach them during the campaign thereby reducing the zero dose children through the process at health facility catchment area level

There will be opportunities for training which will build capacity to health workers to ably conduct microplanning, vaccine management, manage data and monitor coverage for the campaign and routine services thereafter. There will be intensified supervisory visits at all levels and this will not only guide preparations for the campaign but also strengthen and improve routine immunization services.

EPI monitoring and stock management tools will be reviewed to include new vaccines and printed and brought into the system to support routine immunization services beyond the campaign. This will help increase the availability of the tools in health facilities which will improve the quality of data and vaccine management.

There will be several planned supervisory visits during new vaccine introductions and campaigns to assess availability of stocks which are not only for the campaign but for routine immunization services. Malawi has introduced new e-reporting platforms namely eHIN and OpenLMIS which complements the traditional stock management tool in place though poorly managed and utilized. The reporting of stocks during campaign through these platforms also strengthens reporting for routine services and strengthening the EPI systems to become sustained hence helping achieve objectives highlighted in question 2.2 above

The campaigns and NUVI bring together partners. This collaboration continues even after the campaign and it strengthens the role of different partners in strengthening routine immunization and identification of zero dose children.

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.

Although COVID-19 has generally had a minimal impact on immunization coverage in Malawi, it has had some negative impact on the immunization program particularly with respect to increased rates of cancellation of outreach activities and postponement of critical program activities such as MR follow Up SIA, TCV introduction, and IPV dose 2 introduction. In addition, the introduction of Covid-19 vaccination has become a competing priority and infodemics around the Covid-19 vaccines has affected uptake of other routine vaccinations. Hence, these need to be addressed to prevent decline in immunization coverage and re-emergence of VPDs in the country. In 2021, the MOH and its implementing partners with support from UNICEF developed the national EPI resilience, restoration and strengthening plan amid COVID-19. The EPI resilience and restoration plan outlines the critical activities to be implemented to withstand current COVID-19 pandemic and future emergencies to prevent reversals in program gains.

This TCA plan further addresses the critical gaps and key activities as envisaged in the national EPI restoration plan. The key areas that are being addressed in this TCA in line with the restoration plan include:

- Strengthening the EPI system so that it continues to deliver immunisation services to everyone with equity amidst the COVID-19 pandemic and future disasters. The TCA will improve service delivery and immunisation equity through implementation and scale-up of urban immunisation and zero-dose strategies. This will ensure close monitoring of any disruption to immunization activities and to intensify efforts to track and vaccinate missed individuals. The capacity building of health workers in IIP will enhance improvements in service delivery amid and post COVID-19. The real time reporting, use of EIR and outbreak response using RapidPro will improve and strengthen EPI data management systems. The finalization, development and revision of the EPI policy, cMYP, EPI Field manual will provide overall guidance on delivery of EPI services as part of the recovery process.
- Strengthening the vaccine supply chain and logistics plan to avoid stock outs and ensure vaccine availability at all levels even during the COVID-19 pandemic and after. The proposed cold chain, vaccine management and vaccine data systems activities in this TCA will ensure close monitoring of vaccine stocks and initiate forecasting of required vaccines and related supplies for catch-up vaccination and other immunization activities as outlined in the national restoration plan.
- To effectively create demand for immunization services during and after the COVID-19 pandemic period and reduce missed opportunities for vaccination. The proposed TA towards strengthening demand generation and social mobilization for routine vaccination, new vaccines and outbreak vaccination response as well as VPDs, VRE and Vaccine Safety Surveillance will be implemented according to the developed national EPI communication strategy. This will help ensure that the concerns of health workers and the communities are addressed so that they get encouraged and

feel safe to seek vaccination services. This will contribute to improving uptake of HPV vaccine, COVID-19, other new and routine vaccines.

- To improve vaccine preventable disease and vaccine safety surveillance and be able to detect and respond to any unexpected changes or outbreaks during and after the pandemic period. This TCA will support VPDs, VRE and Vaccine Safety Surveillance activities.

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. -

Malawi, like most developing countries, experiences gender related barriers that impact on access and utilization of immunization services. For instance, traveling long distances to health clinics may deter women, particularly younger mothers, from bringing children for immunization due to safety and mobility issues. This may further be complicated with hilly topography and climate related crises like cyclones and floods that are increasing in frequency and intensity in Malawi. At the same time low socio-economic status of caregivers or lack of women's access to household funds may limit means to afford indirect costs of vaccination. In addition, long waiting times at clinics and immunization sites, that open during working hours only, may conflict with income-generating activities of caregivers such as work and business. In order to address these challenges, this TA support will contribute to ensuring that immunization services are expanded and sustained in hard to reach areas through the development/implementation of the zero-dose strategy and urban immunization strategies that address gender-related challenges of immunization. In particular, UNICEF and WHO as core partners will support accurate and timely quantification, procurement and distribution of vaccines to all service delivery points including those in the hard to reach areas and urban under-reached populations and thereafter ensure gender related challenges do not hinder acceptability of vaccination. UNICEF support will also ensure that cold chain equipment (CCE) is functional across the country and new CCEs are procured and installed to ensure availability of vaccines all year round. WHO will support the EPI programme and formulate the necessary policy and programmatic interventions to address any gender related barriers that may be uncovered by the EPI comprehensive review. Technical support will be provided during the microplanning for the integrated MR follow up SIA and TCV introduction campaigns to take into consideration any known gender related issues to immunization. Other partners will support Vaccination sessions in IDPs during emergencies in order to reduce distances to health facilities which would be very far because from the IDPs.

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

During the meeting that took place between the Ministry of Health - EPI and its Immunization Partners, a review of EPI performance was done in terms of coverage and number of zero dose children identified during Polio monitoring and the bottlenecks that are negatively impacting the performance were identified. The strategies were proposed to address the identified bottlenecks and the impact of the expected results in reduction of zero dose children.

The prioritization also took into account the support being provided by other funding mechanisms e.g. HSIS, to avoid duplication of resources.
The proposed activities will significantly reduce vaccine preventable disease in the country especially those which are common amongst the children and women.

3. Partner diversification (0.5 page) -

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

Bilateral, multi-lateral, other donor organizations, local partners and CSOs will support EPI activities in the 2022 - 2023. Gavi will support Malawi through procurement of vaccines and related injection materials, introduction of new vaccines, and Health Systems Support (HSS) and financing the PEF TCA.

There are several stakeholders that are involved in immunisation activities, based on their diversified expertise. These are:

- ❖ Gavi core partners: The United Nations Agencies: World Health Organization and UNICEF and these will provide technical support to the EPI programme.
- ❖ Expanded partners: These include international and local NGOs namely: JSI, VillageReach, PATH, Malawi Red cross Society
- ❖ Other bilateral donors: GIZ
- ❖ Local partners: KUHES
- ❖ CSOs: Malawi Health Equity Network (MHEN) and WOCACA will promote equitable access to quality, affordable and responsive health care services. Religious Organizations such as MIA and PAC will also be engaged

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

Partnerships are critical to developing a full appreciation of local circumstances and making links between local realities and global debates. Local partners have the knowledge, skills and capacities informed by organizational and personal connections; geographic and thematic diversity; access to policy arenas; links to marginalized groups; legitimacy and synergy. They have a better understanding of the cultural and religious context within which the EPI programme works. Working together, supporting each other and developing long term relationships allows us to achieve far more than we could achieve alone. There are already local partners that have been working within the health sector. These include academic institutions such as Kamuzu University of Health Sciences and CSOs such as Malawi Health Equity Network, Health and Rights Education Programme, professional

associations such as Society of Medical Doctors and Paediatric Association of Malawi, women groups such as Women Coalition Against Cancer (WOCACA). The EPI program will ensure that it collaborates with these partners by ensuring the following characteristics:

1. Shared Objectives- The national EPI unit will ensure that each partner understands the objectives of the TCA to be accomplished by respective partners.
2. Complementary attributes- Each partner will have a clear role to play that will be recognized by all partners. The EPI unit will guide to ensure that there is no duplication of efforts in the implementation of activities
3. Transparency and accountability- The National EPI unit will ensure that those partners involved recognize the need to be mutually accountable
4. Significance of relationships-All partners involved should view partnerships as relationships between organizations. Such connections are significant as sources of new ideas, mutual support, learning and advice.
5. Joint meetings will be conducted quarterly to share the achievement of milestones.
6. Interface meetings with respective partners on progress towards their milestones.

The EPI unit will conduct stakeholder mapping exercise of existing and potential new partners to identify their comparative advantages and readiness to implement the critical areas of TA in part guided by the above characteristic. Once implementation of activities has started, the interface and review meetings will serve as an opportunity to identify any challenges, best practices, information sharing and joint problem solving. Particular focus will also be placed on monitoring fund absorption in line with fund utilization plans which will be jointly developed at the start.

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.

The Ministry of Health is working with a number of local partners in the implementation of key activities and interventions to advance the immunization program. These include academic institutions such as Kamuzu University of Health Sciences, CSOs such as Malawi Health Equity Network, professional associations like the Society of Medical Doctors and women groups, and Coalition of Women Against Cervical Cancer. Under Gavi HSS funding, some of these organizations have been involved. Involvement of these local organizations has enabled them to gain requisite experience and capacities to support the provision of technical assistance in relevant immunization areas.

In order to ensure continued engagement of these partners and comply with the recommendation of allocating 30% of TCA to local partners over the course of 2022-25, the Ministry of Health will ring fence an equivalent amount of this allocation to the local partners. The rest of the budget will be proportionately allocated to Core and Expanded partners based on their past fund utilization capacity and comparative areas of advantage. The budget

allocations will be discussed and agreed during the TCA plan development process following identification and contracting of the local partners.

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.

The country has CSOs that are already supporting immunization activities or have expressed interest in immunization work. The CSOs will be allocated 5% of PEF TCA. To get to 10%, the other 5% will be allocated from HSIS. This will mainly be for the CSOs that are already being supported through HSS. Funds will be reprogrammed, with Gavi approval, to provide for this gap using HSS funds.

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

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

In 2018, PEF/TA funding supported a Bottleneck Analysis (BNA) which has been a critical reference document in the identification of priority areas to target technical and financial support. Subsequently TCA plans have been aligned to the findings and recommendations of the BNA. The country has utilized this document to design activities and interventions for which TA support has aimed to strengthen. These include the development of the Urban Immunization Strategy, mapping of zero dose children, implementation of Periodic Routine Intensification of Routine Immunization (PIRIs) in hard to reach areas and especially focusing on new and under-utilized vaccines, and intensification of communication and social mobilization activities including Interpersonal Communication for newer vaccines.

The 2021 TA plan which was based on discussions and deliberations at the 2020 Multistakeholder Dialogue covered 5 thematic areas namely: 1) Service Delivery, 2) Supply Chain 3) Demand creation: 4) Data 5) Leadership Management and Coordination (LMC). Focus was on providing dedicated Technical Assistance to MOH and Districts to improve overall coordination and management of national immunisation programme focusing on equity-focused immunisation programmes, conduct EPI Comprehensive Review and support towards implementation of the IPV catch and MR follow up SIA. The plan also supported the conducting of the Effective Vaccine Management Assessment. Technical support to national roll out the My Village My Home (MVMH) approach, harmonization of EPI data collection tools to improve data management are other program priorities also received dedicated TA support.

Building from the above, the TA plan for 2022-23 is further focusing on the 5 thematic areas and has identified a set of activities to further accelerate the implementation and achievements of the past year/s. For instance, the Implementation of the Urban Immunization Strategy, use of my Village My Home Tool for tracking immunization status of children, development of the Zero Dose Strategy will accelerate equity focused programming, while use of DHIS2, EIR and RapidPro will further improve data management. The review of the MVMH tool, which integrated VitA and Albendazole, and training of district coordinators and some health workers at facility level was done in 2022. This will continue in this TCA, to extend the orientations to the community level to start the actual implementation of the integrated MVMH tool.

In addition, the previous TA supported the planning and monitoring of immunization activities through facilitation of MAITAG meetings, supervision of RI, including HPV vaccine routinization. This new TCA will continue with the supervisory visits to the districts, support to MAITAG meetings and monitoring and orientations on HPV vaccine routinization, in order to build capacity of health workers and strengthen the delivery of service.

Delays and postponement of implementation of TA activities that align with the program's activities e.g. comprehensive review, MR SIA, did not augur well with a short implementation timeline for TCA. Proposing joint planning with EPI, other MOH units and TCA partners on implementation of activities with TA for the new TCA. In order to ensure alignment of TA plans from different partners which was a key challenge in the previous years, review of the TCA plan will be a standing agenda at EPI technical group meetings in order for partners and MOH to monitor progress and results. Further each partner will submit to MOH their draft milestone reports a month before submission deadlines for review and feedback from MOH before submission. The MoH program implementers will be conducting quarterly reviews with Gavi alliance partners in order to get updates on the TCA plan implementation progress. To the extent possible these meetings will build on existing opportunities for engagement with partners during EPI quarterly and Biannual meetings.

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

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

Malawi is grateful for the support provided by GAVI for health systems, immunization and supply chain strengthening in the country. This TCA strategy has been aligned with the ongoing and planned upcoming GAVI investments. In developing this TCA, consideration has been made for all the GAVI support being received and upcoming including the health systems strengthening, availability of vaccines and suitable infrastructure for vaccine storage. The following is the list of the upcoming GAVI investments in Malawi:

- 1) HSIS
- 2) GAVI CDS Needs Based
- 3) CCEOP ODP 4 & 5
- 4) MR & TCV campaign along with Nation wide TCV introduction
- 5) RI Vaccine support (PCV, PENTA, RVV, HPV, IPV)
- 6) New vaccine support - including Malaria vaccine expansion

The TA will be provided to the MR & TCV nationwide campaign, Malaria vaccine expansion in the current 11 pilot districts, HPV vaccine routinization, REC strategy including microplanning and use of MVMH tool in tracking children`s status of vaccinations, Vitamin A and Albendazole, capacity building of vaccinators through IIP trainings, integration of EPI and family planning, continued support of vaccinations in hard to reach areas and IDPs. Three dedicated staff of UNICEF supported under TCA will provide necessary support to the MoH EPI program including for supply chain strengthening. Implementation of EVM recommendations will also be part of the TCA activities. There will also be support for the routine immunization program not only limited to campaigns, new vaccine rollouts and expansions. The planning process for this TCA is led by the MoH and engaged the core and expanded partners, CSOs and local partners. The core, local and expanded partners will support the implementation of the planned TCA activities. The work plan will be developed in collaboration with all the partners who will be involved supporting and implementing the TCA activities.

6. TCA Monitoring (1 page)

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

The MoH EPI program will lead and oversee the joint monitoring and tracking of implementation progress and results against the TCA work plan. .

- MoH in collaboration with the implementing partners of the TCA will identify from GAVI pre-defined milestones or develop the key milestones to monitor and evaluate all the planned activities. In the course of implementation, all implementing partners will report on their milestones to MoH and to Gavi through the online portal every June and November as per GAVI TCA guidelines.
- MoH EPI program with support from WHO and UNICEF will convene quarterly meetings with partners to monitor and evaluate the performance as part of ongoing grants management and achievement of milestones. The meetings may be integrated with the national EPI sub-technical working group where possible. These meetings will also be the platform for: information and results sharing among partners; sharing and learning lessons and best practices among partners including

identification of challenges and feasible solutions; triangulating the results from various partners and making recommendations on required adjustments to improve program implementation and outcomes. The information and data from all partners will be shared in these meetings. In these meetings, other relevant reports on the EPI programs, the progress made elsewhere using the GAVI and other donor funds will also be reviewed and assessed in order to make comprehensive, informed and evidence-based decisions.

- The MoH routinely collected data such as immunisation coverages and other agreed upon indicators, milestones and data will be reviewed quarterly as consolidated by MoH EPI team in collaboration with TCA partners. The MoH will take a lead in the organisation of the data and information reviews and ensuring that lessons are being learnt are being utilised to improve the EPI program and outcomes.
- When there is a need to adjust activities based on implementation progress and results, reprogramming of TCA activities will be made and agreed among all partners subject to approval of the Gavi Secretariat, EPI team, and country Coordination mechanism.
- The MoH EPI team will lead the development of the narrative report to be submitted to GAVI in June and November each year when applicable, and will involve all the TCA implementing partners.