

Country	Investment Areas (select from dropdown)	Objectives (select from dropdown)	Activities (describe the activity)	Key Results (mandatory for multi-year activities)	Primary Partner (directly contracted organization)	Implementing Partner (primary partner or subcontractor if any)	MULTI-YEAR TOTAL
DRC	8. Health Financing	8.3 Improve the efficient use and tracking of domestic fund flows going to the frontline, including for reaching zero-dose children	1. Support CAGF implementing mobile payment for most volume-heavy activities subsidized by GAVI as part of the HSS and EAF grants 2. Support CAGF implementing Implement electronic justification to digitize expense evidence 3. Lead discussions with mobile money operators to adapt network, process and cost to routine immunization activities	- Funds disbursement time reduced to < 1 month	Acasus	Acasus	\$ 1,832,392.00
DRC	8. Health Financing	8.1 Support planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets	1. Support to EPI and UNICEF in monitoring any risks on stocks linked to financing for RI vaccines and of Gavi supported vaccines for the co-financing procured part and support EPI in follow up in the budget process to allow timely release of funds	- Timely disbursement of funds by the government	Acasus	Acasus	
DRC	4. Health Information Systems and Monitoring & Learning	4.6 Other objective related to HIS and M&E	Remotely 1. Provide necessary adjustments to Acasus or third-party tools 2. Maintain and upgrade Acasus tools 3. Provide support on interoperability between Acasus tools and country/partner systems 4. Provide ad hoc support on setting up dashboards based on EPI requirements Locally 1. logistics and administrative tasks (such as planning for workshops, trainings, field trips) 2. Advanced tech troubleshooting and discussions with mobile operators 3. Generation of dashboards for subnational levels (eg. Health zone mashako reports)	- Tool availability > 95%	Acasus	Acasus	
DRC	6. Demand Generation and Community Engagement	6.3 Improve capacity in designing, implementing, monitoring and/or evaluating demand generation activities at all levels	1. Preparation, roll-out, analysis of a regular (annual or semesterly) demand survey, with a focus on identifying and monitoring zero-dose children 2. Support the EPI and relevant partners (SANRU, UNICEF) in designing and implementing the demand generation plan 3. Update the mapping of community structures availability and functionality and formulate recommendations to boost effectiveness and efficiency of the community dynamics	- Survey results and analysis available - Updated community structure mapping - Demand Generation Plan available - Improved demand Mashako KPI	Acasus	Acasus	
DRC	3. Supply Chain	3.2 Improve stock management for vaccines and devices to avoid facility-level stock-outs	1. Support EPI and partners on logistics at the central level on improving vaccine availability, including the prediction of vaccine stocks and needs for the country 2. Support strategic work on the re-design of the supply chain 3. Assist EPI on implementing a robust support structure for provinces, at the central level, to ensure efficiency in logistics activities (direct contact) 4. Test and replicate innovative approaches for last-mile delivery	- Vaccine Availability > 60% on average	Acasus	Acasus	
DRC	7. Governance, Policy, Strategic Planning, and Programme Management	7.4 Other objective related to governance, policy, strategic planning and programme management	Support from Acasus central team 1. Continuous problem solving support to the DRC Acasus team and EPI 2. Sharing of best practices from other geographies/sectors, including those where Acasus is present	- No direct result, contributing to results from the whole Acasus team	Acasus	Acasus	
DRC	3. Supply Chain	3.4 Strengthen Logistics Management Information Systems to assure real-time monitoring at all immunisation supply chain levels	1. Improve and increase uptake of vaccine availability dashboards in coordination and antennas 2. Set-up dashboards on key logistics aspects (vaccine deliveries & availability, cold chain availability, cold chain functionality) at all levels (incl. health facility) 3. Support strategic work on the choice and implementation relevant tools to track vaccine stocks at all levels (ex: e-LIMS) 4. Ensure proper capacity building at the EPI logistics division on vaccine availability tracking to facilitate handover to EPI	- Availability of dashboards with reporting > 70% each week - Improved availability at antenna/coordination level	Acasus	Acasus	
DRC	7. Governance, Policy, Strategic Planning, and Programme Management	7.1 Strengthen capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children	1. Implement the training component of the sustainability plan at the central level: Mashako committee competency assessment, training design, etc. 2. Oversee and ensure transfer of capacities on mature projects 3. Carry competency training sessions on data management and use, problem solving, data visualization, story-telling, etc. for the Mashako committee 4. Ad hoc coaching to specific members of the Mashako committee	- Availability of training material - Improved competency at the Mashako Committee - Mashako Committee managing activities previously handled by Acasus	Acasus	Acasus	
DRC	2. Human resources for health	2.1 Improve technical and managerial capacity of healthcare workers to plan, implement and monitor immunisation services	1. Monitor availability and competency of health workers on immunization 2. When relevant, support EPI developing training plans to build capacity at the health worker level, including with innovative solutions (eg. video-training)	- Improved competencies of vaccinators in selected provinces	Acasus	Acasus	
DRC	8. Health Financing	8.2 Support the budgeting and targeting of domestic resources for immunisation and/or primary healthcare based on equity considerations	1. Support EPI in monitoring progress on the declaration of Kinshasa 2. Support preparation of workshops and meetings dedicated to accountability mechanisms (incl. Presidential forum)	- Documentation on Kinshasa declaration for regular updates	Acasus	Acasus	
DRC	7. Governance, Policy, Strategic Planning, and Programme Management	7.2 Strengthen programme performance monitoring and management systems at all levels	1. Manage Mashako data collections systems and data to ensure high availability of the Gestion PEV tool (including support to EPI and partners on telecom topics) 2. Perform ad hoc analyses and generates reports on performance of the Mashako Plan 3. Build competency at the EPI to generate reports, perform ad hoc analyses, support the preparation of workshop content 4. Support EPI in increasing the supervision rate to 80% as well as the quality of formative supervisions 5. Support EPI leveraging the supervision system and performance routines to improve other indicators of the Mashako plan (sessions, logistics, vaccine delivery at the operational level) 6. Support EPI improving the quality of administrative, supervisory and survey data, incl. through the use of supervisions for micro-surveys 7. Support the EPI, CAGF to streamline the payment of performance, supervision based bonuses	- Supervision rate > 80% - Improved data quality	Acasus	Acasus	

DRC	7. Governance, Policy, Strategic Planning, and Programme Management	7.1 Strengthen capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children	Coordinate LMC support 1. Advise EPI and MOH on EPI governance, organisation, and performance routines 2. Collaborate on strategic policy setting documents (e.g. norms, standards, plans) and operational plans (POA) 3. Support the Mashako Committee on the preparation of its weekly routines and reviews 4. Coordinates sustainability efforts (including capacity-building of the Mashako committee, handover of activities managed by Acasus) 5. Define the overall vision and direction for the Acasus team, proposes new solutions and interventions to address EPI performance issues	- Improved global Mashako score in all provinces (~80% on average) - Improved competencies among EPI staff (validated via tests) - Implementation of Mashako 2.0 core activities	Acasus	Acasus	
DRC	1. Service Delivery	1.1 Extend immunisation services to reach zero-dose, underimmunised children and missed communities	Provide technical support for the introduction of MCV 2 at the national level and for urban immunization strategy		JSI		\$ 95,076.00
DRC	1. Service Delivery	1.7 Design and implement life-course immunisation approaches relevant to Gavi-supported vaccine programmes (HPV, MCV2)	1- Apporter un appui technique au PEV au niveau national dans la poursuite et le renforcement du processus d'opérationnalisation de la plateforme des interventions de la seconde année de vie de l'enfant 2- Apporter un appui technique au PEV national dans la planification, la mise en oeuvre et le reporting de l'évaluation post introduction (PIE) de la seconde dose de Rougeole	1. 100% des formateurs identifiés des niveaux central, intermédiaire et opérationnel sont formés 2. 100% des cadres du PEV identifiés des niveaux central et intermédiaire sont appuyés dans la supervision formative des prestataires pour renforcer la plateforme de la seconde année de vie 3. 100% des cadres du PEV identifiés des niveaux central et intermédiaire sont appuyés dans l'évaluation post introduction du vaccin MCV2	RFP	RFP	\$ 6,149,227.49
DRC	4. Health Information Systems and Monitoring & Learning	4.3 Strengthen information systems relevant for the identification and reach of zero-dose and under-immunised children	TA for ZD activities at national level: 1. Knowledge Hub (Centre d'Apprentissage) 2. Coordination of ZD investments (EAF) 3. Support for ZD related surveys in EAF		RFP	RFP	
DRC	3. Supply Chain	3.3 Increase capacity and quality of vaccine storage and distribution to improve vaccine availability, especially in the last mile	-Two-way transport by drones of vaccines and other vaccination supplies at the last mile to improve the availability of vaccines in health facilities of the Provinces of Equateur, Kinshasa and Kongo Central. - Collect samples of vaccine-preventable diseases	* Increased availability of vaccines and other health products and reduced the number of zero dose and under-vaccinated children in selected very hard to reach communities. Drones could fill important gaps in product availability in areas where traditional modes of transport often struggle. The goal is not for drones to replace these traditional modes of transport, but rather to be integrated into a more efficient supply system in order to meet the objectives set by the DRC Ministry of Health. .Reduced the time for diagnostic of vaccine preventable diseases with the transportation of lab sample	RFP	RFP	
DRC	6. Demand Generation and Community Engagement	Design and implement social and behaviour change interventions by 2024	TA on the Gavi funded Demand Generation & Community engagement: monitor implementation, analysis and recommendation of ongoing support, support and reco for next FPP, coordination 1: Provide technical assistance to community actors in the management of income-generating activities (design, implementation and evaluation) 2. Provide technical support in the organization and management of the community database of income-generating activities carried out in the health areas. 3. Provide technical support to communities in carrying out monthly household surveys in each CAC for the identification, the achievement of zero doses, under-vaccinated and forgotten communities. 4. Implement and monitor the accountability framework at all levels 5. Ensure the follow-up of the commitment of political and administrative authorities in favor of the vaccination of zero dose, the under-vaccinated and basic social services. 6-strengthen advocacy with religious denominations and the private sector for the promotion of free vaccination. 7-Negotiate the humanitarian corridor with United Nations agency and international NGOs in conflict areas.	1. Drastic reduction in the number of zero-dose and under-vaccinated children in health zones. 2. Missed communities are located and reached 3. Communities are empowered and self-determined 4. Accountability framework available at all levels. 5. Adhésion of denominational and private structures in free vaccination 6. Number of commitments honored. 7. Vaccination of zero doses and under-vaccinated in insecure areas	RFP	RFP	
DRC	7. Governance, Policy, Strategic Planning, and Programme Management	Successful outcome of IRC and Gavi approval	TA for the development of the FPP & PSR in DRC for the new HSS4 (mid 2023 to end 2024)	Situation analysis developed and of high quality Detailed mapping of funding sources in Health Systems from all donors Strong TOCs developed including at provincial level and one consolidated Ensure consistent and comprehensive application documents and timely submission to Gavi	RFP	RFP	
DRC	1. Service Delivery	The goal of the project is to contribute to improving the vaccination coverage rate of all Antigens administered to children in the 35 health zone of the province of Kinshasa, in order to eradicate vaccine-preventable diseases in DRC. The project includes 3 components: - Sensitization of vaccination stakeholders - Promotion of the immunization schedule and improvement of immunization coverage - Monitoring and evaluation	Develop a database to track children immunization schedule in 35 health zone: - Development and maintenance of the database - Technical assistance to the HZ health workers and community leaders to track immunization sessions. 2. Develop an eVaccination card to track children immunization and send SMS reminders: -Ensure eVaccination cards are up to date and accessible -Community engagement to educate guardians on the use of eVaccination cards -Call center to recuperate children in case of missed session- identification and monitoring of zero doses by health zone	- Performance Analysis documented shared weekly with EPI and health workers at health Zone level. -In person community awareness sessions at health center level - Increased number of children tracked within the database 100% of birth cohort fully vaccinated -Drop-out rate 0% -100% ownership of eVaccination cards. - Zero doses identified, completely vaccinated	RFP	RFP	
DRC	3. Supply Chain	3.3 Increase capacity and quality of vaccine storage and distribution to improve vaccine availability, especially in the last mile	1 Provide rover specialist support and Train EPI staff on cold chain management of equipment , Cold storage, generator and solar system. Create a efficient monitoring system and provide training and assurance of overall maintenance and repair to equipment in an efficient manner.	Improve the capacity of EPI cold chain staff to enable EPI to maintain 90% of reparations and maintenance of the cold chain system in their perspective provinces to ensure that vaccines are maintained at optimum temperatures.	RFP	RFP	
DRC	3. Supply Chain	3.3 Increase capacity and quality of vaccine storage and distribution to improve vaccine availability, especially in the last mile	TA on Logistics Hubs (Kinkole, Kisangani) - Management & Supervision	Major risks for the Hub operation are mitigated Vaccine availability and timely distribution by central level is improved Closed vial wastage and expiry of vaccines is reduced	RFP	RFP	

DRC	1. Service Delivery	1.2 Integrate delivery of services to improve efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and underimmunised children and missed communities	1. Ensure preparation, improvement, dissemination and training on the new microplanning approach (enriched with geospatial data), with a focus on zero-dose communities 2. Support expansion of the georeferenced microplanning approach to additional provinces (provinces to be defined jointly with the EPI) 3. Roll-out, improve and expand interventions aiming at improving the realization of vaccination sessions (fixed & outreach session tracker, fixed session booster, etc.) to boost equity and target zero-doses	- Improved realization of fixed and outreach session activities (70%) - Availability of microplans for additional provinces	RFP	RFP	
DRC	3. Supply Chain	3.1 Improve design of immunisation supply chain system to improve efficiency and vaccine availability, especially in the last mile	Supply Chain TA at subnational level in 4 to 5 priority provinces within the 21 priority provinces (including ensuring vaccine availability, Nouvelle Génération Chaîne d'Approvisionnement)	- Increased availability of vaccines and other vaccination inputs at the service delivery points (FOSA). Decreased the number of zero dose and under-vaccination children with vaccine availability; follow up on the number of immunization sessions and active search tracking of zero dose and under-vaccinated children • Strengthened capacity of provincial and district health officers on supply chain leadership and management. • Strengthened capacity of health workers on data collection, analysis, storage and management for decision-making. The NGCA Initiative cultivates the culture of data and trains health workers at FOSA level and provincial and district officers to collect and use reliable data for decision making. Each delivery team collects data from each health center on consumption, stock on hand, number of stockout days and information on losses to calculate wastage rate. • Direct deliveries to service delivery points (FOSA) with the use of the Informed Push approach: Under the NGCA Initiative, products are delivered directly from the provincial warehouse to a subset of health centers that have cold chain equipment for vaccines. This provides opportunities for ongoing training and support. For instance, supportive supervision	RFP	RFP	
DRC	8. Health Financing	8.2 Support the budgeting and targeting of domestic resources for immunisation and/or primary healthcare based on equity considerations	Support to new MoU provinces (EAF) 1. Support selected provinces in the implementation of the MoU model 2. Ensure liaison with political and administrative authorities of the selected provinces to track payments and accountability 3. Provide training to political and administrative authorities on accountability mechanisms, funds management, immunization, etc. <i>En complémentarité de l'appui SFA</i>	- Timely disbursement of funds by the provinces - Regular performance review meetings with the governors (Kinshasa declaration)	RFP	RFP	
DRC	1. Service Delivery	1.1 Extend immunisation services to reach zero-dose, underimmunised children and missed communities	Support the implementation of Mashako 2.0 and the reduction of zero-doses by Decentralized support at the level of provinces (in 7/8 EAF and HSS priority provinces) Final Activities will be reflected in the Harmonized subnational TA TORs 1. Support Mashako performance monitoring and improvement through adequate routines 2. Provide technical support for the analysis of the immunization equity situation and identification of zero-dose children in the 7 priority provinces and their health zones 3. Participate in the updating of provincial plans and micro-plans of priority health zones (those with high number of zero-dose and underimmunized children) and in the selection of pro-equity interventions to be implemented to reach hard-to-reach communities and zero-dose children in said health zones 4. Provide technical support for the development of the social mapping of immunization stakeholders both at the level of priority health zones and at the level of health areas/communities 5. Participate in the establishment of community platforms for vaccination and monitoring of their accountability framework in priority health areas 6. Provide technical support for the establishment of the community vaccination register in priority health areas 7. Participate in the development of targeted supportive supervision plans based on an analysis of the strengths and weaknesses of the program. 8. Provide technical support for the analysis and	1. Zero dose reduced by 50% in targeted provinces (for EAF provinces) 2. Proportion of children recovered through the implementation of the MOV reduction strategy (14%) 3. Organization of the immunization coverage survey in refugee and internally displaced persons camps 4. 80% of supervision conducted 5. 80% of health zones targeted trained 6. 80% of provinces with ICC meetings organized in provinces 7. 80% of review - training organised"	RFP	RFP	
DRC	6. Demand Generation and Community Engagement	Strengthen partnerships with local and community actors to improve demand for vaccination by 2024	TA on the Gavi funded Demand Generation & Community engagement; monitor implementation, analysis and recommendation of ongoing support, support and reco for next FPP, coordination in the 11 provinces targeted by EAF including: 1. Provide technical assistance for the implementation of recovery plan for the assessment of the quality of health service provision by community delegates. 2. Provide technical support in improving and putting online the database for the evaluation of the quality of health services offered by community delegates. 3. Provide technical support in the analysis of the results and good practices of the evaluation of the quality of the provision of health services by community delegates and their dissemination to all levels. 4. Train CHWs on how to identify Zero dose children, orient them to facilities for immunisation. Support facilities to organise outreach vaccination sessions for hard to reach communities	1. Improvement of the quality of supply and demand for health and vaccination services in all supported health areas. 2. Data from the evaluation of the quality of health services offered by community delegates is online. 3. The results from evaluation of the quality of health service provision are used for decision-making at all levels	RFP	RFP	
DRC	4. Health Information Systems and Monitoring & Learning	4.6 Other objective related to HIS and M&E	TA for HSS3 & Mashako Plan evaluation		TBD	TBD	\$ 200,000.00
DRC	3. Supply Chain	3.7 Other supply chain objective	TA support for CCEOP application, EVM, Cold Chain Inventory	CCEOP application is developed and approved	UNICEF	UNICEF	\$ 1,789,560.00

DRC	7. Governance, Policy, Strategic Planning, and Programme Management	6.3 Improve capacity in designing, implementing, monitoring and/or evaluating demand generation activities at all levels	<p>1. Provide guidance and technical support to the EPI management team for the development and update the immunization national policies, strategies and guidelines to the Global Immunization Vision 2030, regional and national priorities. This includes the development and update the National Immunization Strategies (harmonized costed multi-year plans and protocols) for routine immunization as related to the Mashako Plan, the selection and prioritization of new vaccine to be introduced in the routine Programme including the deployment and integration of COVID19 vaccination. This includes also the participation in country situation analysis, the analysis of immunization cascade in DRC, the profile of zero-dose children and identification of locations with high number of zero-dose and under-immunized children, identification of main bottlenecks and the selection of specific strategies to reach them.</p> <p>2. Provide technical support in designing tailored strategies for integrated and multisectoral approaches to reach zero dose children with a minimum package of primary health care (PHC) and services focus on urban poor/rural remote/those living in conflict-affected areas with using immunization as entry point for other basic social services</p> <p>3. Contribute to the development of proposals for resources mobilization, the program planning, monitoring and performance evaluation</p> <p>4. Contribute to capacity building for operational research/documentation of best practices for evidence-based decision making on their scale up</p>	<p>1. National policies and strategies are finalized according to the national, regional and global vision and plans (country multi-year plan, protocols and guidelines)</p> <p>2. The 7 UNICEF priority provinces apply tailored strategy developed to improve vaccination coverage and proportion of zero-dose children reduce as per national targets</p> <p>3. Documents/proposals for resources mobilisation are developed and submitted in respect of required quality and deadlines.</p> <p>4. Annually coverage surveys data are available to inform program progress and performances for evidence-based decisions;</p>	UNICEF	UNICEF
DRC	7. Governance, Policy, Strategic Planning, and Programme Management	6.3 Improve capacity in designing, implementing, monitoring and/or evaluating demand generation activities at all levels	<p>1. Provide guidance and technical support to the EPI management team for the development and update the immunization national policies, strategies and guidelines to the Global Immunization Vision 2030, regional and national priorities. This includes the development and update the National Immunization Strategies (harmonized costed multi-year plans and protocols) for routine immunization as related to the Mashako Plan, the selection and prioritization of new vaccine to be introduced in the routine Programme including the deployment and integration of COVID19 vaccination. This includes also the participation in country situation analysis, the analysis of immunization cascade in DRC, the profile of zero-dose children and identification of locations with high number of zero-dose and under-immunized children, identification of main bottlenecks and the selection of specific strategies to reach them.</p> <p>2. Provide technical support in designing tailored strategies for integrated and multisectoral approaches to reach zero dose children with a minimum package of primary health care (PHC) and services focus on urban poor/rural remote/those living in conflict-affected areas with using immunization as entry point for other basic social services</p> <p>3. Contribute to the development of proposals for resources mobilization, the program planning, monitoring and performance evaluation.</p> <p>4. Provide inputs for regular and in-depth analysis of routine immunization and surveillance data with dissemination of technical feedback and proposed actions to decentralized technical assistance in provinces and to the implementing</p>	<p>- National policies and strategies are updated according to the national, regional and global vision and plans (country multi-year plan, protocols and guidelines)</p> <p>- Integrated mobile clinics are operational in the 12 priority provinces for Unicef and offer an integrated package of primary health care and services to hard to reach communities and zero-dose.</p> <p>- Documents/proposals for resources mobilisation are developed and submitted in respect of required quality and deadlines.</p> <p>- Annually coverage surveys data are available to inform program progress and performances for evidence-based decisions;</p> <p>- Updated digital training modules are uploaded on smartphones and used for immunization services providers capacity building</p>	UNICEF	UNICEF
DRC	3. Supply Chain	8.1 Support planning of Gavi and non-Gavi-supported vaccine procurement costs based on quality vaccine forecasts as part of national and subnational health budgets	<p>1. Provide technical support to the national cold chain and logistic task force for the effective management of vaccine improvement plan including periodic evaluations and updates</p> <p>2. Provide technical assistance to the national team to select, procure, deploy and install new cold chain equipment (3424 refrigerators and their remote monitoring system (Beyond wireless)) in all central, regional and health zones, the cold rooms as well as for cold room's temperature mapping.</p> <p>3. Support the development and implementation of the eLMIS : selection of contractors, define the scope of work and participate in the technical and financial capacities assessment</p> <p>4. Provide updates on the rehabilitation and maintenance plans for national and subnational warehouses (Hubs) and cold chain network</p> <p>5. Support the preparation and implementation of the cold chain and logistic inventory as well as the preparation and realization of Effective Vaccine Management Evaluation</p> <p>6. Provide capacity strengthening for vaccine management at all levels to ensure the availability of quality vaccines at the operational level through the efficient use of a stock monitoring system and ECF (VIVA, eSMT, Monitoring of remote temperature, stock visibility)</p> <p>7. Support the implementation of Vaccine Independence initiative (VII), the analysis and identification of bottlenecks related to the financing of vaccines and ways for its sustainability in DRC ;</p> <p>8. Support the functioning of central and decentralized Immunization warehouses Hubs (Kinkole, Kisangani,</p>	<p>- At least 80% of EVM improvement plan activities are implemented</p> <p>- 100% of cold chain material purchased are correctly installed</p> <p>- 100% of beneficiaries of new cold chain materials are trained on their maintenance</p> <p>- Preliminary study (assessment) for eLMIS plateforme implementation is realized</p> <p>- An integrated logistic management information system is operational in DRC (eLMIS)</p> <p>- A bi annually cold chain inventory are realised</p> <p>- The VII plan is regularly monitored and updates shared with all partners</p> <p>- An Evaluation of Vaccines Management (EVM) is conducted and its improvement plan developed</p>	UNICEF	UNICEF
DRC	1. Service Delivery	1.2 Integrate delivery of services to improve efficiency, regularity and/or reliability of planned immunisation activities with a focus on zero-dose and underimmunised children and missed communities	<p>Final Activities will be reflected in the Harmonized subnational TA TORs</p> <p>1. Provide technical support for the analysis of the immunization equity situation and identification of zero-dose children in the 7 priority provinces and their health zones</p> <p>2. Participate in the updating of provincial plans and micro-plans of priority health zones (those with high number of zero-dose and underimmunised children) and in the selection of pro-equity interventions to be implemented to reach hard-to-reach communities and zero-dose children in said health zones</p> <p>3. Provide technical support for the development of the social mapping of immunization stakeholders both at the level of priority health zones and at the level of health areas/communities</p> <p>4. Participate in the establishment of community platforms for vaccination and monitoring of their accountability framework in priority health areas</p> <p>5. Provide technical support for the establishment of the community vaccination register in priority health areas</p> <p>6. Provide technical support for the design and programming of integrated mobile clinics strategies and their implementation</p> <p>7. Participate in the development of targeted supportive supervision plans based on an analysis of the strengths and weaknesses of the program.</p> <p>8. Provide technical support for the analysis and dissemination of DIHS2 data and provide feedback to priority</p>	<p>- Provinces and health zones with high number of zero-dose children are identified.</p> <p>- Health zone's microplans with pro-equity interventions developed and implemented</p> <p>- At least 25% of zero-dose children are vaccinated by the end of 2025</p> <p>- Community platforms in support of integrated primary health care/services (vaccination, nutrition, birth registration, WASH) are operational</p> <p>- integrated community registries are correctly used in selected areas</p> <p>- All immunization providers are trained through digital/e modules</p>	UNICEF	UNICEF
DRC	3. Supply Chain	1.1 Extend immunisation services to reach zero-dose, underimmunised children and missed communities	<p>Equateur:</p> <p>Activity 1.1: Ensure continued leadership and guidance from national and provincial governments</p> <p>Activity 2.2 Conduct routine deliveries of immunization products by drone</p>		VillageReach	\$ 231,649.00

DRC	1. Service Delivery	1.1 Extend immunisation services to reach zero-dose, underimmunised children and missed communities	<p>Kwlu, Sankuru & Mai-Ndombe provinces: Activity 1: Identify and refer zero-dose and under-immunised children Activity 2: Coordinate distribution mission Activity 3: Follow up on the number of immunization sessions required by health facilities Activity 4: Support monthly Mashako Plan meeting Activity 5: Follow up on the functionality of the cold chain materials Activity 6: Strengthen capacity of DPS officials and **ECZ members on supply chain management Activity 7: Support logistics data analysis for decision-making</p> <p>Equateur and Lualaba provinces: Activity 1: Identify and refer zero-dose and under -vaccinated children Activity 2: Coordinate distribution mission Activity 3: Support monthly Mashako Plan meeting Activity 4: Strengthen capacity of DPS officials and ECZ members on supply chain management Activity 5: Support logistics data analysis for decision-making</p> <p>Haut-Lomami & Tanganyika provinces Activity 1: Coordinate the transition of the NGCA to the provincial government</p>		VillageReach		
DRC	5. Vaccine Preventable Disease Surveillance	5.1 Improve the availability and use of timely and accurate data for decisions on vaccine introduction and preventive campaign targeting	Support the implementation of vaccine-preventable disease surveillance : 1. Provide supportive supervision to provinces and health zones 2. support follow up of sample collection from field 3. support quarterly risk analysis for polio and measles 4. Support outbreak investigations in provinces and health zones	Timely outbreak detection and response [OutbreakResponse]	WHO	WHO	\$ 2,676,215.52
DRC	4. Health Information Systems and Monitoring & Learning	4.6 Other objective related to HIS and M&E	Support for data management in DHIS2 : 1. Briefing of provincial and health zone in DHIS2 during yellow fever campaigns 2. Briefing of intermediate level EPI staff in DHIS2 3. Implementation of case-by-case surveillance and integrated disease surveillance in DHIS2	1. The modules on the monitoring of the yellow fever, measles and case-by-case monitoring bases shall be operational on DHIS2.	WHO	WHO	
DRC	2. Human resources for health	2.3 Ensure the immunisation health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development	Support the development of e-learning modules: 1. DQS module design and deployment 2. Design and deployment of the monitoring meetings module 3. Data validation module design and deployment 4. Support training of e-learning at health facilities level (EPI, data management, data use, DQS, data validation, monitoring meetings)	100% of e-learning modules are deployed for the period	WHO	WHO	
DRC	2. Human resources for health	2.3 Ensure the immunisation health workforce is regularly supported by performance management systems, including supportive supervision and continuous professional development	Support the organization of coverage surveys: 1. Support for the organization of quarterly LQAS surveys in health areas with special populations and high number of zero doses	1. 100% of periodic surveys organized with WHO technical support	WHO	WHO	
DRC	5. Vaccine Preventable Disease Surveillance	5.2 Increase timely detection of and response to vaccine-preventable disease outbreaks	Support the implementation of VPD sentinel surveillance (rotavirus, Meningitis, rubella and CRS): 1. Conduct supportive supervisions to sentinel sites 2. Support traing of trainers 3. Revise and adapt tools for surveillance	The introduction of new vaccines is lead by evidence and the monitoring of vaccines already introduced is carried out through the characterization of circulating genotypes and serotypes.	WHO	WHO	
DRC	1. Service Delivery	1.1 Extend immunisation services to reach zero-dose, underimmunised children and missed communities	Support for preventive campaigns against yellow fever, measles, polio and responses to vaccine-preventable diseases) 1. Coordination of independent monitoring and LQAS in targeted provinces and health areas 2. Technical assistance in the follow-up of preparations, coordination and supervision 3. Coordination of the post-vaccination campaign survey	1. 80% of health areas covered by independent monitoring and LQAS 2. At least 80% of the health areas targeted by the campaigns have less than 10% of children not vaccinated after the campaign according to independent monitoring. 3. At least 80% of the health areas targeted by the campaigns have less than 10% of unvaccinated children after the campaign according to the results of the post-campaign survey 4. Coverage performance (survey) of campaigns 2022-2024 is improved compared to previous ones 5. Post campaign survey is implemented in a timely manner and results available	WHO	WHO	
DRC	4. Health Information Systems and Monitoring & Learning	4.3 Strengthen information systems relevant for the identification and reach of zero-dose and under-immunised children	Support the implementation of the Data Improvement Plan: 1. Support for the implementation of the data improvement plan activities 2. Support for the functioning of the data improvement working group 3. Support for the development of eJRF 2022, 2023 and 2024 4. Support for the annual official estimates of vaccine coverage 5. Support for the integrated literature review of data"	1. 80% of data improvement plan activities implemented 2. 80% of working group meetings held and 80% of recommendations made) 3. The eJRF 2022,2023,2024 report developed and shared on time 4. The report of the official estimates of vaccine coverage available on time 5. The report of the shared integrated literature review on time"	WHO	WHO	
DRC	1. Service Delivery	1.7 Design and implement life-course immunisation approaches relevant to Gavi-supported vaccine programmes (HPV, MCV2)	Support the introduction of new vaccines (VAR2, VPI2, RTS, S/AO1, COVID -19, Cholera) and Support for reactive and preventive campaigns against yellow fever, measles, polio and responses to vaccine-preventable diseases): 1. Support proposals submission for new vaccines and its implementation 2. Support for the development of the ZYL platform for interventions in the second year of the child's life 3. Support monitoring and evaluation of new vaccines introduction 4. Support the coordination of post-introduction external evaluation (PIE) 5. Support the follow-up of preparations, coordination and supervision of preventive campaigns 6. Coordination of independent monitoring and LQAS in targeted provinces and health areas 7. Support to the coordination of the post-vaccination campaign survey	1. Applications for new vaccines scheduled for the period recommended for 100% approval 2. PIE report available within 3 months of introduction 3. ZYL plateforme implemented	WHO	WHO	

DRC	1. Service Delivery	1.1 Extend immunisation services to reach zero-dose, underimmunised children and missed communities	Support the routine immunization (Mashako plan & FAE plan) and surveillance activities in central and provincial level : <ol style="list-style-type: none"> 1. Support the update or design of EPI strategic plans 2. Support coordination (Mashako committee, ICC, coordination and ad hoc committee, NITAG) and operational research 3. Planning and implementation of supportive supervision of services delivery in provinces 4. Performance monitoring, 5. Strengthens disease surveillance (polio, measles, yellow fever and tetanus) and AEFI surveillance 6. Implementation of specific strategy: MOV, IPVS 7. Support outbreak investigations in provinces and health zones 8. Support the implementation of VPD sentinel surveillance (rotavirus, Meningitis, rubella and CRS) 	1. AEF plan developed and implemented Zero dose reduced by 50% in targeted provinces	WHO	WHO
DRC	1. Service Delivery	1.1 Extend immunisation services to reach zero-dose, underimmunised children and missed communities	Final Activities will be reflected in the Harmonized subnational TA TORs Support the implementation of Mashako 2.0 by Decentralized support at the level of priority provinces identified by WHO, including Kinshasa, Bas Uele, Tshuapa, Sud Ubangi, Mai Ndombe, Nord Kivu: Mongala <ol style="list-style-type: none"> 1. Performance monitoring, 2. Strengthen disease surveillance, 4. facilitation of training in health zones 5. Investigation and response to epidemics, 6. Support for implementation of SIAs (measles, yellow fever, polio, etc) 7. Support for the functionality of the Mashako Scientific Committee and the Vaccine Coverage Survey Steering Committee * 	1. Zero dose reduced by 50% in targeted provinces 2. Proportion of children recovered through the implementation of the MOV reduction strategy (14%) 3. Organization of the immunization coverage survey in refugee and internally displaced persons camps 4. 80% of supervision conducted 5. 80% of health zones targeted trained 6. 80% of provinces with ICC meetings organized in provinces 7. 80% of review - training organised"	WHO	WHO
DRC	7. Governance, Policy, Strategic Planning, and Programme Management	7.1 Strengthen capacity of governance/technical bodies for planning, coordination and tracking progress at all levels, particularly for reaching zero-dose children	Support the Leadership, coordination and management of EPI : <ol style="list-style-type: none"> 1. Support for the functionality of the coordination structures (ICC, CNC, Gavi Ad Hoc Committee, etc.) 2. Support the NITAG to provide guidance to EPI and Ministry of health 3. Support for the MAPI Committee to provide guidance, supervision and causality assessment 4. Support for the organization of the institutional audit of the EPI 5. Support for the revision of the cMPY of the EPI in accord with immunization agenda 2030 and Gavi 5.0 strategy 6. Support for the preparation/evaluation of the EPI operational plans for the periods 2022, 2023 and 2024 7. Advocacy for payment of DR. Congo co-financing to Gavi 8. Support the EPI partners coordination 	1. At least 80% of the meetings of the coordination structures held and 80% of the recommendations implemented 2. 100% of NITAG sessions held recommendations to Ministry of health to guide decisions 3. The cMPY is revised and aligned with the 2030 immunization agenda and Gavi 5.0 strategy 4. The EPI plan for the periods 2022, 2023 and 2024 shall be developed and evaluated 5. The co-financing payment commitments of the Government of DR. Congo are 100% monitored"	WHO	WHO