

## Joint Appraisal (JA) 2019 Report

<b>Country</b>	BURUNDI
<b>Full JA or updated JA<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>JA complete</b> <input type="checkbox"/> JA update
<b>Date and venue of the joint evaluation meeting</b>	Bujumbura, 27-30 August 2019
<b>Participants / affiliation<sup>2</sup></b>	See in appendix
<b>Frequency of results reporting</b>	-
<b>Tax period<sup>3</sup></b>	July 2018 - June 2019
<b>Duration of the Comprehensive Multi-Year Plan for Immunization (cMYP)</b>	2019-2023
<b>Gavi/Co-financing Transition Group</b>	NA

### 1. REQUESTS FOR RENEWAL AND EXTENSION

Renewal requests have been submitted on the country portal

<b>Vaccine Renewal Application (NVS) (By May 15)</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Does the vaccine renewal application contain a change request?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
<b>Request for renewal of HSS support</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<b>Application for renewal of support to the POECF</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>

### 2. GAVI GRANT PORTFOLIO

Support for existing vaccines (to be pre-filled by the Gavi secretariat)

Introduced / Campaign	Date	Coverage 2017 (WUENIC) per dose	Target 2018		Approx. value USD	Observation
			%	Children		
Insert						
Insert						

Existing financial support (to be pre-filled by the Gavi secretariat)

Subsidy	Canal	Period of time	First payment	Status of cumulative funding as of June 2018				Compliance	
				Engag.	Appr.	Paid up	Use.	End.	Auditing
Insert									

<sup>1</sup> Information on the difference between full and updated JA is available in the document *Guidelines on reporting and renewals of Gavi support*, <https://www.gavi.org/support/process/apply/report-renew/>

<sup>2</sup> If the list of participants is too long, it can be provided in an appendix.

<sup>3</sup> If the frequency of results reporting differs from the fiscal period, please provide a brief explanation.

<b>Insert</b>									
<b>Observations</b>									

**Indicative interest for the introduction of new vaccines or for the request for HSS support in Gavi in the future<sup>4</sup>**

Indicative interest for the introduction of new vaccines or for the request for HSS support in Gavi	Program	Planned year of application	Planned year of introduction
	HPV	2020	2022
	Hep B dose at birth	2019	2021
	Td 5 and Td 6	NA <sup>5</sup>	2020
	Men A	2021	2023

**Grant Performance Framework - recent reports for 2018 Also** *(to be pre-filled by the Gavi Secretariat)*

Intermediate Outcome Indicator	Objective	Realized
Insert		
Insert		
<b>Observations</b>		

**Targeted assistance by EFP country: Main partners and extended partners as of**[insert date] *(to be pre-filled by the Gavi secretariat)*

	Year	Financing (USD x 1000)			Existing staff	Milestones achieved	Observations
		Appr.	Paid up	Use.			
<b><u>Insert</u></b>							
<b><u>Insert</u></b>							
<b><u>Insert</u></b>							
<b><u>Insert</u></b>							

### 3. RECENT CHANGES IN THE COUNTRY CONTEXT AND POTENTIAL RISKS FOR THE FOLLOWING YEAR

NA for the JAs of this fiscal year

<sup>4</sup> The fact of providing this information does not constitute an obligation for the country or Gavi; it is mainly provided for information purposes.

Countries are encouraged to highlight in the following sections, including in the Action Plan in Section 7, the main activities and technical assistance potentially required, the preparation of investment applications, vaccine applications and introductions, as appropriate.

<sup>5</sup> UNICEF funding for vaccine procurement

#### 4. PERFORMANCE OF THE VACCINATION PROGRAM

NA for this fiscal year's JAs

#### 5. GAVI SUPPORT PERFORMANCE

##### 5.1. Performance of Gavi's HSS support (for the countries concerned)

<b>Objective 1: Strengthen the capacity to provide quality services, particularly immunization services.</b>	
<b>Objective of the HSS grant</b> (in accordance with HSS proposals or JSP)	<b>Strengthen the capacity of the supply of quality services, particularly immunization services</b>
<b>Priority geographical/population groups or coverage and equity constraints addressed by the objective</b>	In the first year of HSS, 21 activities were planned under the responsibility of MSPLS, UNICEF and the World Bank. Ten - nine (19) activities are to be carried out at the national level while 2 are planned in the 15 priority SDs (activity intensification). 2 activities were carried out with the funds of the MenA campaign (Organize workshops to validate MAPI monitoring guidelines and tools; Multiply and disseminate the MAPI investigation grid)
<b>of activities carried out/ budget use</b>	11 activities out of 21 were carried out or 52.4%, out of an amount of \$4,428,944 USD, an amount equal to \$833,901.45 (MSPLS & UNICEF)
<b>Main activities implemented and review of progress in implementation</b> , including key successes and results/ activities not implemented or delayed/ financial absorption	(i) Contribute to the financing of the operational costs of the Health Weeks, (1 <sup>st</sup> and 2 <sup>nd</sup> round 2018, 1 <sup>st</sup> round 2019), Estimated budget: USD 342,417.9, Budget used: USD 461,569.86 Implementation rate: 134.79% (Due to the change in the fiscal year there were 3 WMSDs instead of 2 originally planned in the consolidated plan) (ii) Multiply mother-child health records: Estimated budget: USD 146,507, Budget used: USD 145,349.50, implementation rate: 99%. (iii) Planned budget USD 3,096,894: xxxx Budget used: xxxx Implementation rate: xxxx (iv) Cascading training of immunization stakeholders on the reintroduction of IPV (NC, EC/BPS and BDS, CDS providers): Planned budget: USD 62,868.52 Budget used: USD 63,382.19 Implementation rate: 100.82%. Success and results achieved: 1. During the MCHS, 1 <sup>st</sup> round 2019, a count of children under 5 years of age was conducted with identification of children not or incompletely vaccinated. In total, out of 1276 not vaccinated with BCG, 894 caught up, out of 1115 for OPV0, 715 were caught up

	<p>out of 1554 for VPO1, 1000 were caught up  out of 1555 for VPO2, 1017 were caught up  out of 1822 for VPO3, 1102 were caught up  out of 1838 for VPI, 1049 were caught up  out of 1564 for Penta 1, 1009 were caught up  out of 1581 for Penta 2, 1017 were caught up  out of 1849 for penta 3, 1096 were caught up  of 1551 for PCV1, 992 were caught up  out of 1595 for PCV 2, 1006 were caught up  out of 1826 for PCV3, 1093 were caught up  out of 1547 for rota1, 997 were caught up</p> <p>out of 1560 for rota 2, 979 were caught</p> <p>out of 5828 for RR1, 4071 were caught up</p> <p>out of 11115 for RR2, 9153 were caught up</p> <p>out of 11120 for DTC4. 8948 were caught up</p> <p>2. 209,295 mother-child health cards were multiplied and delivered to the EPI.  XXX people were trained on the reintroduction of IPV into routine immunization.</p> <p>Main activities not yet implemented</p> <ul style="list-style-type: none"> <li>- Contribute to the contractualization of health centres</li> <li>(i) Support the training of 1500 service providers on the "Middle level management (MLM)" course</li> <li>(ii) Strengthen active surveillance of vaccine-preventable diseases in health districts and send samples;</li> <li>(iii) Organize a workshop to develop the submission package to Gavi for the introduction of HPV vaccine into routine;</li> <li>(iv) Finalize, Multiply and distribute 750 plastic image boxes and 1000 plastic sheets on A3 format on the updated vaccination calendar (by antigen)</li> <li>(v) Strengthen surveillance of serogroup A meningococcal meningitis at the CHUK and INSP sentinel sites</li> </ul>
<b>Main activities planned for the coming period</b> (indicate significant changes/reallocations of the budget and related changes in technical assistance) <sup>5</sup>	<ul style="list-style-type: none"> <li>(i) Support the training of 1500 service providers on the "Middle level management (MLM)" course</li> <li>(ii) Strengthen active surveillance of vaccine-preventable diseases in health districts and send samples; the initial budget has been increased with the addition of the budget for sample transport</li> <li>(iii) Develop the submission package to Gavi for the introduction of HPV vaccine into the routine</li> </ul>

	<p>(v) Strengthen surveillance of serogroup A meningococcal meningitis at the CHUK and INSP sentinel sites</p> <p>(iv) Finalize, Multiply and distribute 750 plastic image boxes and 1000 plastic sheets</p> <p>(v) Organize a workshop to develop the submission package to Gavi for the routine introduction of HPV vaccine;</p> <p>The changes: New activities to be carried out for the coming period (2019 - 2020)</p> <p>* Support in the elaboration in the elaboration of pro-equity plans in the 32 health districts</p> <p>** Organize the celebration of the International Polio Day</p> <p>*** Develop the submission package for the measles-rubella monitoring campaign: need for technical assistance,</p> <p>**** Support the establishment of sentinel sites for meningitis surveillance at regional hospitals</p> <p>***** Provide the 47 districts with sample collection and transport kits</p> <p>**** Development of the environmental monitoring plan: need for technical assistance</p> <p>**** Provide the INSP laboratory with inputs and equipment for the confirmation of measles and rubella cases</p> <p>**** Train providers at all levels on SRM surveillance</p> <p>**** Multiply the tools for collecting surveillance data;</p> <p>***** Develop a MAPI monitoring plan</p> <p>**** Organize responses to SRM epidemics</p> <p>Activities requiring technical assistance:</p> <p>(i) Develop the submission package to Gavi for the introduction of HPV vaccine into the routine</p> <p>(ii) Prepare the submission package for the measles-rubella monitoring campaign: need for technical assistance,</p> <p>Budget reallocations</p>
<b>Objective 2: Improve the use of health services, particularly immunization services at the level of health facilities through community-based interventions in the area of intensification of activities (RSSIII)</b>	
<b>Objective of the HSS grant</b> (in accordance with HSS proposals or JSP)	<b>Improve the use of health services, particularly immunization services at the level of health facilities through community interventions in the area of intensification of activities (RSSIII)</b>
<b>Priority geographical/population groups or coverage and equity constraints</b>	<p>14 activities were planned during the first year of the consolidated plan.</p> <p>11 will be implemented at the national level while 3 will be implemented only in priority SDs</p>

<b>addressed by the objective</b>	
<b>of activities carried out/ budget use</b>	Of the 14 activities, 5 were carried out, or 35.7%. Out of a total amount of \$3,351,914.30; \$775,882, \$42 or 23.14%.
<b>Main activities implemented and review of progress in implementation</b> , including key successes and results/ activities not implemented or delayed/ financial absorption	<p>i) Equip the CSAs with work tools (CSA kits (CSA kits: raincoat, megaphone, batteries, backpack, telephone, bicycles, umbrella, boots, etc.) (i) 4,822 waterproof; 4,320 megaphones; 25,920 batteries for megaphones; 4,822 backpacks; 4,822 telephones; 4,824 solar lamps with a capacity to charge the phone; 4,822 bicycles; 4,822 boots; 4,822 malaria flow charts, use of TDR malaria, etc.): Estimated budget: USD 1,566,307, Budget used: USD 1075,147.62; Implementation rate: 61 per cent</p> <p>(i) Purchase, 18 DC vans for the supply and supervision of DS: Estimated budget: USD 648,836, Budget used: USD 533,466; Implementation rate: 82%</p> <p>(iii)Purchase 1 vehicle with mobile cinema equipment Budget planned: USD 86140, Budget used: USD 44 157, 38; Implementation rate: 51%.</p> <p>Main activities not yet implemented or delayed:</p> <ol style="list-style-type: none"> <li>1. Contractualize 95 Groups of Community Health Workers (GASC) in the 1st year, 130 in the 2nd year and 130 in the 3rd year through the Community PBF (3 Provinces)</li> <li>2. Prepare an advocacy document for the mobilization of resources to support EPI activities among decision-makers and TFPs, including the private sector and civil society (two sessions)</li> <li>3. Develop a checklist with key messages on the importance of immunization and harmonized messages on immunization for tools for use at the operational level during any awareness sessions (PES, hill awareness meeting, home visits...)</li> <li>4. Support training of providers on interpersonal communication techniques for immunization and on the use of tools with key messages</li> <li>5. Finalize, Multiply and distribute 750 plastic image boxes and 1000 plastic sheets on A3 format on the updated vaccination calendar (by antigen)</li> <li>6. Distribute messages on routine immunization through the various communication channels (radio, TV, SMS, posters, and on social networks...)</li> </ol>
<b>Main activities planned for the coming period</b> (indicate significant changes/reallocations of the budget and related	<p>Activities planned for the period 2019-2020:</p> <p>(i)Contractualize the Community Health Agents Groups (GASC) through the Community PBF (3 Provinces: Kirundo, Muyinga and Kirundo)</p>

<b>changes in technical assistance)<sup>5</sup></b>	<p>(ii) Support districts in the implementation of the ACD/ACE approach</p> <p>(iii) Support the organization once a year at the intermediate level, an advocacy and mobilization meeting of local leaders on routine immunization activities: provincial health offices, health district offices, provincial and municipal administrative authorities, religious leaders, school/academic leaders, local newspapers, CDFCs, TFPs, CSOs in the participation of EPI communication activities</p> <p>Activities whose budgets will be reallocated:</p> <p>(i) Develop an advocacy document for mobilizing resources to support EPI activities among decision-makers and TFPs, including the private sector and civil society (two sessions): need for technical assistance; activity financed by UNICEF, the budget of BIF 14,432,500 (<b>USD 8,288.12</b>) <b>is to be reallocated.</b></p> <p>(ii) Develop a framework for reporting on achievements on communication for immunization at all levels and community tools (Household information booklet, report card): <b>A budget of BIF 25 858 400 (14 849, 65 USD) is to be reallocated.</b></p>
<b>Objective 3: Strengthen capacity to supply, manage and distribute vaccines and other inputs</b>	
<b>Objective of the HSS grant</b> (in accordance with HSS proposals or JSP)	<b>Strengthen capacity to supply, manage and distribute vaccines and other inputs</b>
<b>Priority geographic/population groups or coverage and equity constraints addressed by the objective</b>	<p>19 activities planned for year 1.</p> <p>17 will be carried out at national level</p> <p>2 will be carried out in priority SDs</p>
<b>of activities carried out/ budget use</b>	<p>Of the 19 activities, 13 activities or 68.4% were carried out; Estimated budget: 4,193,488.63 \$ Budget used: 3,378,661.02 \$ Implementation rate: 80.56%</p>
<b>Main activities implemented and review of progress in implementation</b> , including main successes and results/activities not implemented or delayed/financial absorption	<p>1. Purchase of:,,, 241 CDS motorcycles for the transport of vaccines and vaccination equipment, 46 BDS technicians and 3 management unit motorcycles, 26 refrigerators and 3 freezers for the Health Districts, 348 photovoltaic refrigerators without batteries and 35 spare parts boxes, 1,000 continuous temperature recorders (Frig Tag2) and 500 freez Tags have already been ordered and delivered to the PEV during the first half of the project implementation.</p>

	<p>purchase of a solar energy installation kit at 63 energy-free health centres (100W panel, battery, cables)</p> <p>Activities not implemented or delayed:</p> <ol style="list-style-type: none"> <li>1. train providers on Rapid SMS</li> <li>2. Elaborate the standard operating procedure manual (SOP) for the management and supply of the cold chain Buy spare parts (wicks, burner, glass...) during the 1st phase of the project</li> <li>3. Purchase a 100 KVA generator set for the EPI building</li> <li>4. Buy (50000 Litres year 1 and 25000 Litres year 2) of kerosene for CDSs with absorption refrigerators</li> <li>5. Equip the hangar that will house the 2 cold rooms already available and serve as a stock for dry inputs</li> <li>6. Develop the Standard Operating Procedure (SOP) manual for cold chain management and supply</li> </ol>
<b>Main activities planned for the coming period</b> (indicate significant changes/reallocations of the budget and related changes in technical assistance)	<ol style="list-style-type: none"> <li>1. Develop the Standard Operating Procedure (SOP) manual for cold chain management and supply</li> <li>2. Elaborate the maintenance plan for the CDF's equipment</li> <li>3. Rehabilitate the buildings housing the CDF of the 3 BDS (Cibitoke, Giteranyi, Cibitoke)</li> </ol> <p>New activities:</p> <ol style="list-style-type: none"> <li>4. Buy two new cold rooms</li> <li>5. Buy 15 refrigerators for the health districts</li> <li>6. Buy spare parts for CDF solar equipment</li> <li>7. Contribute to the implementation and use of the vaccine management software (MEDEXIS) in interoperability with DHIS2</li> <li>8. build a new hangar for EPI dry stocks</li> </ol> <p>Activities whose budgets are to be reallocated:</p> <ol style="list-style-type: none"> <li>1. During the first part of the project, purchase spare parts (wicks, burner, glass, etc.): budget of BIF 44,070,760 (\$25,308.43)</li> <li>2. Purchase of petroleum (budget of \$105,0000,000 (\$60,298)</li> </ol>
<b>Objective 4: Improve the quality of data for strengthening monitoring and evaluation of health programmes, particularly the EPI</b>	
<b>Objective of the HSS grant (in accordance with HSS proposals or JSP)</b>	<b>Improve the quality of data to strengthen monitoring and evaluation of health programmes, particularly the EPI</b>



<b>Priority geographic/population groups or coverage and equity constraints addressed by the objective</b>	<b>15 activities were planned</b> , Out of 15 activities planned: 11 will be carried out at national level 4 will be carried out in priority SDs
<b>of activities carried out/ budget use</b>	<b>Out of the 15 activities planned, 7 activities or 46.6% were carried out</b> <b>Planned budget: \$1507,263.98, Budget used: \$1051,521.72, execution rate: 69.76%.</b>
<b>Main activities implemented and review of progress in implementation, including main successes and results/activities not implemented or delayed/financial absorption</b>	<b>The main activities implemented:</b>  1. Purchase of 319 complete computer kits for 241 health centres; 15 district health offices and 11 provincial health offices in the priority area 2. Support financially the operational costs of equity analysis of immunization services 3. Organize the external review of the EPI 4. Contribute to the multiplication, each year, of data collection tools for community health workers in the area of intensification of activities 5. Support the training of Community Health Workers on the use of the standard and integrated data reporting tool for the community level: xxx ASC have been trained 6. Support training of health care providers on the use of DHIS2, data processing and analysis: xxx providers have been trained  <b>Activities not implemented or delayed:</b> 1. Evaluate the 2011-2015 cMYP extended to 2018 and develop, multiply and disseminate the new cMYP 2019-2023 2. Provide financial support for a two-day bi-annual workshop per district on analysis, validation of routine EPI data and vaccine management 3. Contribute to the development and implementation of the data quality improvement plan, in particular the EPI 4. Support the organization of a joint supervision mission (1 EPI supervisor, 1 DSNIS supervisor, 1 RSS supervisor, 1 RSS supervisor, 18 from the provincial health office level, 46 from the district health office level for 5 days) with the RDQ A tool on data quality in CDS
<b>Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related</b>	<ul style="list-style-type: none"> <li>- Provide financial support for a two-day bi-annual workshop per district on analysis, validation of routine EPI data and vaccine management</li> </ul>

<p>changes in technical assistance)</p>	<ul style="list-style-type: none"> <li>- Organize, in collaboration with the DSNIS, biannual meetings to review EPI data</li> <li>B. Contribute to the development and implementation of the data quality improvement plan, in particular the EPI: <ul style="list-style-type: none"> <li>1. Organize quarterly data review meetings at the central level</li> <li>2. Organize a biannual workshop to report the results of supervisions on data management.</li> </ul> </li> </ul> <p>Changes for this objective: Activities from year 1 to be moved into year 2:</p> <ul style="list-style-type: none"> <li>- A. Support the training of health care providers on the use of DHIS2, data processing and analysis (Post-training supervision of providers of DHIS2 users)</li> <li>- C. Contribute to the multiplication, for the first and second, of 1500 CDS scorecards</li> <li>- D. Multiply for the first and second and third years, the follow-up sheets and the CDS abandonment recovery notebook</li> <li>-</li> </ul> <p><b>F. New activities for the second year:</b></p> <ul style="list-style-type: none"> <li>- A. Contribute 25% of the SARA survey: activity that was planned for the 3rd year, which will be carried out during the 2<sup>nd</sup> year.</li> <li>- Organize quarterly data review meetings at the central level</li> <li>- Train EPI and PMU staff on DHIS2 software</li> <li>- Organize biannual supervision on data management and quality in the 18 health provinces</li> <li>- Provide the monitoring and evaluation department with software for monitoring SRM cases</li> <li>- Develop specific monitoring plans in the 47 ROs</li> <li>- conduct a risk analysis of yellow fever</li> <li>- more tools for collecting surveillance data</li> </ul>
<p><b>Objective 5: Strengthen the operational capacity of civil society to improve collaboration with MSPLS and the scale-up of high-impact health interventions, including immunization services</b></p>	
<p><b>Objective of the HSS grant (in accordance with HSS proposals or JSP)</b></p>	<p><b>Strengthen the operational capacities of civil society to improve collaboration with the MSPLS and the scale-up of high-impact health interventions including immunization services</b></p>

<b>Priority geographic/population groups or coverage and equity constraints addressed by the objective</b>	<b>The planned activities will be carried out at the level of the priority health districts identified as non-contracted within the framework of the Community PBF (12 SDs)</b>
<b>of activities carried out/ budget allocation</b>	Out of 4 planned activities, no activities were carried out. Budget planned for this objective: 462,583.82 USD; Budget spent: 00 Implementation rate: 0%.
<b>Main activities implemented and review of progress in implementation, including main successes and results/activities not implemented or delayed/financial absorption</b>	<ul style="list-style-type: none"> <li>The recruitment process is in its final phase. The selection of civil society organizations has been finalized. The selected CSOs have been informed and the preparation of BCPs with these CSOs is ongoing. CSO action plans will be reviewed to align them with the pro-equity micro-plans already developed in the 15 priority districts. CSO activities will start in the 3rd quarter of 2019.</li> </ul>
<b>Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related changes in technical assistance)</b>	<p>The 4 activities of the first year will be renewed for the 2<sup>nd</sup> year</p> <ol style="list-style-type: none"> <li>Organize a three-day workshop to analyze and validate CSO annual action plans.</li> <li>Fund CSO immunization activities annually</li> <li>Support the organization of a biannual CSO response coordination meeting</li> </ol> <p>Support a joint six-monthly mission to monitor CSO interventions (1 from the EPI, 1 from the DODS, 1 from the DPSHA, 1 from the GAVI project, 1 from the GAVI project, 1 from the CPPS, 1 from the health district office, in the CSO intervention districts for 5 days )</p>
<b>Objective 6: Strengthen capacity for coordination, planning, management of interventions at all levels of the health system</b>	
<b>Objective of the HSS grant (in accordance with HSS proposals or JSP)</b>	<b>Strengthen capacities for coordination, planning and management of interventions at all levels of the health system</b>
<b>Priority geographic/population groups or coverage and equity constraints addressed by the objective</b>	<b>No Priority geographic/population groups or coverage and equity constraints addressed by the objective</b>

<b>of activities carried out/ budget allocation</b>	<p>Of the 7 activities planned, 5 activities or 71.4% were carried out</p> <p>Estimated budget: \$236,641.15, Budget used: \$137,333.62, implementation rate: 58.03%.</p>
<b>Main activities implemented and review of progress in implementation, including main successes and results/activities not implemented or delayed/financial absorption</b>	<p><b>Main activities carried out</b></p> <ol style="list-style-type: none"> <li>1. Strengthen the technical capacities of EPI and SSR staff (training, internships abroad): <ol style="list-style-type: none"> <li>(i) Training on vaccine logistics: 1 person,</li> <li>(ii) DHIS2 Academy West and Central Africa Level 1: 5 people from the MSPLS,</li> <li>(iii) Training on procurement, Public administrative and financial management and monitoring: 4 people from the MSPLS;</li> <li>(iv) Monitoring and evaluation of projects and programmes: 2 people,</li> <li>(v) Capacity building on leadership in the supply chain and EVMA 2.0 tool: 2 people</li> <li>(vi) Training on health project and programme management: 4 people from the MSPLS.</li> </ol> </li> </ol> <p>Contribute to the development of the Annual Action Plans (AAPs) of the provincial and district health offices in the priority area (1 day of upgrading, 4 days of AAP development)</p> <p>Activities not implemented or delayed:</p> <ol style="list-style-type: none"> <li>1. Elaborate, validate, multiply and disseminate a technical procedures manual "Technical Guide" to the EPI</li> <li>2. Ensure the monitoring and coordination of immunization communication activities by the stakeholders in EPI communication at the provincial and district levels</li> </ol>
<b>Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related changes in technical assistance)</b>	<p>1st year activities shifted to 2<sup>nd</sup> year</p> <p>Elaborate, validate, multiply and disseminate a technical procedures manual "Technical Guide" to the EPI</p>
<b>Objective 7: Program Management</b>	

<b>Objective of the HSS grant (in accordance with HSS proposals or JSP)</b>	<b>Program Management</b>
<b>Priority geographic/population groups or coverage and equity constraints addressed by the objective</b>	<b>No priority geographical groups/population groups or coverage and equity constraints addressed by the objective; planned activities concern the functioning of the PMU</b>
<b>of activities carried out/ budget allocation</b>	A total of 18 activities were planned, Bdget expected: \$1519,060.18, \$364,298.19, execution rate: 23.98%
<b>Main activities implemented and review of progress in implementation, including main successes and results/activities not implemented or delayed/financial absorption</b>	<p>The main activities carried out:</p> <ol style="list-style-type: none"> <li>1. Ensure the motivation of PMU and Expanded Programme on Immunisation (EPI) staff while waiting for the MoU between Gavi and the WB (July to September 2018)</li> <li>2. Ensure the functioning of the management unit of the PMU KURA KIBONDO and EPI</li> <li>3. Inventory and codify MSPLS immobilizations/equipment in 30 health districts.</li> <li>4. organize and participate in meetings with MSPLS partners inside and outside the country (district health office, provincial health office, programs)</li> <li>5. Ensure the missions of monitoring the implementation of HSS grant interventions</li> </ol> <p>Activities not implemented or delayed:</p> <ol style="list-style-type: none"> <li>1. Ensure payment of bonuses based on the performance of the HSS/GAVI management unit and the Expanded Programme on Immunisation (EPI)</li> <li>2. Organize an annual financial audit of the project</li> <li>3. Equip the offices on the first level of the RSS/PEV building</li> <li>4. Ensure payment of salaries for field unit support staff</li> </ol>
<b>Main activities planned for the coming period (indicate significant changes/reallocations of the budget and related changes in technical assistance)<sup>6</sup></b>	<p>Main planned activities:</p> <ol style="list-style-type: none"> <li>1. organise an annual financial audit of the project</li> <li>2. Ensure payment of bonuses based on the performance of the HSS/GAVI management unit and the Expanded Programme on Immunisation (EPI)</li> <li>3. Equip the offices on the first level of the RSS/PEV building</li> </ol> <p>Activities for which budgets will be reallocated</p>

<sup>6</sup> When technical assistance needs are specified, it is not necessary to include elements related to requests in terms of resources. These will be discussed as part of the planning for targeted country assistance (TCA). The planning of the TCA will be documented by the needs identified in the JA. However, technical assistance needs should describe, to the extent

	Ensure payment of salaries for field unit support staff: budget of \$157.97
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# Achievements against agreed targets

**Table XXX: Achievements against agreed targets**

Indicators	Annual targets						Results
							2019 (January to June)
	2018	2019	Admin data (2018)	EDSIII data (2016-2017)	Equity survey data (2018)	Administrative data	
Vaccination coverage of Pentavalent 3 at the national level	98%	96%	91,4%	96,5%			98%
National pneumococcal vaccine coverage 3 (PCV3)	98%	96%	91,4%	92%			98%
Vaccination coverage of inactivated polio vaccine at the national level (IPV)	60%	96%	49%	N/A			97%
Measles vaccine coverage (first dose) at national level (MCV1)	96%	94%	87,7%	93,8%			96,9%
Measles vaccine coverage (second dose) at national level (MCV2)	85%	80%	77,3%	N/A			79,5%
National rotavirus vaccine coverage (ROTA Last)	99%	97%	98,4%	90%			101,8%
Dropout rate between	1%	1%	7,3%	N/A			8,2%

then known, the type of assistance required (staff, consultants, training, etc.), the technical assistance provider (main/extended partner), a measure of the quantity/duration of O MM assistance required, its modalities (integrated, subnational, management, etc.) and any relevant deadlines or time frames. JA teams are reminded to adopt a retrospective (technical assistance that has not been provided in full or was ineffective in the past) and prospective (upcoming vaccine introductions, campaigns, major HSS activities, etc.) approach, informing technical assistance priorities for the coming year. The Technical Assistance Support menu is available for reference.

Pentavalent 1 and Pentavalent 3 vaccination coverage						
Dropout rate PCV1 / PCV3	1%	1%	6,7%	N/A		8,2%
Dropout rate Varota1 / Varota2	1%	1%	4%	N/A		4,5%
Dropout rate RR1 / RR2	14%	17	14%	N/A		20%
Proportion of children fully immunized	85%	76%	75%	85,2%		77,2%
Vaccination coverage following a measles and rubella campaign	NA	NA	NA%	97,5%		NA
Proportion of Districts with Penta 3 vaccination coverage greater than or equal to 95%.	58%	41%	39%	N/A		56,5%
Proportion of districts with pentavalent vaccine coverage $3 \geq 80\%$ .		78%	67%			84,7%
Proportion of districts with pentavalent vaccine coverage $3 \geq 50\%$ and $<80\%$ .	8%	22%	30%			15,2%

## 5.2. Vaccine support performance

Since the last joint evaluation in November 2018, there has been no change in vaccine presentation or new vaccines introduced. Nevertheless, during the renewal of previous vaccines, some problems were noted as shown in this table:

Table xxx: Vaccine-related problems that may have been identified during vaccine renewals

N°	Themes	Problems	Proposed solutions
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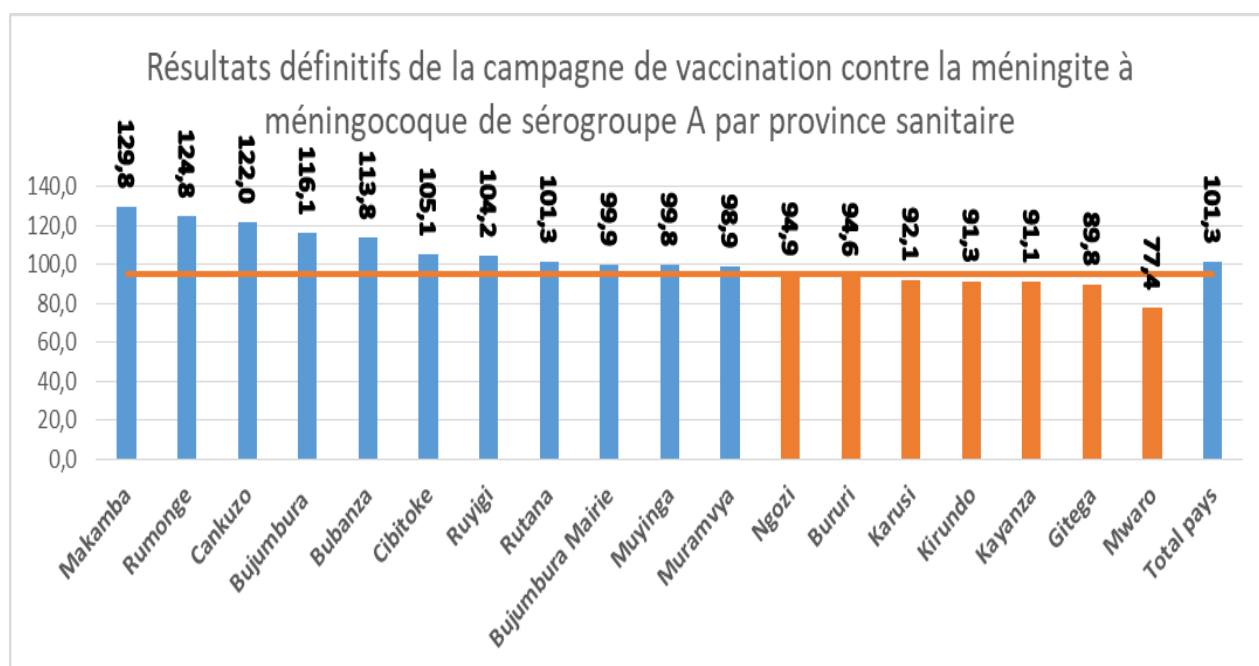
1	Inventory management	Absence of standard operating procedures	Develop, multiply and disseminate SOPs at all levels
2	Loss rate	Most SD pharmacy managers are not trained in effective vaccine management -Lack of monitoring of vaccine wastage in unopened vials	Train SD pharmacy managers in effective vaccine management Use appropriate inventory management software that is interoperable with DHIS2
3	Target assumptions	ALL CLEAR.	
4	Annual consumption trend	In 2018, the quantities distributed throughout the year were below the requirements for DTP-HepB-Hib, PCV-13, Rotarix and RR vaccines	Implement the CDA/ECA approach Follow-up on SD requisitions
5	Triangulation of quantification data	Absence of vaccine and equipment management software that is interoperable with DHIS2	Use appropriate inventory management software that is interoperable with DHIS2
6	Storage	No technician trained in the maintenance of NC cold rooms  Out of date with 2 central level cold rooms	Train EPI technicians in cold room maintenance (One-year technical support is required) Buy 2 new 40m3 cold rooms
		Absence of remote T° monitoring devices from CDS refrigerators	Purchase and install remote monitoring devices for T° monitoring of cold chain equipment at all levels
		The continuous T° recorders of the central cold rooms are not adequate (they only deliver alarms by email)	Acquire 3 new continuous T° recorders from the central level cold rooms
		There is insufficient dry storage capacity at the central level	Rehabilitate the former EPI dry storage sheds

A vaccination campaign against meningococcal meningitis serogroup A was organized from 4 to 14 December 2018 throughout the country.

The results were satisfactory with an administrative vaccination coverage of 101%. This coverage is above 100% because we use the 2008 RGPH projection, the denominator is not very well controlled.

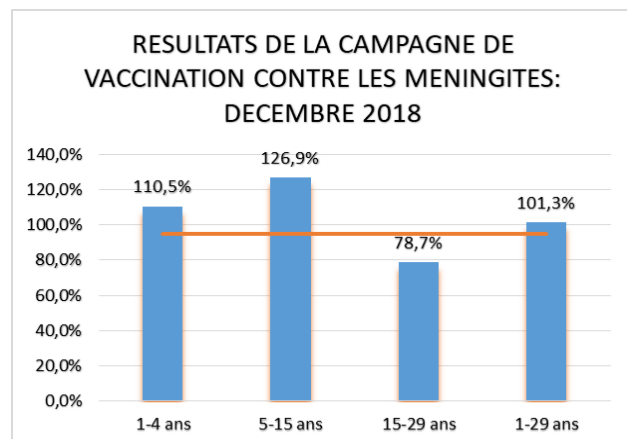


RESULTATS DEFINITIFS DE LA CAMPAGNE DE VACCINATION CONTRE LA MENINGITE A MENINGOCOQUE DE SEROGRUPE A: 2018													
		POPULATION CIBLE				POPULATION VACCINEE				POPULATION VACCINEE EN POURCENTAGE			
Province sanitaire	Pop. de dénombrement	1-4 ans	5-14 ans	15-29 ans	1-29 ans	1-4 ans	5-14 ans	15-29 ans	Total 1-29 ans	1-4 ans	5-14 ans	15-29 ans	Total 1-29 ans
Makamba	546229	77565	145843	197189	420596	111425	232343	202030	545798	143,7	159,3	102,5	129,8
Rumonge	446245	63367	119147	161094	343609	93822	185577	149287	428686	148,1	155,8	92,7	124,8
Cankuzo	290131	41199	77465	104737	223401	57978	120597	93944	272519	140,7	155,7	89,7	122,0
Bujumbura	630233	89493	168272	227514	485279	91537	188565	283071	563173	102,3	112,1	124,4	116,1
Bubanza	428495	60846	114408	154687	329941	76672	171751	127020	375443	126,0	150,1	82,1	113,8
Cibitoke	583670	82881	155840	210705	449426	101290	222598	148554	472442	122,2	142,8	70,5	105,1
Ruyigi	507732	72098	135564	183291	390954	85661	179675	142229	407565	118,8	132,5	77,6	104,2
Rutana	422775	60034	112881	152622	325537	68883	147062	113754	329699	114,7	130,3	74,5	101,3
Bujumbura Mairie	586802	83326	156676	211836	451838	84621	201774	164879	451274	101,6	128,8	77,8	99,9
Muyinga	801674	113838	214047	289404	617289	133172	274328	208555	616055	117,0	128,2	72,1	99,8
Muramvya	370901	52668	99031	133895	285594	55549	124186	102603	282338	105,5	125,4	76,6	98,9
Ngozi	848765	120525	226620	306404	653549	123569	266129	230235	619933	102,5	117,4	75,1	94,9
Bururi	396907	56361	105974	143283	305618	54395	121625	112963	288983	96,5	114,8	78,8	94,6
Karusi	553257	78562	147720	199726	426008	84754	180470	127203	392427	107,9	122,2	63,7	92,1
Kirundo	796409	113090	212641	287504	613235	117221	246021	196856	560098	103,7	115,7	68,5	91,3
Kayanza	742098	105378	198140	267897	571415	96067	229566	194765	520398	91,2	115,9	72,7	91,1
Gitega	919331	130545	245461	331878	707885	129330	278794	227338	635462	99,1	113,6	68,5	89,8
Mwaro	346249	49167	92448	124996	266612	37643	92352	76265	206260	76,6	99,9	61,0	77,4
Total pays	10217903	1450942	2728180	3688663	7867785	1603589	3463413	2901551	7968553	110,5	126,9	78,7	101,3



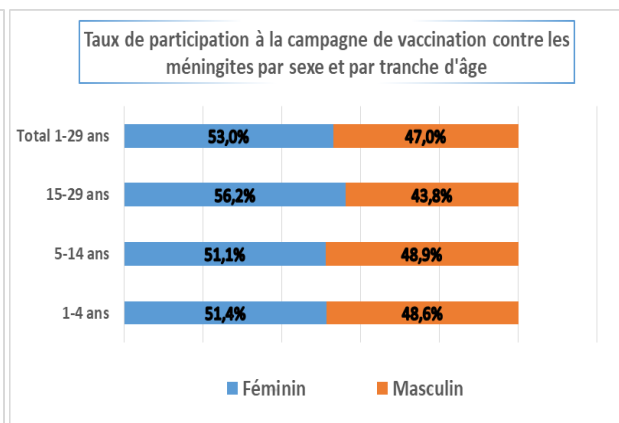
Seven health provinces have not reached the target of vaccinating 95% of the target population (orange provinces).

## Vaccination coverage by age group



The 15\_29 age group did not respond massively

## Participation rates by gender and age group



In order to measure the level of vaccination coverage achieved during the vaccination campaign against meningococcal meningitis serogroup A, a post-campaign survey was organized by the Ministry of Public Health and AIDS Control via the Institut de Statistiques et d'Etudes Economiques du Burundi (ISTEEBU).

The vaccination coverage rate was calculated in relation to all persons between the ages of 1 and 29 as of 14 December 2018.

The results show that the national immunization coverage rate was 98.0% with a confidence interval of [97.8% - 98.2%]. The actual coverage of all health districts was above the 95% threshold except for the health districts of Kabezi, Kibuye, Kirundo, Makamba, Gihofi and Rutana.

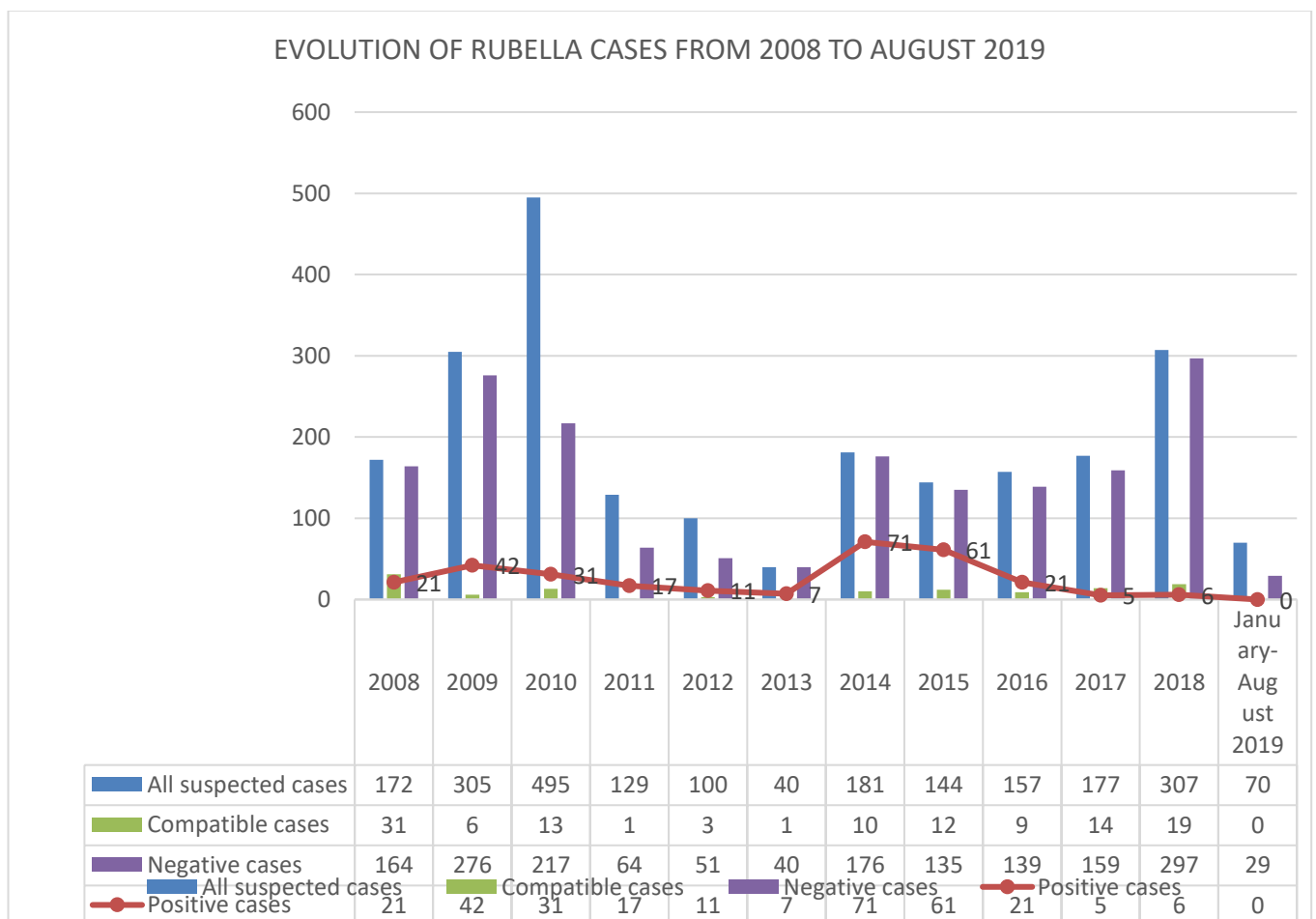
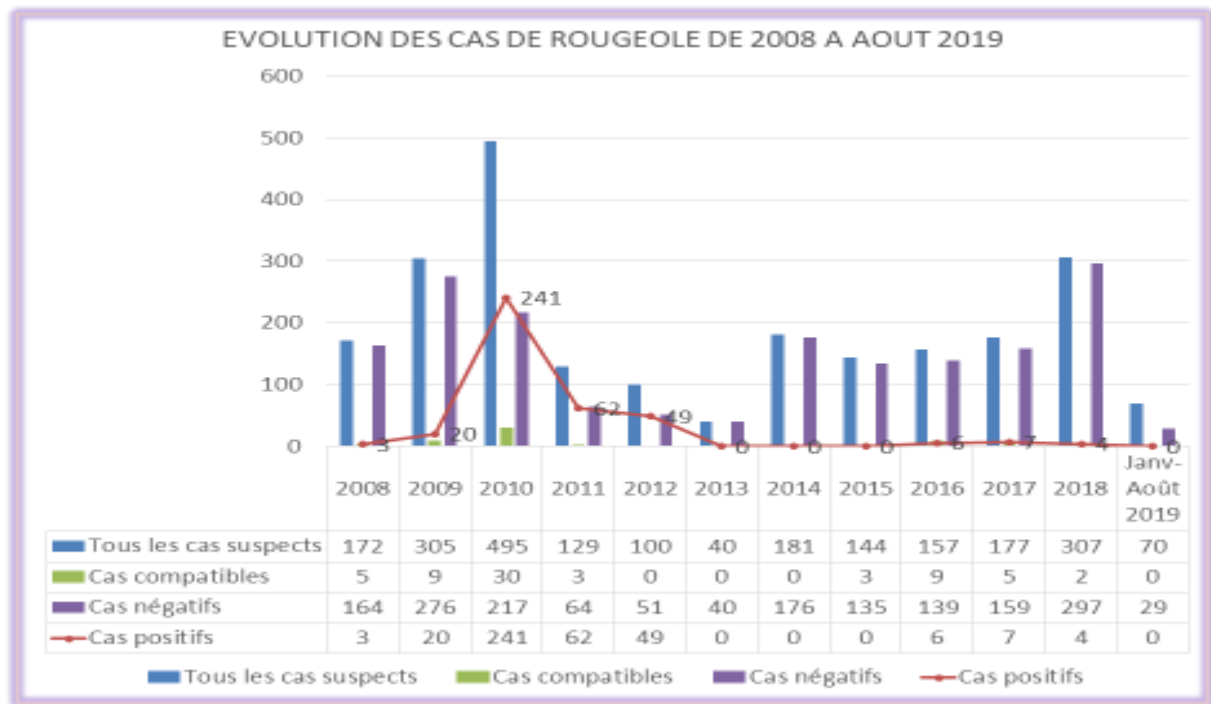
The main channels for mobilizing the population for the meningitis vaccination campaign against serogroup A meningitis were local administration (32.2%), mass media (22.8%), church/mosque communiqués (21.2%) and "Abaremeshakiyago" community health workers (15.4%), among others.

## Situation analysis for measles and rubella

There are three components to measles surveillance.

1. Weekly monitoring is carried out at each health centre. Any suspected case of measles is reported to DSNIS with entry into DHIS2 weekly to detect problem areas in a timely manner.
2. Case-by-case measles surveillance with blood samples collected and sent to the INSP national laboratory for analysis to determine if these are actually measles cases.
3. Community surveillance by community health workers who refer all suspected cases of VPD to health centres.

Case-by-case surveillance has identified the following cases of measles and rubella:



Epidemics / Outbreaks of positive measles cases since 2009

P0

Year	Health province	Health district
2009	Bujumbura	Kabezi
2010	Bujumbura, Bujumbura Town Hall, Bubanza, Cibitoke	Isare, North Zone, Central Zone, Bubanza, Cibitoke
2011	Kirundo, Ruyigi	Vumbi, Mukenke, Kinyinya
2012	Makamba, Muyinga, Gitega, Ruyigi	Nyanza-Lac, Gashoho, Giteranyi, Muyinga, Gitega, Ruyigi

Measles and rubella are two diseases with similar symptoms (rash + fever). Of the 1720 suspected measles cases reported from 2008 to 2016, 381 cases were positive for measles and 282 cases were positive for rubella.

For a pregnant woman who contracts it during the first trimester of pregnancy in particular, the risk of transmitting it to the fetus is very high, leading to congenital rubella syndrome, which can cause either miscarriage or death of the fetus or congenital malformations such as heart disease, deafness, cataracts and various other manifestations, including mental retardation and diabetes mellitus. Surveillance of congenital rubella syndrome is therefore necessary.

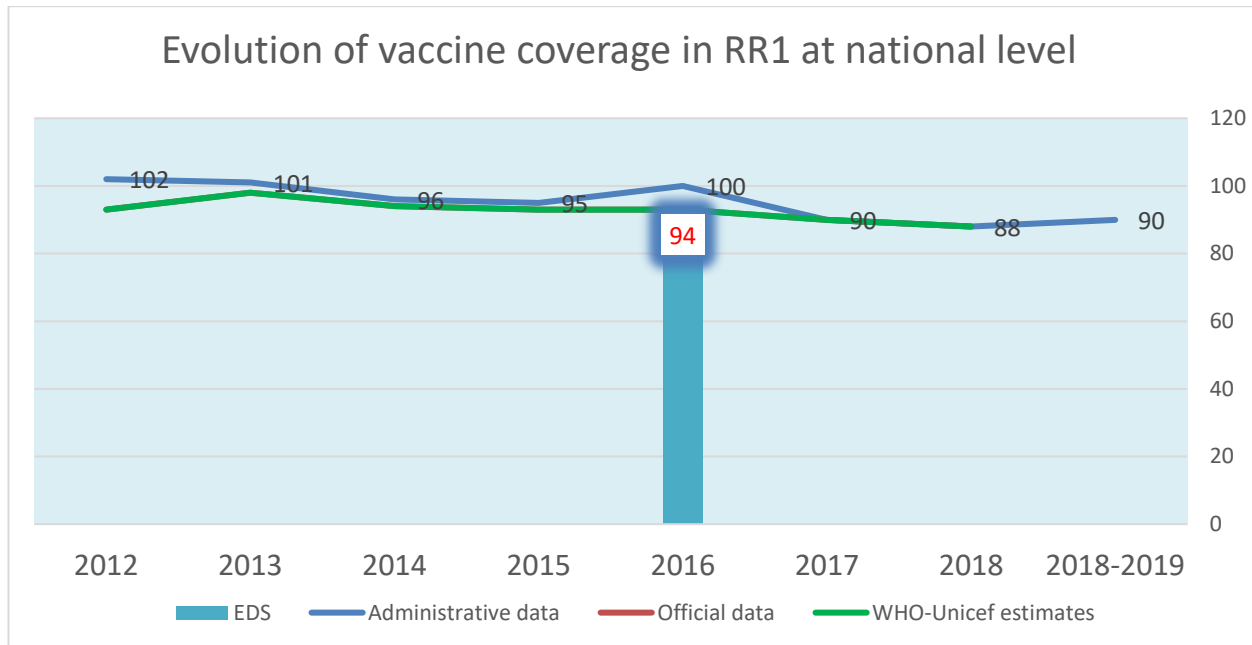
The measles vaccine is administered in the EPI Burundi from the beginning of the programme's activities in 1980. The second dose of measles was added in 2013. Throughout this period, rubella is constantly present and has increased, hence the introduction in 2017 of the combined measles and rubella (RR) vaccine.

At the INSP national laboratory, rubella is systematically tested if the measles result is negative.

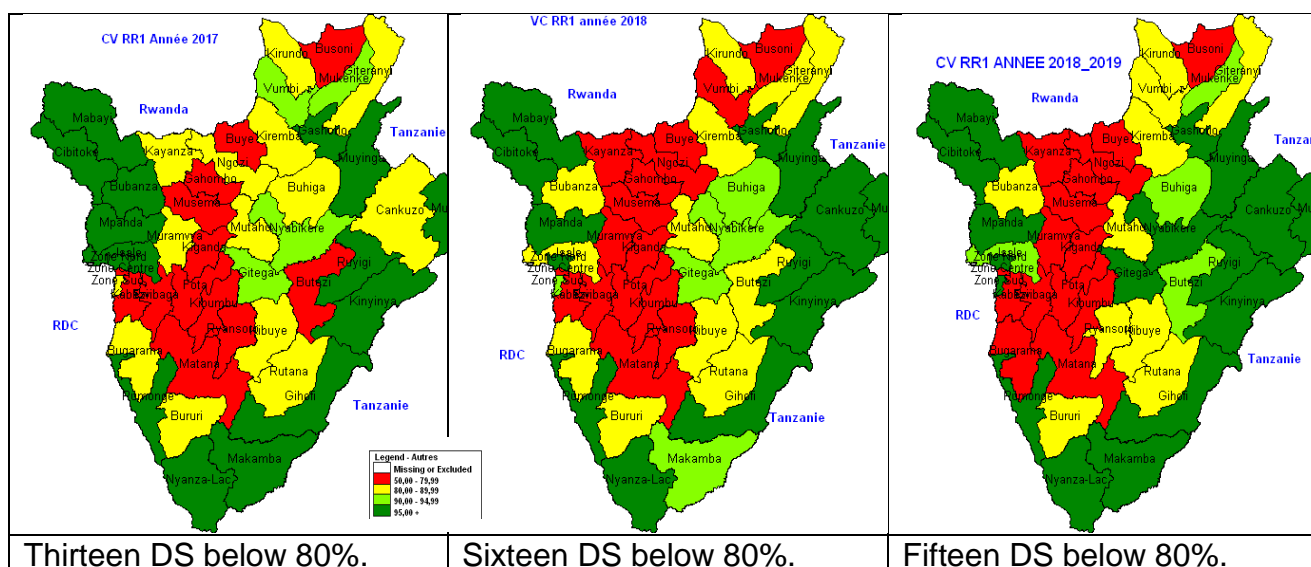
As part of measles control, mass and follow-up campaigns were carried out with satisfactory coverage.

YEAR	NAME	TARGET	VACCINATION COVERAGE ADMINISTRATIVE
2002	Mass campaign	9 months-14 years	90%
2006	Follow-up campaign	9-59 months	109%
2009	Follow-up campaign	6-59 months	95%
2012	Monitoring campaign coupled with the June 2012 MCHW	6-59 months	102,6%
2017	Mass campaign with RR vaccine	9 months -14 years	98,8%

A follow-up campaign is planned for 2021.

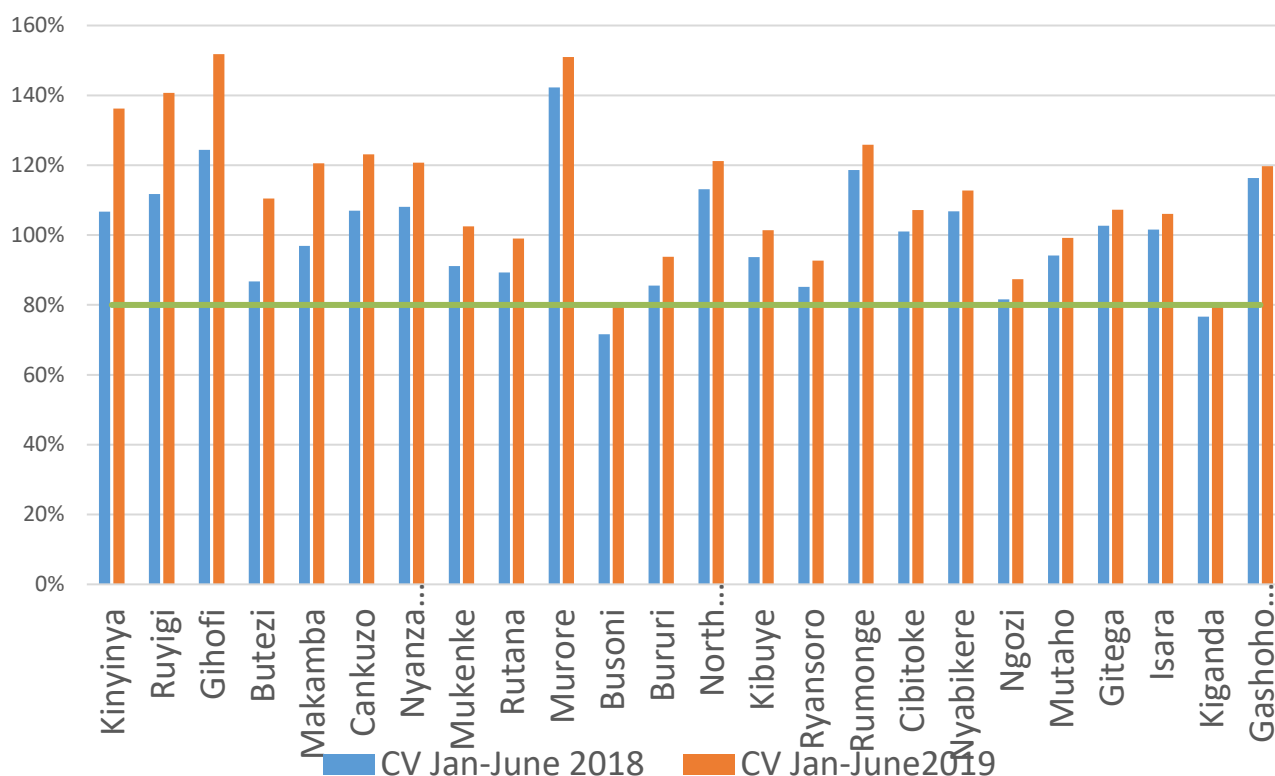


Vaccination coverage in RR1 remained above 95% for several years (from 2012 to 2016). Since 2017, performance has been declining well but there has been an improvement for the first half of 2019.



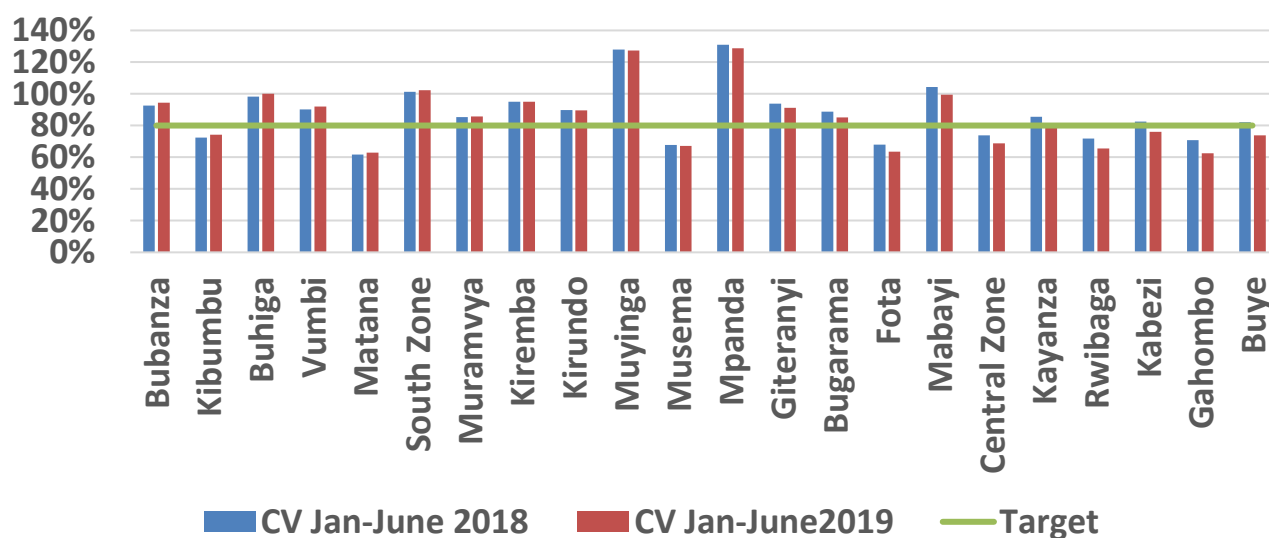
RR1 CVs need to be improved and surveillance strengthened, especially in areas with low coverage.

Comparison of the RR1 CV over the same period  
from January to June 2018-2019



For all this series of Ds have made progress in 2019 and all have more than 80% CVs; but as we are going to start documenting measles eradication, we will have to increase performance beyond 95% CVs for all DS.

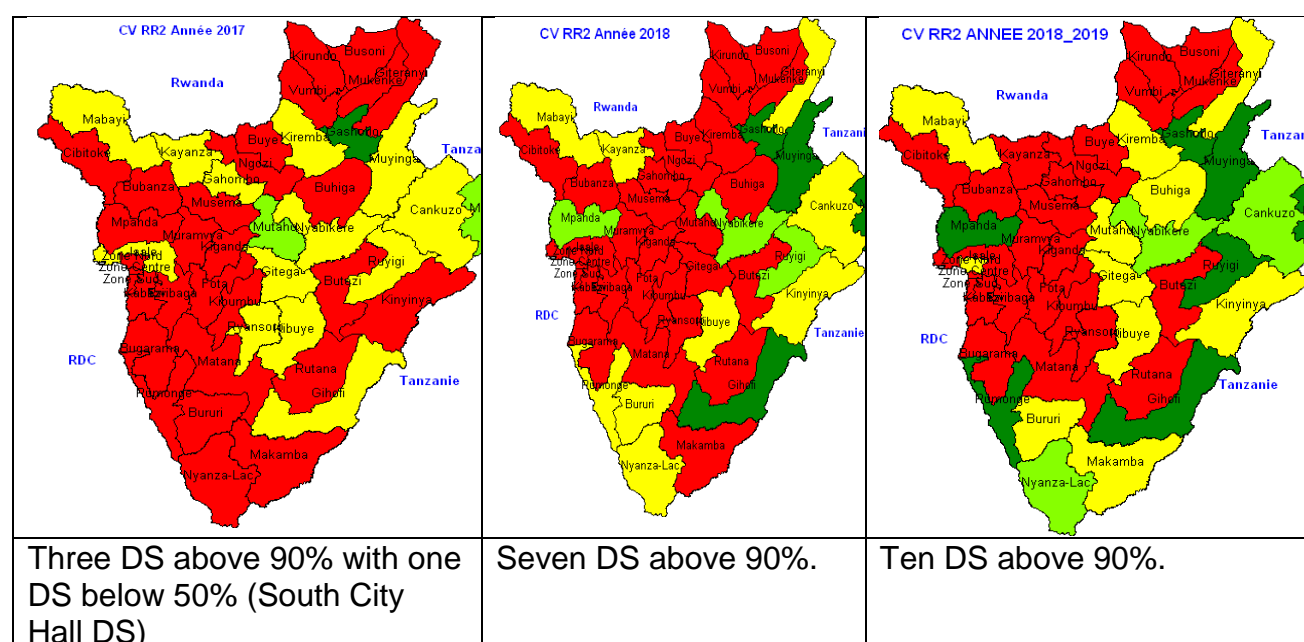
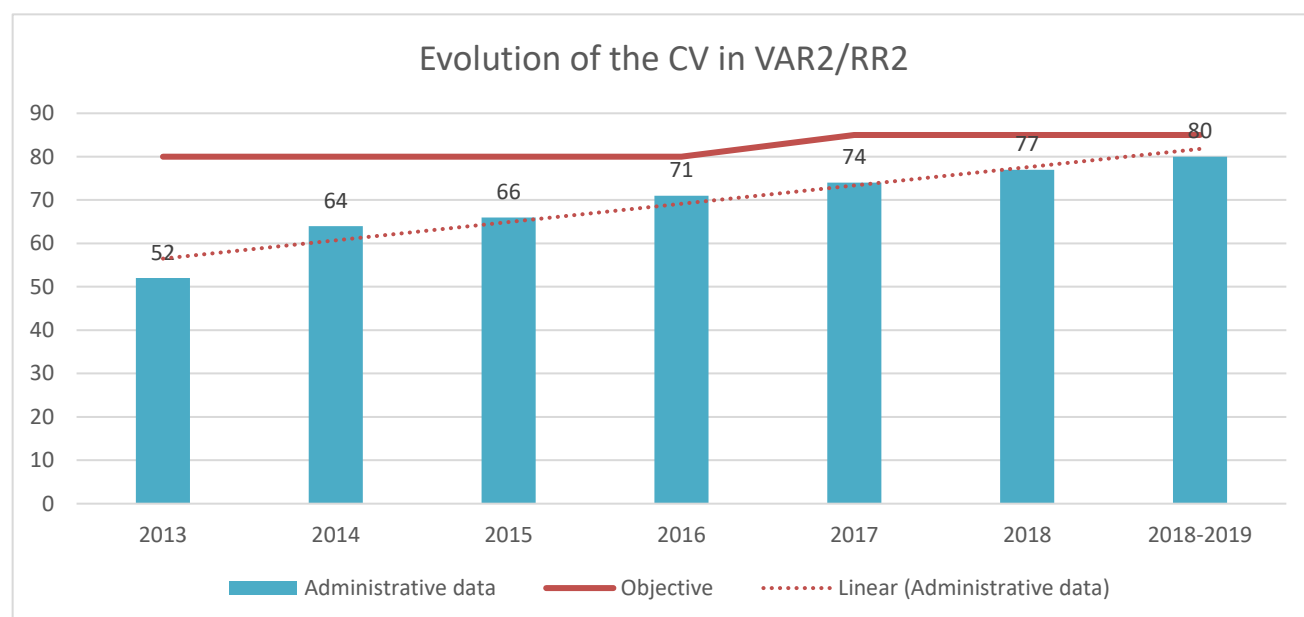
Comparison of the RR1 CV for the same period January  
to June 2018-2019



In this series of DS the performances have dropped for the most part and the coverage does not even reach 80% for many. DS such as Kibumbu,matana,Musema,Fota, Rwibaga and Gahombo are the least performing.

### Evolution of vaccine coverage in RR2

Vaccination coverage in the second age of vaccination is gradually changing from year to year and the country hopes that its trend will match that of antigens administered at the first age of life.



The country will start documenting measles eradication and in this context, RR1 CVs must be greater than or equal to 95% at the national level and at the level of all ROs and surveillance must be more sensitive.

The National Measles Elimination Audit Committee has been established and has also been briefed on measles elimination audit processes. The risk analysis of rubella measles remains to be done with the support of partners in October 2019.

There are still gaps in achieving measles elimination performance targets, hence the need for increased efforts (in routine immunization and surveillance) to improve program performance.

### 5.3. Financial management performance of GAVI grants

#### 5.3.1. Financial performance of the funds managed by the PMU

GAVI's Technical and Financial Support to the Government of Burundi in immunisation began in 2001 and continues to have a positive impact on the quality of care in general and immunisation in particular, children have been vaccinated and lives have been saved; healthy life years have been gained.

#### Period from <sup>1</sup> January to 11/04/2018: RSSII

The period from <sup>1</sup> January to 11/04/2018 was managed as part of the HSSII grant. The financial and technical report for its closure is being prepared and forwarded to the appropriate authorities in accordance with GAVI's requirements.

The period mentioned above corresponds practically to the first quarter of 2018 following the previous fiscal year.

Most of the activities provided for in the Consolidated Plan have been carried out in an optimal manner in compliance with management requirements and the procedures manual and related budget lines have been scrupulously respected by managers at all levels of the Burundian health system, the expected results have been achieved; the balances have been returned to the accounts and are traceable in the detailed financial report annexed to this report.

Indeed, the period under review was marked by intense activity, in particular the preparation of the RSSIII and a series of visits and evaluations to capitalize on the lessons learned in the implementation of the RSSII and to eradicate the technical limitations identified during the evaluations and audits.

It is worth recalling that this grant has gone through difficult financial and technical times, the management and financing method has been profoundly modified, thus generating a significant impact at the country level, going from one to three managers.

As for the finances for the period under review, the balance on the GAVI/KARADIRIDIMBA HSS bank account No. 003010101777620103-36 was **3,268,563,431 BIF** on 11/4/2018, it was transferred to RSSIII \_GAVI/KURA KIBONDO's bank account at its opening on 11/4/2018 at the Commercial Bank of Burundi, BANCOBU.



The KURA KIBONDO, RSSIII Projects started financially with a cash flow from the RSSII. They have already received another grant as part of the national vaccination campaign against meningococcal meningitis sero group A.

### Period from April 11 to December 31, 2018: RSSIII

The KURA KIBONDO projects started on the date mentioned above, with a logic generally similar to that of KARA DIRIDIMBA (RSSII) but with remarkable innovations in particular:

- An improved procedures manual and GMRs;
- A new organizational chart of the Management Unit
- A new memorandum of understanding with the Government of Burundi
- A multi-project management mode, hence the name "KURA KIBONDO Projects" using the new version of the TOM2PRO software

### Financing and management

The KURA KIBONDO projects are fully funded by GAVI funds in order to support immunisation in all its dimensions and the Burundian health system, this is a free donation that GAVI provides to the Burundian people. The management approach is described in the procedures manual (currently being validated) as well as in the grant management requirements, which are essentially set out in the Memorandum of Understanding to date, and financial management is proceeding optimally.

The management of the KURA KIBONDO Projects has been very active during the eight (8) months under review.

Indeed, the start of this project was characterized by intense activity linked to the implementation of what was agreed as prerequisites in the MOU, the planning of traditional technical activities, the preparation of the Men campaign and the administrative routine. Financially, most of the planned activities have been carried out; compliant requests have been executed through traceable disbursements in the annexes to this report.

Nevertheless, at the time of writing this report, we noted with regret that some beneficiaries are slow to submit the supporting documents to the accounts of the Project Management Unit (PMU) for analysis and reporting to GAVI. Details of advances to partners not yet justified as at 30 June 2019 are shown in the table below

### Unjustified advances as at 30/06/2019: consolidated plan

Delivery unit	Amount in BIF	Amount in \$	%
EPI	700 000 000	401 987,66	56,34
Health Districts	463 524 602	266 187,38	37,31
Health provinces	66 251 083	38 045,88	5,33
Management Unit, PMU	12 605 000	7 238,65	1,01
<b>Total Total</b>			<b>100</b>

### Unjustified advances as at 30/06/2019: Men A campaign

Delivery unit	Amount in BIF	Amount in \$	%
EPI	807 909 450	452 167	83,2
Health Districts	123 928 100	69 359	12,8
Health provinces	3 500 000	1 959	0,4
Management Unit, PMU	36 200 000	20 260	3,7
<b>Total Total</b>	<b>971 537 550</b>	<b>543 745</b>	<b>100</b>

### 5.3.1.1. Financial statements as at 30 June 2019: Consolidated plan

Libelle	Amount in BIF	Amount in USD
<b>Revenues</b>		
Opening balances at 01/04/2018	-	-
Financing received from Gavi	5 467 173 600	3 139 623,29
Interest income	45 550 041	26 157,93
Other revenues	1 273 962	731,60
<b>Total income(1)</b>	<b>5 513 997 603</b>	<b>3 166 512,82</b>
<b>Expenses</b>		
<b>TOTAL EXPENDITURE TO 30/06/2019(2)</b>	<b>2 631 277 059</b>	<b>1 511 058,43</b>
<b>Cash surplus at 30/06/2019 (3)=(1)-(2)</b>	<b>2 882 720 544</b>	<b>1 655 454,39</b>
Cash account balances at 30/06/2019	1 642 199 871	943 062,97
<b>Difference</b>	<b>1 240 520 673</b>	<b>712 391,43</b>

The difference of **1,240,520,673BIF** is made up of amounts of:

- 1) **16 164 475BIF** composed of VAT invoices to be recovered
- 2) **12,905,871BIF** composed of invoices compatabilized in 2018-2019 and which will be regularized in 2019-2020;
- 3) **5,118,616BIF** composed of transfers of funds
- 4) **1,242,380,685BIF** composed of advances not yet justified, including:

- (a) BIF **700 000 000** for the EPI
- (b) BIF **463,524,602** for the 46 Health Districts (DS)
- (c) **66,251,083BIF** for the 18 health provinces (BPS)
- (d) **12 605 000BIF** for the PMU

	BIF	USD
1) VAT to be recovered=	16 164 475	9 282,74
2) Invoices to be regularized =	- -	7
	12 905 871	411,43
3) transfers of funds	- -	2
	5 118 616	939,46
4) Undocumented advances	1 242 380 685	713 459,57
	-	-
Gap = gap	<b>1 240 520 673</b>	<b>712 391,43</b>

The implementation rate of the consolidated plan for the funds managed by the Kura Kibondo Project Management Unit is 67.59%.

### 5.3.1.2. Financial statements as at 30 June 2019: MenA campaign

Libelle	Montant en BIF	Montant en USD
<b>Recettes</b>		
Soldes d'ouverture au 01/07/2018	-	-
Financements reçu de Gavi	8 625 455 027	4 827 453,00
Recettes provenant des interets	-	-
Autres recettes	-	-
<b>Total recettes(1)</b>	<b>8 625 455 027</b>	<b>4 827 453,00</b>
<b>Dépenses</b>		
<b>TOTAL DES DEPENSES AU 30/06/2019(2)</b>	<b>7 477 824 044</b>	<b>4 185 152,44</b>
<b>Excédent de trésorerie au 30/06/2019 (3)=(1)-(2)</b>	<b>1 147 630 983</b>	<b>642 300,56</b>
Soldes des comptes de trésorerie au 30/06/2019	179 693 433	100 569,95
<b>Ecart</b>	<b>967 937 550</b>	<b>541 730,61</b>
L'écart de <b>541 750,61USD</b> est fait des montants de :		
1) <b>2 014,83 USD</b> composé des factures comptabilisées en 2018-2019 et qui seront régularisées en 2019-2020;		
2) <b>543 745,44 USD</b> composé des avances non encore justifiées		
	<b>BIF</b>	<b>USD</b>
1) factures comptabilisées en 2014 et payées en 2015 -	3 600 000	- 2 014,83
2) Les avances non encore justifiés	971 537 550	543 745,44
Les <b>971 537 550 BIF</b> sont composés de :		
a) <b>807 909 450 BIF</b> pour le PEV		
b) <b>123 928 100 BIF</b> pour les 46 Districts sanitaires(DS)		
c) <b>3 500 000 BIF</b> pour les 18 provinces sanitaires(BPS)		
d) <b>36 200 000 BIF</b> pour l' UGP		
<b>Ecart =</b>	<b>967 937 550</b>	<b>541 730,61</b>

For the Men A campaign, the funds allocated to the Government were executed at a rate of 83.73%; this rate may increase when the budget allocated to the post-season survey is justified.

### 5.3.2. Financial performance of funds managed by UNICEF

#### 5.3.2.1. Consolidated plan

<b><i>Funds spent</i></b>	<b>5 796 134,673</b>	<b>71,3%</b>
<i>Committed funds</i>	349 264,63	4,3%
<i>uncommitted funds</i>	800 827,5	9,8%
<i>Reliquats sur les activités complètement réalisées</i>	1 184 480,38	14,6%
<b><i>Total Total</i></b>	<b>8 130 707</b>	<b>100%</b>

#### 5.3.2.2. Men A Campaign

- **Expenses: \$295,100.54**
- **Funds used in the Men A campaign: \$200,169.5 or 67.9%;**
- **The balance reallocated to the activities of counting children from 0 to 59 months: \$94,931,0145 or 32.1%;**

### 5.3.3. Financial performance of funds managed by the World Bank

The Gavi funds that will be used by the World Bank are not yet operational in the country

#### 5.4. Monitoring of the transition plan (applies if the country is in an accelerated transition phase) /NAP

○

NA

#### 5.5. Technical Assistance (TA) (Progress made in the current targeted country assistance plan) /UNICEF

For 2018-2019, WHO and UNICEF received from GAVI respectively USD 450,870 and USD 481,320 (ACT 2018) to cover the technical support needs of certain activities identified together with the EPI. All planned technical support activities have been completed or are ongoing and funds have been 100% implemented/committed. For ATT 2019, WHO and UNICEF received USD 483,785 and USD 397,739 respectively to provide technical support and implementation of activities identified and validated together with the EPI during the 2018 joint evaluation. The current implementation rate is 20% for WHO and 24% for UNICEF.

The following table shows the status of implementation of CAW 2019 activities:

Domain	Priority needs and strategic measures	Timetable-Implementation Period	Partners	Implementation status/comments
Cold chain	Strengthen the capacity of central and operational level technicians for the installation, monitoring and maintenance of solar refrigerators	2019	UNICEF on CAW 2018 funds	Recruitment of external expertise (LOGIVAC): 56 technicians were trained on the installation and maintenance of solar refrigerators and 210 new refrigerators were installed by these trained technicians under the supervision of LOGIVAC experts.
Supply Chain/Vaccin	Self-assessment of the GEV	2019	WHO&UNICEF	Activity not yet carried out; delay due to overlap

e Management				with other EPI priority activities (SSME & Enumeration, External Review, PPAC 2019-2020). It will be carried out in September 2019 and February 2020
	Develop an acceptable LMIS system and interoperability LMIS - DHIS2 (Input Management Module in DHIS2)	2019-2020	WHO & UNICEF	Activity not yet carried out. This activity may be abandoned in favour of another software (MEDEXIS) (EPI & DPML & DSNIS precision). WHO has the lead for this activity and UNICEF is supporting it.
	Study and carry out a study and carry out an extension/rehabilitation of the dry equipment stocks at the central level, including storage shelves	2019-2020	UNICEF	Under construction, the DAO is finalized and will be launched in early September for the recruitment of the design office. However, rehabilitation funds are not available; they are to be mobilized
	Strengthen EPI stockpile security systems (against fire, rainwater, etc.)	2019-2020	UNICEF	Under construction; a fire hydrant will be installed at the entrance of the EPI in order to be able to act quickly in the event of an

				accident (fire); a rainwater pipe/evacuation system is being rehabilitated
Equity Hedging	Ensure national coverage in pro-equity microplan: support the development of micro-equity plans in the remaining 31 SDs (Gavi Fund HSS Budget Review / Additional Funds)	2019	WHO & UNICEF	Activity not yet carried out, awaiting the finalization of the cMYP and revision of the consolidated plan in order to have the funds for this activity.
	Provide international technical support for equity coverage	2019-2020	WHO	Continuous activity. Technical assistance set up.
	Continue the implementation of the EPI Communication Plan for the 18 priority SDs	2019	UNICEF	Continuous activity
	Explore the possibility of a performance bonus for DS on coverage and equity (AT)/Including the PBF approach	2019-2020	UNICEF	This activity has not yet been carried out and still needs further discussion and clarification (EPI-Gavi & UNICEF) in order to prepare the International Consultant's TORs
	Support the updating of training curricula in paramedical schools, Institutes of Public Health and Universities (Faculties of Medicine): Modules/Courses on Immunization	2019	WHO	Preliminary contacts made. Finalization of the TORs

Data quality	Develop a standard guide for analysing SNIS data (need for technical assistance) and dissemination/dissemination	2019	WHO	Finalization of the TORs. Mobilization of ongoing assistance
	Strengthen the capacity of CDS care providers who produce the data: Correct completion of data collection and reporting tools; entry of data at the facility level into DHIS2	2019	UNICEF	Ongoing support through training supervision and analysis of immunization data in DHIS2 and feedback to the EPI and DSNIS, which in turn send feedback to DS. However, it is worth mentioning the suspension of access to DHIS2 for partners since this month of August 2019.
	Extend the SMSRapid project on child follow-up / a thousand days, in particular on the recovery of irregulars/abandons in the 18 priority health districts	2019	UNICEF	Not yet achieved, no funds for operational costs (training and post-training follow-up)  Provide funds for the revision of the Consolidated Plan or otherwise mobilize them.
	Interoperability of existing databases (SMSRapid and DHIS2)	2019-2020	UNICEF: International consultants (Experts University of OSLO)	Activity not yet carried out
SRM & MAPI Monitoring	Strengthen SRM surveillance	2019-2020	WHO	In progress. Technical



				assistance mobilized
	Support the creation of new sentinel sites for SRM surveillance	2019-2020	WHO	In progress. Finalization of the TORs. Assistance in the process of mobilization.
Financing, Governance, Coordination	Support the functioning of the NITAG (Technical Advisory Group on Immunization)	2019-2020	WHO	Advocacy for the establishment of the NITAG is ongoing.
	Support the functioning of the Technical Group (of the CPSD) Mother and Child Health: Technical CCIA	2019-2020	WHO & UNICEF	Activity carried out and ongoing. WHO has the lead for this activity and UNICEF is supporting it.

The following constraints were noted during the implementation of the technical support:

- Delay in the implementation of CAW activities due to several factors/causes:
  - Agenda conflict/priority conflict
  - Non-availability of funds for operational costs of certain activities
  - Delay in reaction of MSPLS technicians (UGP-PEV-DISE) for the validation of TDRs and technical specifications
  - Weakness in monitoring the implementation of CAW
  - Cumbersome procedures
  - Low initial activity budgeting
  - Poorly developed, non-specific milestones
  - Unavailability of technical assistance/Difficulty in mobilising TA.

**The proposed corrective measures are:**

- Establish a mechanism to monitor the implementation of CAW activities
- Ensure local technical assistance that will contribute skills
- Reflect on a decentralization of TA to the subnational level.

**In summary, for ATT 2019, the following TAs are expected by the end of 2019 (WHO & UNICEF):**

- Self-assessment of the GEV
- Elaboration of pro-equity micro-plans in 3 SDs and support for the implementation of pro-equity micro-plans in priority SDs

- Continue technical support for monitoring the installation and maintenance of solar refrigerators
- Finalization of the CDF Equipment Maintenance Plan and support for its implementation
- Elaboration of the strategy for mobilizing internal funds for immunization and organization of advocacy meetings at the highest level
- Carrying out a study on the extension and rehabilitation of the former EPI hangar/stock
- Strengthening of EPI stock protection mechanisms: Installation of fire hydrants and rainwater drainage
- Strengthening SRM surveillance
- Support for the creation of new sentinel sites for SRM surveillance
- Support for the functioning of the NITAG (Technical Advisory Group on Immunization)
- Development of a standard guide for analysing SNIS data (need for technical assistance) and dissemination/dissemination
- Provide international technical support for equity coverage.

**The following TAs will be provided by June 2020:**

- Support for the implementation of pro-equity micro-plans in DS/Approach to RED
- LMIS (MEDEXIS) & DHIS2 Interoperability
- RapidSMS & DHIS2 Interoperability
- Study on the possibility of granting a performance bonus on coverage and equity for DSs taking into account the bonuses of the FBP
- Support for the updating of training curricula in paramedical schools, Institutes of Public Health and Universities (Faculties of Medicine): Modules/Courses on Immunization

## 6. UPDATE OF THE RESULTS OF THE PREVIOUS JOINT EVALUATION /UGP

Themes	Action	Status of implementation	Observations
Increase in CVs and Equity in vaccination	Conduct a census of the target children for immunization in all ROs to address the problem of uncontrolled denominator and the identification/localization and recovery of non-vaccinated children	Achieved (SSME): 100%.	
	Contribute to the development of pro-equity micro plans: support the development of micro-equity micro plans in the remaining 31 SDs (Gavi Fund HSS Budget Review / Additional Fund),	Not achieved because the consolidated GAVI funds plan has not yet been revised to	

		take into account this new activity: 0%.	
	Continue the implementation of the EPI Communication Plan_priorities for the 15DS+3 DS	Partially achieved: 38%.	
	Plan strategies adapted by DS to reach unreached children	Count completed and unvaccinated children counted and recovered (SSME): 2%.	
	Contribute to the updating of training curricula in paramedical schools, public health institutes and universities (Faculty of Medicine): Vaccinology courses	Not achieved because the consolidated GAVI funds plan has not yet been revised to take into account this new activity.	
	Explore the possibility of a performance bonus for DS on coverage and equity	Unrealized: 0%.	
	Fund the development of pro-equity plans in 3 priority health districts as well as in the 28 <sup>7</sup> other non-priority districts	Not achieved because the consolidated GAVI funds plan has not yet been revised to take into account this new activity: 0%.	
	Contribute to the implementation of the MSPLS data quality improvement plan	Unrealized: 0%.	
<b>Data quality</b>	Revise the standard SNIS data analysis guide (need for technical assistance) and dissemination/dissemination	Not achieved because the consolidated GAVI funds plan has not yet been revised to take into account this new activity: 0%.	
	Contribute to the implementation of routine data collection activities (Printing/multiplication of collection tools, internet connectivity, supervision, capacity building, computer kits, Capacity building of CDS care providers who produce the data: Correct filling of data collection and reporting tools	Partially achieved: 10%.	
	Contractualize a house for the follow-up of the computerization of health facilities....	Not achieved because the consolidated GAVI funds plan has not	

<sup>7</sup> 15 ROs have already developed pro-equity plans, there are still 31 ROs who do not yet have pro-equity plans

		yet been revised to take into account this new activity: 0%	
	Update population projections up to the level of the census hills	Not achieved because the consolidated GAVI funds plan has not yet been revised to take into account this new activity: 0%	
	Interoperate with existing databases (SMS Rapid, Channel) with DHIS2	Not achieved because the consolidated GAVI funds plan has not yet been revised to take into account this new activity: 0%	
	Organize capacity building training on the "WHO_RDQA" data quality analysis tool.	Unrealized: 0%.	
	Explore opportunities to introduce an electronic immunization registry with SMS tracking	Unrealized: 0%.	
	Participate in training on Clinical and Community PBF (WB Funding)	Realized: 100%.	
	Support the enumeration of EPI target children and community registration	Partially achieved: 70%. Count completed, continuous recording	
	Study and implement interoperability between DHIS2 and SIGL	Unrealized: 0%.	
	Contribute to the financing of the extension of the SMS project / child monitoring / a thousand days in urban areas	Unrealized: 0%.	
	Finalize, validate, and implement the plan to strengthen SRM surveillance	Unrealized: 0%.	
	Establish a pool of national surveillance trainers	Unrealized: 0%. The main SRM Monitoring Partner has significantly reduced its financial support.	
	Strengthen case-by-case monitoring	Realized and continuous: 100%.	
	Introduce surveillance at the community level (CSA awareness)	NA Already introduced	

	Contribute to the strengthening of SRM surveillance (Multiplication of tools, meetings, awareness raising, capacity building, sampling kits, sample transport costs,	Transport costs not yet paid/reimbursed: 50%.	
	Contribute to the financing of sentinel surveillance in regional hospitals	Unrealized: 0%.	
	Contribute financially to active surveillance in the DS	Realized: 100%. Fees paid on DS accounts but not yet used	
	Contribute to the financing of surveillance in refugee camps	Unrealized: 0%.	
	Contribute to the financing of new sentinel sites in each regional hospital	Unrealized: 0%.	
	Extend surveillance to other pathogens (meningococcus, rotavirus)	Unrealized: 0%.	
	Contribute to the financing of operational research on vaccine quality	Unrealized: 0%.	
	Investigate serious MAPI	Unrealized: 0%.	
Supply chain/ CDF / GEV	Plan the GEV self-assessment in 2019	Unrealized: 0%.	
	Modernize the system for monitoring the parameters of CDF equipment at all levels (T°, alarm, synchronization possibility, fast SMS, ODK with visualization and mapping, DHIS2) <b>See possibility of experience exchange or Technical support or local expertise</b>	Partially achieved: 43%.  T° and monitored alarm; cold room mapping done	
	Continue to implement the transition plan <b>(Resources already provided for in the consolidated plan)</b>	Realized and continuous: 100% for the period	
	Contribute to the financing of a feasibility study for the disposal of absorption refrigerators <b>(Additional Resources)</b>	Unrealized: 0%.	
	Develop an acceptable LMIS system and LMIS interoperability - DHIS2	Unrealized: 0%. Risk of being abandoned in favour of another software (MEDEXIS)	
	Plan an extension/rehabilitation of dry equipment stocks at the central level <b>(RA)</b>	Unrealized: 0%.	

	Strengthen EPI stockpile security systems (against fire, rainwater, etc.) <b>(RA)</b>	Realized: 100%.	
	Implement the recommendations from the cold room mapping and temperature monitoring <b>(RA)</b>	Not achieved because the consolidated GAVI funds plan has not yet been revised to take into account this new activity: 0%	
<b>Financial management</b>	Experiment with the MobileMoney method for transferring funds to providers (Vaccinators) <b>()</b>	Realized: 100%.	
	Finalize the budget settings for the meningitis vaccination campaign <b>(RA)</b>	Realized: 100%.	
<b>Funding, Coordination and Governance</b>	Prepare the Gavi 2019 audit: very detailed audit during the second half of 2019, will cover all subsidies, impact on the return of the country's subsidies ( the process and timetable) <b>( RA)</b>	Realized; 100%.	
	Conduct the external review of the EPI <b>( AT &amp; RA)</b>	Realized: 100%.	
	Develop the cMYP for the EPI ( 2019-2023) <b>( AT)</b>	Realized: 95%. The rest is the validation	
	Advocate for the Government to mobilize funds for the purchase of traditional vaccines	Realized: 100%.	
	Establish immunization support groups: NITAG: National Immunization Technical Advisory Group <b>(AT)</b>	Unrealized: 0%. Only the SME technical group exists	
	Revise the consolidated plan to take into account the priority actions identified during the joint evaluation, in particular the financing of 3 Health Districts (Gitega, Gahombo and Isare)	Unrealized: 0%.	
	Evaluate the implementation of these recommendations at the end of each quarter	Realized: 100%.	

## 7. Recommendations Joint Evaluation 2019

### 7.1. Strategic Recommendations

Theme	N°	Recommendation	Head of MOE	MOE Deadlines
CV increase and equity	1	Adopt an urban strategy to increase the immunization performance of the districts of Bujumbura City Hall and other urban centres	EPI, UNICEF	2020
	2	Include a course on vaccination in the training circuits of paramedical schools and universities	EPI, WHO	2021
	3	Produce a preliminary analysis of the trend in under-five count data in some ROs	EPI	September 15, 2019
	4	Strengthen public-private partnership in the provision of immunisation services	EPI	
	5	Finalize the under-5 count report to facilitate comparison with the 2008 GMPR projection data	EPI	October 2019
	6	Organize a workshop to refine guidelines for the organization of a measles monitoring campaign in Burundi	WHO, UNICEF	October 2019
	7	Prepare the submission file for the GAVI submission file for the organization of a measles monitoring campaign in Burundi	EPI	December 2019
	8	Develop a PEF TCA capacity building plan (list of training courses over the duration of the PPAC) taking into account decentralization and the transfer of skills at all levels	EPI and TFP	October 15, 2019
	9	Contribute to the strengthening of the national pharmacovigilance and surveillance system for MAPI		
	10	Strengthen surveillance of vaccine-preventable diseases (meningitis, polio, measles/rubella, yellow fever, etc.)		
	11	Organize catch-up activities for vaccination against meningococcal meningitis		

		serogroup A in returning patients and in DSs with vaccination coverage of less than 95%, with integration of other interventions as appropriate (HPV)		
<b>Data quality</b>	12	Build staff capacity on DHIS2 data management software at all levels and interoperability with other existing databases by involving the partnership between the GAVI Alliance and the University of Oslo	EPI, DSNIS	4th Q 2019
	13	Contribute to the implementation of the data quality improvement plan	DSNIS, EPI	
	14	Explore /Pilot the possibility of setting up the electronic register for vaccination		
<b>Supply chain / cold chain and GEV</b>	15	Improve the management of vaccine-derived waste at all levels (Waste management expertise)	EPI	
		Ensure post-installation monitoring of newly installed cold chain equipment		
		Strengthen the capacities of EPI staff at all levels on forecasting and in management and supply		
<b>Financial management</b>	16	Make proposals to GAVI for budget reallocations to certain priority activities for which the planned budget has been underestimated	UG-KKK, PEV, UNICEF, OMS	By the end of September 2019
<b>Financing and good governance</b>	17	Strengthen EPI institutional capacities at all levels in the field of leadership, planning, coordination, financial management, supervision and monitoring and evaluation of TA with TFPs, including communication of TA activities, results and impacts;		
		Support the implementation of the resource mobilization plan for immunization		
		Identify cross-cutting actions that can influence immunization coverage and the resilience of the		



		immunization system (Human Resources, health facilities,... that will be funded with other partners		
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## 7.2 Operational recommendations

Theme	N°	Recommendation	Head of MOE	MOE Deadlines
	1	Establish a technical team to finalize the PPAC 2019-2023 and update the PAA 2019-2020	EPI	End of October 2019
	2	Elaborate the PEF TCA 2019-2020 plan	EPI	End of October 2019
	3	Hold monthly meetings of key EPI stakeholders with an agenda item on the implementation of the EFP ACT plan (UG-PKK, UNICEF, WHO, World Bank)	EPI	Continue
	4	Organize a teleconference every two months of all GAVI Alliance partners (EPI, UG-PKK, UNICEF, WHO, World Bank)	EPI, PMU-KK	Immediate
	5	Produce a preliminary analysis of the trend in under-five count data in some ROs	EPI	September 15, 2019
	6	Finalize the under-5 count report to facilitate comparison with the 2008 GMPR projection data	EPI	October 2019
	7	Organize a workshop to refine guidelines for the organization of a measles monitoring campaign in Burundi	EPI, WHO/IST	October 2019
	8	Organize coordination meetings for community immunization interventions (CSOs and CSAs respectively supported by GAVI through UNICEF and the World Bank) to facilitate the harmonized implementation of activities	EPI	Continue
	9	Plan TAs over several years with the possibility of annual updating;	GAVI	Continue
	10	Revise the consolidated plan to take into account the activities of the PPAC 2019-2023	EPI, UG-KK	Mid-November 2019
	11	Develop a comprehensive training plan including CAWs taking into account non-EPI resources and all	EPI	2019

		levels of the health system (central, intermediate and operational)		
	12	clear the balances from year A1 and propose a reallocation of resources taking into account additional funds and priority and urgent activities	EPI, UG-KK	By the end of September
	13	Explore the possibility, especially for TA at intermediate and peripheral levels, of using national and regional institutions to provide TA (partners could subcontract part of the TA funded by Gavi to these structures).		
	14	Include in the 2019 (TCA) plan a mission by an expert from the WHO regional office to strengthen the pharmacovigilance and surveillance system for MAPI		
	15	Organize a vaccination campaign against meningococcal meningitis serogroup A in returnees.		
	16	Develop a roadmap for monitoring the implementation of the recommendations of the external review		

## 8. ACTION PLAN: SUMMARY OF RESULTS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED UPON DURING THE JOINT EVALUATION /PEV&UGP&OMS&UNICEF

### 7.1. ACTION PLAN

Here is an overview of the main activities planned for the year (2019-2020) and changes to Gavi's support required:				
Activities		Amount	Source of funding	Budget \$ \$
1	Multiply the training modules for MLM/EPI providers in practice	24 883 200	GAVI	

2	Support districts in training 1500 providers (1 holder and 1 immunization officer) of 750 CDS on the "Middle level management (MLM)" course	435 716 000	GAVI	
Sub-Total 1		460 599 200		
3	Organize a workshop to develop the submission package for the routine introduction of the HPV vaccine	8 952 000	GAVI	
4	Organize a national information, communication and mobilization workshop for FONEB members, child journalists, school health club supervisors to help promote immunization in their themes and communities	14 644 600	GAVI	
5	Support training of providers on interpersonal communication techniques for immunization and on the use of tools with key messages	187 683 000	GAVI	
6	Train 5 people from the communication department on audio visual production	11 919 500	GAVI	
7	Support ROs in training providers and GST on interpersonal communication techniques for immunization and on the use of tools with key messages	187 683 000	GAVI	

8	Develop a checklist with key messages on the importance of immunization and harmonized messages on immunization for tools for use at the operational level during any awareness session (PES, awareness meeting)	6 508 900	GAVI	
9	Support the development of pro-equity action plans in three BDS	25 949 050	GAVI	
10	Support ROs in the implementation of the ACD/ACE approach	311 048 050	GAVI	
11	Disseminate messages on routine immunization through different communication channels (radio, TV, SMS, posters and social networks)	153 940 000	GAVI	
<b>Sub-Total 2</b>		<b>908 328 100</b>		
12	Co-organize the SSMEs (December 2019 and June 2020)	1 710 111 200	GVT, WHO, UNICEF, GAVI and other TFPs	
13	Organize the 10th after-sales service	51 069 000	Government, GAVI, WHO	
<b>Sub-Total 3</b>		<b>1 761 180 200</b>		
14	Ensure the payment of performance-based bonuses to EPI staff	344 520 000	GAVI	
<b>Sub-Total 4</b>		<b>344 520 000</b>		

15	Purchase under-used and new routine vaccines (GAVI:penta:1079500 doses,PCV13:913 500 doses,Varota:843 000 doses,IPV:213 000 doses) including injection equipment	11 838 547 580	GAVI	
16	Purchase under-used and new routine vaccines (government co-financing: pentavalent ,PCV 13 ,varota) and purchase of IPV vaccines ,RR1 ,RR2,VAA including injection equipment	4 529 814 223	GAVI,Government	
<b>Sub-Total 5</b>		<b>16 368 361 803</b>		
17	Ensure the maintenance of the EPI vehicle fleet and generators	90 000 000	GAVI	
18	Ensure the maintenance of office automation and computer equipment	44 450 000	GAVI	
19	Train technicians on the installation and maintenance of solar fridges	35 820 200	GAVI	
20	Develop a maintenance plan for cold chain equipment and infrastructure	3 412 500	GAVI	
<b>Sub-Total 7</b>		<b>173 682 700</b>		
21	Pay for Internet Connection and phones	27 161 480	GAVI	
22	Ensure the management of waste produced at the EPI	14 400 000	GAVI	
23	Ensure the installation of the multi-project	84 750 000	GAVI	

	TOMPRO software at the EPI			
24	Ensure the supply of office, IT and hygiene supplies	112 620 000	GAVI	
25	Provide the cart with fuel and lubricant for operation, including generators (3000 litres per quarter	30 000 000	GAVI	
Subtotal 8		268 931 480		
26	Organize a biannual workshop to report the results of supervisions on data management	12 619 200	GAVI	
27	Organize quarterly data review meetings at the central level bringing together DSNIS data managers, programmes and MSPLS department	5 640 000	GAVI	
28	Organize biannual supervision of the 18 BPSs on data management and quality	24 227 500	GAVI	
29	Technically support a two-day biannual workshop by DS on analysis, validation of routine EPI data and vaccine management	14 254 500	GAVI	
30	Organize a biannual regional data review workshop	108 995 700	GAVI	
31	Develop standard operating procedures (SOPs) for vaccine management and supply	11 888 500	GAVI	

32	Multiply and distribute 261,242 copies of integrated Mother-Child health notebooks	261 242 000	GAVI	
33	Multiply 1500 CDS scorecards	15 139 271	GAVI	
34	Multiply 800 Immunization records	8 776 389	GAVI	
35	Multiply the monitoring sheets and notebooks for recovering CDS abandonment	2 400 000	GAVI	
<b>Subtotal 9</b>		<b>465 183 060</b>		
36	Strengthen the technical capacities of EPI staff (training, internships abroad)	192 777 812	GAVI	
<b>under total 10</b>		<b>192 777 812</b>		
37	Organize a monthly meeting of the Thematic Group on Mother and Child Health	31 788 000	GAVI	
38	Conduct urgent raids on data verification, AFP case follow-up and FDC maintenance	14 562 000	GAVI	
39	Conduct integrated formative supervision once every six months in each province (+ immediate feedback meetings in each province)	220 060 000	GAVI	
40	Organize a 5-day retreat for the elaboration and finalization of the EPI 2020-2021 AAP (EPI staff, EPI TFPs and other programmes)	12 648 800	GAVI	
<b>Sub-Total 11</b>		<b>279 058 800</b>		

41	Produce an integrated pharmacovigilance and MAPI plan	<b>85 365 424</b>		
42	Develop an EPI waste management plan	<b>48 600 708</b>		
43	Organize the GAVI HSS Health System Strengthening submission workshop	<b>18 500 000</b>		
44	Develop a plan for strengthening the capacity of the EPI	<b>35 070 605</b>		
45	Organize the submission development workshop for the Measles monitoring campaign	<b>18 500 000</b>		
46	Organize a workshop to develop a monitoring and evaluation plan for the EPI	<b>18 500 000</b>		



47	Acquire equipment and kits for meningitis, measles, PFA surveillance	<b>93 056 490</b>		
48	Establish FBP for PFA and other SRM monitoring	<b>58 750 645</b>		
49	Organize training courses on "DS management".	<b>475 000 000</b>		
50	Update the SMIR guide	<b>63 734 800</b>		
51	Provide training to EDCs and Provinces in health data and information management	<b>750 692 700</b>		
52	Ensure post-installation monitoring of solar refrigerators	<b>20 000 000</b>		

53	Provide the monitoring and evaluation department with a tool ( software) for real-time monitoring of all cases of SRM (supplies, installation and equipment)	800 000 000		
S/T 12		2 485 771 372		
<b>TOTAL GENERAL</b>				

## 7.2. Technical assistance needs for 2019-2020

Main result/ action 1	Cold chain management is improved
Current reaction	<ul style="list-style-type: none"> <li>The implementation of the solar transition plan currently being finalized</li> <li>15 refrigerators are not yet installed (roof defect to install the plates)</li> <li>Need for close monitoring of the operation of these new equipments</li> <li>Need for post-training follow-up of technicians who have been trained in the installation and maintenance of solar refrigerators.</li> </ul>
Agreed country actions	Support cold chain management: <ul style="list-style-type: none"> <li>Finalize the installation of the remaining 15 solar refrigerators</li> <li>Monitoring the operation of newly installed solar refrigerators</li> <li>Post-training follow-up of trained technicians</li> <li>Acquire 3 new continuous T° recorders from the central level cold rooms</li> <li>Remote temperature monitoring, fridge-tag2 data management, etc.</li> </ul>
Expected outputs/ results	<ul style="list-style-type: none"> <li>15 new refrigerators are installed;</li> <li>97% of solar refrigerators throughout the country are functional</li> </ul>
Associated calendar	2020-2021

Resources/ support and technical assistance required	UNICEF TA and International Consultant
<b>Main result/ action 2</b>	<b>Supply chain and vaccine management are improved</b>
Current reaction	<ul style="list-style-type: none"> <li>• Most SD pharmacy managers are not trained in effective vaccine management</li> <li>• Weakness in monitoring vaccine wastage rates at the DS and CDS levels</li> <li>• Weakness in the management of vaccine waste</li> <li>• Low storage capacity for dry material</li> <li>• Low storage capacity for some DS</li> <li>• CDS with roof not suitable for solar panels.</li> </ul>
Agreed country actions	<ul style="list-style-type: none"> <li>• Conduct a self-assessment of the GEV (once a semester)</li> <li>• Achieve GEV</li> <li>• Support management of vaccine-derived waste</li> <li>• Train logisticians in charge of vaccine management in multi-year GTS (Stock Management Tools)</li> <li>• Strengthen the capacity of vaccine managers (Central Level and DS) on effective vaccine management: Training on GEV for self-assessment; training on EPILOG and FORECAT Immunization tools</li> <li>• Provide technical support for the recruitment of a company for the extension/rehabilitation of dry equipment stocks at the central level, construction/rehabilitation of stocks in DS offices and rehabilitation of CDS and monitoring of the works.</li> </ul>
Expected outputs/ results	<ul style="list-style-type: none"> <li>• GEV self-assessment carried out</li> <li>• GEV achieved</li> <li>• Training of service providers carried out (EPILOG, SMT, FORECAST)</li> <li>•</li> </ul>
Associated calendar	2020-2021
Resources/ support and technical assistance required	WHO & UNICEF TA: International Consultants and Staff
<b>Main result/ action 3</b>	<b>Equity coverage is improved</b>
Current reaction	<ul style="list-style-type: none"> <li>• According to the results of the survey - equity, 18 SDs with poor performance that become priorities for the country and for Gavi's support</li> </ul>
Agreed country actions	<ul style="list-style-type: none"> <li>• Continue the support of SDs for the development of micro-equity plans and their implementation with a particular focus on priority SDs</li> </ul>

	<ul style="list-style-type: none"> <li>• Ensure tutoring of these DS</li> <li>• Support the EPI in carrying out a CAP survey on vaccination</li> <li>• Support the implementation of the ACD/ACE approach</li> <li>• Support the extension of the SMSRapid project on child follow-up / a thousand days, including the recovery of irregulars/abandons in the 18 priority health districts</li> </ul>
Expected outputs/ results	<ul style="list-style-type: none"> <li>• Vaccination coverage for priority HDs is improved</li> </ul>
Associated calendar	2019-2020-2021
Resources/ support and technical assistance required	WHO TA, UNICEF/Staff
<b>Main result/ action 4</b>	<b>The quality of EPI data is improved</b>
Current reaction	<ul style="list-style-type: none"> <li>• Existence of DS with CVs over 100%.</li> <li>• Inconsistency of triangulated data</li> <li>• Recurrent problem with the denominator</li> </ul>
Agreed country actions	<ul style="list-style-type: none"> <li>• Support the finalization of the analysis of enumeration data</li> <li>• Strengthen the capacities of the 18 priority districts and CDSs for DHIS2, data analysis and use</li> <li>• Continue support to make the interoperability of existing databases (SMSRapid and DHIS2) effective</li> <li>• Continue support to make the interoperability of existing databases (DHIS2 and MEDEXIS) effective</li> </ul>
Expected outputs/ results	<ul style="list-style-type: none"> <li>• Analysis report of available enumeration data and sharing</li> <li>• Providers of DS forms on data analysis</li> <li>• DHIS2 interoperable with SMSRapid and MEDEXIS</li> </ul>
Associated calendar	2019-2020-2021
Resources/ support and technical assistance required	WHO TA, UNICEF/Consultants & Staff
<b>Main result/ action 5</b>	<b>SEM/MAPI monitoring is improved</b>
Current reaction	<ul style="list-style-type: none"> <li>• Existence of silent DS for monitoring AFP, measles, etc.</li> <li>• Monitoring of MAPI not effective at the operational level</li> <li>• Global pharmacovigilance system on functional at the operational level</li> <li>• Active monitoring not very functional</li> <li>• Sentinel surveillance sites</li> <li>• Lack of motivation for DS and CDS to monitor SRMs and MAPI</li> </ul>
Agreed country actions	<ul style="list-style-type: none"> <li>• Train SD providers in SRM and MAPI monitoring</li> <li>• Set up sentinel sites</li> <li>• Acquire the necessary reagents and equipment</li> <li>• Develop/Actualize a Pharmacovigilance Plan and MAPI</li> </ul>

	<ul style="list-style-type: none"> <li>Support resource mobilization for pharmacovigilance and MAPI, SRM surveillance</li> </ul>
Expected outputs/ results	<ul style="list-style-type: none"> <li>Formal providers in SRM and MAPI monitoring</li> <li>MAPI Monitoring is effective at the operational level</li> <li>Pharmacovigilance plan and MAPI available</li> <li>Sentinel sites set up and functional</li> <li>Number of silent DS decreases.</li> </ul>
Associated calendar	2019-2020-2021
Resources/ support and technical assistance required	AT WHO, International Consultants & Staff
<b>Main result/ action 6</b>	<b>Program management is improved: Funding, Governance, Coordination</b>
Current reaction	<ul style="list-style-type: none"> <li>Weak monitoring of the implementation of grants and CAW</li> <li>Low mobilization of local resources for immunization</li> <li>Low transfer of competence at national level at all levels</li> </ul>
Agreed country actions	<ul style="list-style-type: none"> <li>Organize monthly meetings to coordinate and monitor EPI activities, including CAW</li> <li>Advocate for the mobilization of local resources for immunization: Validation and implementation of the immunization fundraising strategy</li> <li>Develop a capacity building plan</li> <li>Ensure a local TA/transfer of competence</li> <li>Study the modalities of decentralizing TA.</li> </ul>
Expected outputs/ results	<ul style="list-style-type: none"> <li>Regular coordination meetings held: Minutes available</li> <li>Government budget for traditional vaccines and other immunization services is increased</li> <li>A capacity building plan is available</li> </ul>
Associated calendar	2019-2020-2021
Resources/ support and technical assistance required	WHO TA, UNICEF, International Consultants & Staff

#### 9. JOINT ASSESSMENT PROCESS, APPROVAL BY THE NATIONAL COORDINATION FORUM (CCIA, CCSS OR EQUIVALENT) AND ADDITIONAL COMMENTS/UGP

- Does the National Coordination Forum (ICC/CCSS or equivalent body) meet Gavi's requirements (please see <http://www.gavi.org/support/coordination/> for requirements)?
- Briefly describe how the joint assessment was reviewed, discussed and approved for the relevant National Coordination Forum (ICC, ICC or equivalent), including the main discussion points, participants, main recommendations and decisions and whether a quorum was reached. Alternatively, attach the minutes of the meeting highlighting these points.

- If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners or other stakeholders.

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## 10. APPENDIX: Compliance with Gavi /PEV&UGP reporting requirements

Please confirm the status of the reports to Gavi, indicating whether the following reports have been uploaded to the Country Portal. **Please note that, in the event that the main reporting requirements (marked with an \*) are not met, Gavi support will not be evaluated for renewal.**

	Yes	No	Not applicable
<b>Year-end stock level report</b> (to be submitted by 31 March)*			
Grant Performance Framework (GPF)* Reports on all mandatory indicators			
<b>Financial reports*</b>			
Periodic financial reports			
Annual financial statement			
Annual financial audit report			
<b>Campaign reports*</b>			
Technical report on supplementary immunization activity			
Report on surveys on campaign coverage			
<b>Information on financing and expenditure related to immunisation</b>			
<b>Data quality reports and survey reports</b>			
Annual document review of data quality			
Data Improvement Plan (DIP)			
Progress report on the implementation of data improvement plans			
In-depth data assessment (conducted over the past five years)			
Representative national coverage survey (conducted over the last five years)			
<b>Updating the annual progress report on the plan to improve effective vaccine management (EVM)</b>			
<b>(POECF): updated inventory of ECFs</b>			
<b>Post-introduction evaluation (PPE) (specify vaccines)</b>			
<b>Situation analysis and five-year measles-rubella plan</b>			

<b>Operational plan for the vaccination programme</b>			
<b>HSS End-of-Grant Evaluation Report</b>			
<b>Outcome of the HPV vaccine demonstration program</b>			
Coverage survey			
Cost analysis			
Adolescent Health Assessment Report			
<b>Partner reports on the functions of the CAW and EFP</b>			

*However, if any of the requested reports are not available at the time of the joint assessment, please indicate when the missing document/information will be available.*

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