12/09/16

Joint appraisal report

Country	Eritrea
Reporting period	The current Appraisal Report: July 2015 - July 2016
Fiscal period	January - December
If the country reporting period deviates from the fiscal period, please provide a short explanation	No
Comprehensive Multi Year Plan (cMYP) duration	2012-2016
National Health Strategic Plan (NHSP) duration	2012-2016

1. Summary of renewal request

Programme	Recommendation	Period	Target	Indicative amount paid by Country	Indicative amount paid by Gavi
Pentavalent in exiting presentation	Extension	2017	121,621	*USD 75,000.00*	*USD 616,000.00*
Rota in existing presentation	Extension	2017	121,621	*USD 29,500.00*	*USD 298,500.00*
PCV-13 in new presentation switch to 4 doses vial	Extension	2017	121,621	*USD 79,500.00*	*USD 1,405,500.00*
MSD in existing presentation	Renewal	2017		USD	USD

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	MR Vaccine SIA and introduction of MR in to routine immunization service	January 2017	November 2017
	Mn A Conjugated Vaccine	January 2017	November 2017
	Cold Chain Equipment Optimization Platform (CCEOP)	May 2017	January 2018
	Human Papilloma Vaccine (HPV)	September 2017	July 2018
	Yellow Fever (YF) Vaccine	September 2017	July 2018

**Not applicable for countries in final year of Gavi support*

2. Country context

GAVI continued to be a major partner in funding the immunization program in Eritrea. The country has successfully finalized the implementation, evaluation and closure of the 2010-2015 Health Sector Strengthening (HSS1) allotment and worked up on HSS 2 proposal worth USD 10,076,561.4 for five years (2017-2021) to strengthen the immunization program and improve access and equity in vaccination service in the country. At the moment, GAVI has issued a decision letter that approves the proposal and support for the coming three years. The support for two additional years will be granted when the country submitted the new HSSDP and cMYP (2017-2021) and showed alignment of the HSS2 to the NHSSDP objectives.

The country has also undergone a comprehensive review of the EPI program and Post Introduction Evaluation of PCV by independent experts of WHO and UNICEF from the regional offices. The findings of the review will be used for cMYP (2017-2021) development which is planned for October 2016. Moreover, Program Capacity Assessment (PCA) was conducted in April, 2016 by PricewaterhouseCoopers (PwC) group to identify the current capacity and gaps on financial management, vaccine management and program management. Based on the assessment results of PCA, Gavi will develop the Grant Management Requirements (GMR) to agree upon with country to improve the weaknesses and the gaps identified during the PCA and will be implemented before future cash grants (notably the new HSS 2) is disbursed to Eritrea.

The Programme has taken a step to strengthen its leadership and governance structure by revising and synchronizing the role of the ICC and HSSC. The Ministry of Health has decided to have one single committee that will provide the leadership and governance to the EPI Program Gavi HSS, VIG and other related activities of the EPI program. The ICC mandate and terms of references is clearly defined and their memberships are broadened and are strengthened by including additional experts and Community Social Organizations (CSOs).

Eritrea has fulfilled its co-financing obligation for the arrears of 2015 in March 2016 and has already paid in full its 2016 co-financing obligations. This year the country co-financed the procurement of 23,400 doses of PCV, 49,000 doses of Rota vaccine and 22,300 doses of Pentavalent vaccines and collectively is estimated to be USD 333,500. Furthermore it is noted that in 2016, for the first time the country have co-financed 15% of the cost of all traditional vaccines and injection safety materials worth 49,807 USD (previously financed by UNICEF).

In light of increased demand to have a robust supply chain management, the country underwent a Cold Chain Assessment (CCA) in all health facilities at national and zonal vaccine stores in the 1st quarter of 2016. Based on the findings of the assessment, a 10 year cold chain replacement plan has been developed (see report of the cold chain assessment and the replacement plan attached)

With the introduction of multiple injections at the same visit of a child, more Adverse Events Following Immunization (AEFI) is expected to be a concern. To address such events, a national committee has been established with clear terms of reference and members of the committee has also determined. The National Immunization and Technical Assistance Group (NITAG) which will play a pivotal role in making technically support in decisions making of introduction of new vaccines, new technologies and AEFI management in the EPI program. In social mobilization activities, the program has made more investments in creating demand and improving knowledge of the community on immunization to increase vaccine uptake. Based on the communication strategy developed earlier, investments were made to develop and disseminate messages on vaccine benefits and uptake schedules for immunization in all local languages using various media out lets (radio and television), booklets and posters.

3. Gant performance and challenges

3.1.1New and underused vaccine (NVS) support

GAVI support for Eritrea is more focused on financial support for procurement of new and under used vaccines through UNICEF supply division and HSS grant support to ensure access and equity on immunization. Moreover, VIG support is provided when the country has a plan to introduce new vaccines and changing the existed vaccine presentations and formulations. In Eritrea, DPT-HepB-Hib, Rota and PCV-13 has been supported by Gavi with limited amount of Gov. Co-financing and MCV2 had been supported as grant for 5years (2012-2016). In Eritrea all routine and SIA immunization services are available and accessible in all health facilities for the target population.

Based on the approved application of new vaccine introduction, pneumococcal conjugated vaccines (PCV-13) and inactivated polio vaccines (IPV) was planned to be introduced in August, 2015. For the introduction of these vaccines USD 200,000 was provided as VIG by Gavi. Implementation plan for both vaccines were developed and Training of Trainers (ToT) was provided at national level and the training continues in cascade form at sub national and district level for all EPI focal persons and health facility heads. These activities were conducted with technical support of WHO and UNICEF and a total of 450 heath workers were trained on the introduction of the new vaccines. Key health messages, booklets and posters were also developed for social mobilization activities and training of health workers. All reporting tools and child health cards for routine immunization service are updated to include the new vaccines. A total expense of the above stated activities was USD 161,402.70 and the remained grant carried forward to 2016 is USD 46,943.40. The remaining grant is not reprogrammed rather as the IPV has not yet been introduced the balance will be kept for the introduction activities when the vaccine supplied to the country.

Even though the necessary introduction was developed and pre introduction plan was implemented, because of the short fall of IPV production and unavailability of adequate IPV vaccine in the market, the country was not fortunate to have IPV and the introduction is postponed most probably for the end of 2017 or earlier of 2018. The country was lately informed about the postponement of the supply of IPV and has been already started the introduction activities at sub national level. Overall, the management of these cash grants was carried according the introduction plan of the new vaccines. The system on conducting active surveillance on Adverse Events Following Immunization (AEFI) and reporting procedures were also addressed during the training of the health workers on new vaccine introduction.

The EPI program and Pharmacovigiliance unit of the National Medicine and Food Administration division (NMFA) has also developed joint work plan on sensitization and training of the health workers on AEFI to address the concern of multiple injections on one visit of a child and the training is on progress at sub national level.

Post Introduction Evaluation (PIE) of PCV and Comprehensive EPI review was also conducted in July 2016 and the group has come up with specific recommendations that should be considered in the upcoming year such as:-

- Conducting supportive supervision and training on data management, monitoring and data use for action at service level

- Roll out electronic data management system with standardized analysis to all levels while safely guarding hard copies system until power is improved and maintained
- Develop supportive supervision schedule and conduct it at all levels as planned
- Provision of other transport means such as small motorbikes, camels and/or bicycles to strengthen supportive supervision and conduct outreach services
- Strengthen the Sub Zoba Vaccine Stores to have capacity to one month adequate vaccines for the districts with reliable power supply
- Have designated EPI Focal Person at Sub Zoba trained on the Logistics, Vaccine Management and Cold Chain Maintenance and equipped him with required maintenance tools.
- Accelerate harmonized monitoring of AEFI between EPI / IDSR and Pharmacia vigilance centre
- Proper disposal of EPI sharps installation of adequate incinerators at least in all districts instead of disposing them in pit hole and burning.
- Develop comprehensive SOPs for all EPI program components
- Procurement of Solar Direct Drive (SDD) refrigerators to solve the electric supply gaps and environmental risk of disposed used batteries
- Focus on vaccine delivery a push system and instead of pull system to monitor the available stock and appropriate use of the vaccines at lower levels

To reach the unreached children with vaccination service and decrease number of unimmunized children and drop out, the program has used Periodic Intensified Routine Immunization (PIRI) service, RED/REC approach and vaccine defaulters tracing activities during child health and nutrition week to sustain high immunization coverage. In implementation of these approaches technical and financial supports of local and international partners was critical and have great contribution to improve access and equity of vaccination services in the county. As a result of these joint work, the EPI coverage remains high (>95%) and all citizens have equal opportunity to access and utilize the available vaccination services in their places. This achievement has been verified through EPI coverage survey, EPHS, PIE of new vaccines and WUENIC estimates for 2015. To sustain these achievements there is a need of continuing high government commitment, partner's financial and technical support, and local community participation to reach children residing in less accessible geographical areas using PIRI approach for timely vaccine uptake.

In 2015 the total expenditure for immunization which had been transferred to MoH and procurement of vaccines is estimated to be USD 3,230,812. About 68% of the total expenditure including VIG was from GAVI. 14.7% of the total expenditure was covered by the government. Other donor partners, UNICEF support on traditional vaccines with limited amount of fund for operational activities covered 10.6% of the total expenses. Moreover, WHO provide funds for sustainable outreach services to reach children in hard to reach areas and covers 6.4% total cost for immunization service in 2015.

Total estimate expenditure for immunization in 2015

Organization	**Total expenditure for immunization 2013 (USD)**	**%**	**Total expenditure for immunization 2014 (USD)**	**%**	**Total expenditure for immunization 2015 (USD)**	**%**
Country	452,600	14.1	170,500	6.5	476,312	14.7
GAVI	590,635	18.5	843,225	32.3	2,199,500	68
UNICEF	737,233	23	424,405	16.2	345,000	10.6
WHO	969,324	30.3	385,000	14.7	210,000	6.4
JICA	450,000	14.1	340,000	13	0.00	----
TOTAL	3,199,792		2,613,130		3,230,812	

TCA/PEF Grant

The WHO and UNICEF Eritrea country offices received 275, 667USD for capacity development and demand creation from the Gavi portfolio of Targeted Country Assistance/Partnership Engagement Framework (TCA/PEF).

The UNICEF Eritrea office received 184,257.75USD for capacity development, vaccine and cold chain management, immunization in practice training as well as communication for development. By the reporting period, UNICEF is developing and printing health promotion materials to strengthen the routine immunization and improve the knowledge of caretakers about immunization. With this funding the country was able to support the participation of UNICEF and MOH staff in regional meetings of immunization supply chain management, regional measles workshop of SIA quality, GAVI measles policies and applications, and Workshop on commercial financing for immunization, Nutrition, HIV/AIDS and health supplies. The main challenges in implementation of the planned activities is due to outstanding or un liquidated balance of UNICEF at the Ministry of Health which is deterrent to transfer of additional funding for implementation of the planned trainings and capacity building activities.

The GAVI fund was allocated to WHO Country office on the 2nd quarter of 2016, to be used for staff travel to regional workshops/and training. The total amount of money allocated to these activities was USD 18,750, out of which USD 4,368 was used and the remains of USD 14,382 is available and yet utilized. The above allocated fund was not fully utilized, because of that almost all costs of travel were covered by WHO regional/IST office. Hence 70% of the fund was not used. Therefore, WHO is requesting to use the remaining fund to conduct monitoring and supervision activities at country level?

3.1.2 Grant performance, lessons and challenges

The country has introduced PCV in August 1st, 2015. Activities carried out for the introduction of PCV using VIG had programmatic impact in strengthening existed structure increase, community awareness in vaccine uptake and acceptance of multi injection for the same child at the same visit which had been carried out with technical support of WHO and UNICEF. PCV 3rd coverage was high as of the Penta 3rd coverage since they have the same vaccination schedule and the program has used for PCV introduction using the existed structure and schedule and both vaccine are administered on the same date but at different sites i.e. Penta on the right and PCV on the left outer mid thigh of an infant.

Immunization Services Strengthening Support (ISS) had been critical to expand and sustain vaccination services in areas apart from health facilities and in less accessible geographical areas to increase routine immunization coverage and minimize dropout rates on vaccine dose uptake. But in the previous years, the program has not received such grant to strengthen the routine immunization service and not able to reprogram the leftover VIG to conduct routine outreach service and Periodic Intensified Routine Immunization (PIRI) service in less accessible geographical areas. Even through such funds have been received through WHO and the government has made fuel subsidy and transport support to implement the plan, it is not in a regular from and adequate to reach the unreached children using REC/REC and PIRI approaches. Moreover, DSA provided was not enough that could motivate the health workers travelling to reach less accessible areas.

In April, 2016, the country has implemented the global switch plan of tOPV to bOPV to be on line with global polio eradication initiative. But the country is not yet successful to introduce IPV. This has raised a concern and could compromise the herd immunity of mOPV2 and as a result there could observe the cVDPV2 which is experiencing in a number of neighboring countries. The country has already developed polio out break preparedness and response plan using the latest SOPs part 1 and part 2 and new classification of cVDPV. More over we have strengthened the surveillance activities on Acute Flaccid paralysis (AFP) to detect any WPV and cVDPV in the country, but the introduction of IPV is very critical at least in fractional form by administering intra dermal.

The EPI review and PCV PIE (2016) has found positive findings of the program such as vaccine storage capacity is enough at all levels which was easy to accommodate the new vaccines (PCV13), temperature monitored daily in all vaccine stores and health facilities using functional fridge tags and no stock out of vaccines had occurred at zoba and service level and all vaccines VVM status were between 1 and 2 during the visit of the assessment team. Moreover, there is well managed Electronic Stock Management Tools (SMTs) used at national and zoba level to monitor the stock level, expire date and other status of the vaccines.

3.1.3 NVS future plans and priorities

The country has a plan of:

1. Changing of PCV of one dose vial presentation into 4 doses vial presentation of fully liquid formulation in July 2017
2. A joint risk assessment of meningitis epidemic was conducted in Eritrea in August 2016. Based on this consultation and assessment result, the country has planned to conduct preventive campaign of MnA Conjugated vaccine for children and adults age group 1-29 years and is planned to implement it in October 2017. Subsequently, introduction of MnA into routine immunization program for children at 18 months of age will follow in 2018. The proposed control strategy aims to provide long-term protection to the entire Eritrean population, and consists in these folds:-

- First, a nationwide preventive immunization campaign, targeting 1-to-29-year-old people; estimated to be 2.8 million.

- Second, Introduction of the vaccine into the routine immunization program, with a single dose administer concomitantly with MR vaccines at age 18 months. Moreover, meningitis surveillance and laboratory testing will be conducted and strengthened.

3. Conducting MR vaccination campaign for children 6 months to 14 years age and introduction of MR vaccine for children at the age of 9 and 18 months into routine immunization. The MR vaccination campaign is planned to vaccinate at least 95% of the targeted children 9 months to 14 years of age irrespective of their previous immunization status. Hence, the target age group for 2016 MR SIA is estimated to be 1,500,000. Permanent fixed, temporary fixed and mobile immunization posts will be used during the campaign. These posts will capture children under 14 years of age and those children who do not go to school. The mobile immunization posts will move from community to community in hard to reach areas that may have less access to the fixed posts.

4. Introduction of Human Papiloma Vaccine (HPV) for girl's age 9-13 years. Eritrea recognizes the importance of cervical cancer and other HPV-related diseases as global public health problems and has planned to implement it in a pilot form in specified districts. HPV vaccines will be introduced as part of a coordinated and comprehensive strategy to prevent cervical cancer and other diseases caused by HPV. Based on the WHO-recommended targets, school girls aged 9–13 years will be vaccinated with HPV.

❖ **Challenge:** Mn A conjugated vaccines and MR vaccines campaign will cover wider age

range (1-29 years) and the target is estimated to be 2.9 million. Therefore, there will be some problems on storage capacity, transport support and man power in conducting the preventive campaign.
To address these issues, the program has planned:

- Shortage capacity for the vaccines will be addressed by having two shipments of the MnA Conjugated vaccine and conducting the campaign in two phases (3 zobas at a time) with a difference of 1-2 months in between.
- Establish and strengthen management structure of a district and installation of additional cold chain equipments to use it as 3rd distribution level of vaccines.
- Maintain contingency of refrigerators at national level in the store of general service of MOH
- Most of the health workers at service level will be deployed to the campaign for 10 working days by giving them training and orientation on appropriate administration of the vaccines.

5. Currently approved vaccines

Introduction of IPV for 2015 was approved by Gavi but because of less production of the vaccine, the introduction is postponed to the 4th quarter of 2017 or 1st quarter of 2018. The country has a plan to introduce IPV of 5 doses vial with VVM level on side of the vial to allow open vial policy and minimize vaccine waste. Based on the target population for 2017, the estimated amount of vaccine for a year including wastage rate and buffer stock will be 172,310 doses (34,462 vials of 5 doses).

3.2 Health systems strengthening (HSS) support

3.2.1 Strategic focus of HSS grant

The first HSS grant has been fully implemented and successfully closed. An evaluation of the HSS 1 was conducted in August 2015. The Gavi HSS 1 grant fund support had good contribution on:

Strengthening central and zonal training institutions to produce middle level health professionals that can be deployed in remote areas and upgrading the technical capacity of the tutors in the schools. Develop core minimum national indicators by sponsoring a participatory consensus building workshop. Provide photo voltaic solar power light system to selected health facilities, construction of accommodation for health workers in selected 3 remote HFs to retain and motivate health workers in remote area. Installation of 10 incinerators for proper disposal of medical waste and upgrade 3 health centers to a level of community hospitals to improve the service. Develop referral and emergency policy guidelines and implementation frame work of the plan. Improve referral system through training in triage and emergency management and referral system. Training of health workers on early detection and response on vaccine preventable diseases and conducting integrated outreach service in remote areas.

But on improving access and equity of immunization service was limited due to fragmented planned activities with limited budget allocation. Moreover, adequate budget was not allocated for operational activities for the implementation of periodic intensified routine immunization service and RED/REC approach to reach the unreached children residing in less accessible geographical areas especially in Easter and Western low lands of the county which could have direct impact on access and equity of immunization service. Based on the experience of the first and second years of Gavi HSS 1 and Gavi secretariat recommendations, the Ministry of health has tried to merge budget of related activities and to more focus on increasing access and equity of immunization services in these areas.

Based on the past experience, the Gavi HSS 2 grant objectives and strategies have tried to focus and address the bottlenecks that will direct impact on improvement of immunization services by

supporting the various components of the EPI program such as implementation of PIRI, increase storage capacity of vaccines at distinct level, increasing community involvement in less accessible areas and conduct planned supervision etc. Moreover, the grant will address other challenges of the health system including the development of clear guidelines for program implementation, transport support for maternal and child healthcare package implementation in remote areas, expansion of photo voltaic solar system light in health facilities located in the remote areas, and introduction of attractive incentives (DSA) and rewards to mitigate attrition of heath- workers deployed in the periphery and to provide quality immunization service in the areas.

Over all , the strategic objective of HSS2 grant is mainly focused one enhancing equitable access to quality EPI/VPD and other priority health services by involving communities so as to increase the uptake of EPI/VPD and other priority health service, strengthen the logistics and supply chain management system to improve the efficiency of distribution, storage and stock management of EPI/VPD and other essential medical commodities in the country. Strengthen generation and utilization of strategic information (HMIS, IDSR & M&E/Surveys) on EPI/VPD and other health services for responsive management. Improve community demand and uptake of quality EPI/VPD and other priority health services so as to improve EPI and other health outcomes in the country. To strengthen the health system leadership and governance to improve synergy and harmony of program management for delivery of quality EPI/VPD and other priority health services at all levels. Moreover, strengthen the HRD capacity of MOH so as to sustain production and retention of quality health professionals that can propel the performance of the country's health service.

With the upcoming HSS 2 grant, capacity of the district health with management system will be strengthened to scale up of district health information system which is expected to improve appropriate timely report of data. Sub Zoba health team capacity will be built to enable them develop operational plans and monitoring of health services including EPI. Community health workers strategy will be developed and multi skill curriculum will be designed for training of community health workers. The community health platform will address equity as wide networks are available up to the village level including in hard reaching areas.

3.2.2 Grant performance and challenges

The Gavi HSS grant between 2010 and 2015 is formally closed, by providing the requested reports and documents such as performance evaluation report, financial statement and audit report of the overall grant. The country's application for HSS 2 has been approved by GAVI to finance the HSS proposal initially 2017-2019 and the decision letter dated 05 August 2016 is issued to the country.

The key finding of HSS 1 grant contribution was the

In order to strengthen the health system, the health management committees at kebabi level have been scaled up to 3 zobas and 29 sub zobas and 350 kebabi administrations. Training was provided for 120 for health management teams in these kebab administrations using training standard manuals and guidelines prepared for this purpose. Moreover, country wide community based HMIS was established to generate community based information on infant death, maternal death and birth registration.

During the HSS1 grant period (2010-2014) a total of 350 senior and middle level health managers from zobas had been trained on result based management (RBM) skills of strategic planning, conducting M&E skill, report writing and conducting operational researches. Moreover, procurements ICT equipment was done for computerization of HMIS and also broad band internet services were installation in selected zobas for data report and on line training of some health workers. Some of the health facilities in remote areas were rehabilitated and upgraded by making on basic infrastructure changes as mentioned in section 3.2.1 to provide quality health services. Construction of health workers accommodation in 3 health facilities located in remote areas had been completed in Rehayta and Asseb in Southern Red Sea Zone

and Agamet in Northern Red Sea Zone and provision of solar light in these areas created conducive environment for health workers. During the HSS 1 grant period two rounds of training was provided for solar and electrical technician at sub national level to upgrade their skill on maintenance of the cold chain equipments at sub national and health facility level.

But the reporting system and utilization of data for planning and decision making by Kebabi health communities and health facility heads was unsatisfactory. Therefore, to promote efficiency and gain economies of scale, at grassroots level, reporting and utilization of data for action should be strengthened through technically and financially support so that they will be conscious on the value of data, regular reporting, utilization of data for action and planning purpose at service level.

3.2.3 Describe any changes to HSS funding and plans for future HSS applications

The Health System Strengthening grant number 0811-ERI-10a-Y implemented between 2010 and 2015 is formally closed. by providing the required documentation such as: end of grant evaluation report, financial statement including income and expenditure for the grant period reconciled to closing and opening balances, statement of expenditure comparing the actual expenditure against budget, report of the external audit, bank statements and asset registers.

Eritrea has applied to Gavi for new tranche in January 2016 for Gavi HSS 2 grant support of five years through the country portal. The aim of the application for the grant support was to ensure increased and sustained immunization coverage in the country by addressing the health systems barriers and bottle necks that have impact on immunization service delivery. The submitted proposal is reviewed by Independent Review Committee (IRC) in March, 2016 and the Eritrea Support for Health Systems Strengthening is approved by IRC. A decision letter was sent through Gavi secretary to the country in 05 August. The total approved amount budget for 3 years is USD 6,238,125 out of which USD 2,399,708 is planned for the first year and remained grand will serve for two years. the 4th and 5th grant is expected to be approved when the HSSDP and cMYP (2017-2021) completed and shared with partners. The development these documents is in good progress is expected to be finalized by the end of 2016.. In the 1st quarter of 2016, the Ministry of health has made situational analysis of the overall health system in the country focusing in all programs of each division within the departments. These helped to have base line information to set general and specific objectives and develop strategies to address the objectives. Costing of the NHSSDP is in a good progress and zero draft of HSSDP is already prepared and is expected to be finalized by the end of 2016.

The expected time for release of the grant fund is January 2017. Based on the guidelines and Gavi decision letter, the Gavi HSS 2 cash support will be subject to performance based funding (PBF) i.e. programmed payment, based on implementation of the approved HSS grant and performance payment, based on achievements of immunization outcomes and the country will comply with this guideline.

Activities planned: the first year (2017) will focus on: increase in EPI coverage; improvement of access and equity to EPI and other priority health services in the communities; increase in uptake of EPI vaccines on the recommended schedule; improvement in quality of EPI services; improved patient safety in EPI and other maternal and child health services; training of health professionals to manage AEFI competently and introduction of new vaccines as planned.

3.2 Transition planning

Not relevant

3.3 Financial management of all cash grants

In the past arrangement, funds for the HSS 1 grants were channeled through the Project Management Unit (PMU) at the MoH while the Vaccine Introduction Grant (VIG) were transferred directly to the Ministry of Health project office. The PMU has grant specific bank accounts (USD and Eritrean Nakfa – ERN) and a computerized accounting system, while MoH project office in the Ministry of Health uses one bank account for various donor projects and a consolidated manual cashbook for different donor projects. Transactions for various projects are also recorded on grant specific manual ledgers.

A single consolidated hardcopy cashbook is maintained for the different projects. Project codes are not assigned to transactions in the cashbook and one has to check individual ledgers maintained for each project or payment vouchers to identify what project the transactions relate to and was not convenient for auditing system.

The program capacity assessment (PCA) findings were presented in April during the debriefing meeting to the Minister of Health and leadership management of MoH. Based on the previous experience and PCA team recommendations, it is anticipated that, all Gavi funds (Gavi HSS, VIG etc) will be channeled through the PMU at MoH. The detailed financing mechanisms will be worked out with Gavi once the MoH has received the grant management requirements (GMR) which is expected to occur in the 4th quarter of 2016 so that all arrangements are set for Gavi to start the HSS 2 grant and other cash grants in early 2017.

4. Update of findings from previous joint appraisal

Prioritized strategic actions from previous joint appraisal/HLRP process	**Current status**
Introduction of PCV-13 into routine immunization program	PCV-13 has introduced in 3 vaccination schedule at national level in August 2015. EPI review and Post Introduction evaluation of the vaccine was done in August 2016. The report reveals that the vaccines was successfully introduced to the routine immunization and obtain high coverage as of the Pentavalent vaccine. The new vaccine introduction plan have good impact on strengthening the existed structure of EPI.
Expanding and strengthening of Sustainable Outreach Service (SOS) in less accessible geographical areas and nomadic population groups using RED/REC strategy in the vaccination services and increase immunization coverage in children before one year of age.	Periodic Intensified Routine Immunization (PIRI) or SOS has implemented in less accessible areas in 3 out the 4 zobas in the western and Eastern low lands of the country to sustain high immunization coverage. Expansion and strengthening of vaccination service at static level is ongoing as to strengthen routine vaccination services and increase immunization coverage of new and underused vaccines.

Integration and implementation of vaccination services with/during Child Health & Nutrition Week (CHNW), Global Vaccination Week (GVW) and other related opportunities to trace vaccine dose defaulters, increase timely vaccine dose uptake and increase community awareness to vaccinate a child, based on the recommended schedules.	African Vaccination Week (AVW) implemented in April, 2016 with more focus on vaccine defaulters tracing and increasing knowledge of caregivers on timely vaccine dose uptake using various media outlets to increase timely immunization coverage
Technical and financial support of None Governmental Organization (NGOs) and Community Based Organization (CBO) as to enhance outreach vaccination service to achieve sustainable high immunization coverage among children age 0- 12 months.	Technical and financial support was provided by WHO for the implementation of Periodic Intensified Routine Immunization (PIRI) service and strengthening routine immunization service to sustain high immunization coverage (>95%) of children aged <1yr.
Strengthen community participation by involving community health agents, village administrators and local Community Based Organization (CBO) during zonal and sub-zonal micro planning as to increase their participation and contribution on child vaccination program.	During SIA & AVW of 2016, local CBO and community health agents have participated in the district micro planning to enhance community participation on immunization service especially in remote areas.
Accelerate country progress and improving national capacity in building adequate immunization supply chain management system, including cold chain management	Two 30 meter cube walk-in cold rooms have installed at national level and Zoba Maekel to attain adequate storage capacity and have a backup for the national vaccine store. In January, 2016 cold chain assessment and inventory was done in 295 health facilities providing routine immunization service to determine absolute none functional cold chain equipments at service level and develop replacement and improvement plan for the findings.
Strengthen to improve Data Quality Self-assessment at zoba level on quarterly basis.	Not implemented, it was not funded fund by the partner
Coordinate immunization financing through the ICC to ensure adequate and appropriate donor support.	Immunization financing is coordinated through the ICC but there are limited donor supports in the country fund sponsor for 2016 was limited. ICC advocates Gov. for immunization financing and The Gov. Fulfilled his obligation to co-financing new and underused vaccine for 2016. Moreover, The Gov. co-financed 15% of the total cost of traditional vaccines for 2016 which had been funded by UNICEF.

5. Prioritized country needs

Prioritized needs and strategic actions	**Associated timeline for completing the actions**	**Does this require technical assistance?*** *(yes/no)* If yes, indicate type of assistance needed
Switch of PCV of one dose to 4 doses vial	July 2017	Yes, to provide TOT at national level
Community involvement in district micro planning and mapping of hard to reach areas and nomadic population groups.	In the 2nd quarter of 2017	Yes, consultant to conduct equity assessment on vaccination service.
Implementation of Periodic Intensified Routine Immunization (PIRI) service in less accessible geographical areas.	Every three months in identified hard to reach Kebi administration of each districts in Eastern and Western low lands of the country	No
Implementation of EPI coverage survey to determine the actual immunization coverage	November, 2016	Yes, The coverage survey should be done by independent external group recruited from abroad for data entry, analysis and report writing of the survey
Develop 5 years strategic plan for the EPI program (cMYP 2017-2021)	October, 2016	Yes, economist consultant to develop the coasted 5 years (2017-2021) strategic plan
Effective Vaccine Management assessment (EVM)	April, 2017	Yes, EPI logistic experts
Conduct MR campaign (6 months – 14 years) & Mn A conjugated vaccine (1-29 Years) campaign	October 2017	Yes, providing ToT and support in micro planning at national level.
Conduct data quality assessment and data management training at Zoba and sub Zoba level	May 2017	No (updated tools will be needed)
Develop SOP for vaccine and cold chain management and revise the EPI training guidelines and manuals	November 2016	No
Revise the pre-service curriculum to include changes in maternal and child health management service.	4th quarter 2017	No
Assess the pilot district health management structure and expand to other districts.	4th quarter 2016- 2nd quarter 2017	Yes, External evaluators

**Technical assistance not applicable for countries in final year of Gavi support*

6. **Endorsement by ICC or equivalent and additional comments**

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism	Debriefing was made to the ICC members on how the JA team has come to this end on JAR preparation. Power point was prepared and presented on the main points of each section of JAR. More emphases for discussion were made on the introduction plan of new vaccines, reasons for changing vaccine formulations, official closure of HHS1, status of Gavi HSS 2 grant and main objectives focused and expected time of release of the grant for action etc. Time was given for the participants to give recommendation if they have and incorporated to the report where applicable. Finally the ICC members who participated in the debriefing has officially endorsed the JA 'updated report' to submit to Gavi secretariat. .
Issues raised during debrief of joint appraisal findings to national coordination mechanism	
Any additional comments from: • **Ministry of Health** • **Gavi Alliance partners** • **Gavi Senior Country Manager**	

7. ANNEXES

Annex A. Description of joint appraisal process

The appraisal process took place with local partners and appraisal team members from the country. At a country level, appraisal team was established from WHO and UNICEF staffs from local partners and members of the Department of Medical Service, Department of public health and Project management Unit in the Ministry of Health. In our first meeting the team has discussed on how to manage and conduct the JA updating process. The team agreed on the relevant section to be given to a sub group of the team to write a draft report on the reporting template based on the guidelines and references shared for the team. In our consecutive meeting, the proposal team has discussed the section one by one and several face-to-face dialogues was made on the points by country team. Based on the discussions, amendments and additional ideas were incorporated to the report. More over the draft report was shared to Gavi and WHO/IST for their comments and contribution on the prepared report before submission for review by the Gavi secretariat. The JA country team has also tried to incorporate the comments and address the concern of CSM and other colleagues by making necessary amendments on the report before its final submission.

Annex B: Changes to transition plan

Changes proposed	Rationale for changes	Related cost (US$)	Source of funding for amended activities	Implementation agency	Expected result
Not relevant					