ERITREA

Joint Appraisal Update report 2018

Country	**Eritrea**
Full JA or JA update	☐ full JA ☑ **JA update**
Date and location of Joint Appraisal meeting	
Participants / affiliation[1]	1. Dr. Goitom Mebrahtu GAVI HSS Focal Person 2. Mr. Tedros Yehdego EPI Manager 3. Dr. Eyob Tekle, PMU director 4. Mr. Tewelde Yohanness P&P Director 5. Mr. Robel Zekurustor GAVI HSS Grant officer 6. Dr. Geoffrey Acaye UNICEF CO 7. Mr. Tzeggai Kidanemaraim WHO CO EPI 8. Mr. David Ennis GAVI SCM 9. Ms. Awet Araya UNICEF C4D
Reporting period	July 2017 –July 2018
Fiscal period[2]	January 1st – December 31st
Comprehensive Multi Year Plan (cMYP) duration	2017-2021
Gavi transition / co-financing group	*Initial Self Financing*

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes ☑	No ☐	N/A ☐
HSS renewal request	**Yes ☑**	No ☐	N/A ☐
CCEOP renewal request	Yes ☐	**No ☑**	N/A ☐

Population	**4,012,708**				
Birth cohort	**120,381**				
Vaccine	**DPT-HepB-Hib**	**PCV-13**	**Rotarix**	**IPV**	**MCV**
Population in the target age cohort	**120,381**	**120,381**	**120,381**	**120,381**	**120,381**
Target population to be vaccinated (first dose)	**112,356**	**112,356**	**112,356**	**112,356**	**112,356**
Target population to be vaccinated (last dose)	**106,738**	**106,738**	**106,738**	**106,738**	**106,738**
Implied coverage rate	**98%**	**96%**	**95%**	**96%**	**95%**
Last available WUENIC coverage rate	99%	98%	98%	98%	98%
Last available admin coverage rate	**73%**	**72%**	**72%**	**72%**	**72%**
Wastage rate	**5%**	**5%**	**5%**	**5%**	**5%**
Buffer	**25%**	**25%**	**25%**	**25%**	**25%**
Stock reported as October 31st 2018	**111,730**	**39,800**	**32,397**	**25,490**	**87,080**

[1] If taking too much space, the list of participants may also be provided as an annex.

Eritrea has been using the Stock Management Tool (SMT) software starting from 2013 and stock balance of all vaccines have been controlled using this tool at national and sub national levels. This tool helped us to obtain the actual status of the vaccine stock, Early Expire First Out (EEFO) and the duration of time going to cover based on the target population for a year. During vaccine renewal request for the coming year, in addition to the target population, expected coverage, vaccine wastage rate and carried forward doses of each antigen is considered in order to monitor overstock and wastages of vaccines. During our vaccine renewal request, wastage rates of vaccines are considered based on the WHO given standards of formulation and presentations of each vaccine. Currently, almost all the new and underused vaccines support from Gavi to the country has one dose per vial presentation and if more the open vial policy is applied to have minimal wastage rate.

Even though stock out of vaccines has never occurred at national and sub national levels, at lower level in some health facilities stock-out of vaccine occurs occasionally for 2- 3 days because of transport shortage and delays in collecting the required amount of vaccines from the district or zoba vaccine stores. At national and sub national levels recounting of the vaccines is also conducted every quarter of a year to check the actual and physical available doses of the vaccines in the cold rooms as compared to the SMT software in a computer. Stock analysis is also done every two months and the findings and recommendations are shared with WHO, UNICEF, country and regional and offices and GAVI country senior manager.

At district and health facility levels vaccine stocks are monitored using standard stock cards developed for this purpose. At the end of each month, health facilities make recounting of the remained doses of each vaccine in the stock to consider on their request. The EPI focal persons in each health facility is well aware and trained to manage the maximum and minimum stock of vaccines at their level in order to monitor over and under stock of the vaccines.

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future[3]

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	MenA Routine Sub National	2018	2019
	HPV	2018	2019

2. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

The JA update does not include this section.

3. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

3.4. Immunisation financing

The Government of The State of Eritrea has a long term and mid-term national health financing framework for the health sector. The annual immunization operation plan and allocated budget for its implementation is also aligned to this plan. The estimated annual costs of all immunization service components such as cost of vaccines, injection safety materials, spare parts and running overhead costs for vaccine delivery and cold chain and maintenance are included in the Government Developmental Budget and submitted to the Ministry of Finance by the end of each fiscal year. Moreover, the cost of annual co-financing obligation for new, under-used and traditional vaccines is also included in the government recurrent budget for approval so the required amount is available and the allocated funds can be easily transferred for vaccines procurement within the fiscal year. For routine immunization services, especially population groups living in hard-to-reach areas and have nomadic lifestyle in the Western and Eastern low lands of the country, the government makes fuel subsidy for outreach services and gives transport support to reach the unreached children for equitable and accessible immunization services in these areas.

Every year, by the end of the 4th quarter, annual work plan is jointly developed with partners who provide technical and financial support for the program during the period of their implementation. The allocated budget for each activity code of the plan is transferred through banking system to the level where it's going to be implemented. All payments for operation activities is standard and strictly aligned to the Ministry of Finance rules and regulations. The budget is utilized in accordance to the activity line proposed and follows the Ministry of Finance guidelines.

The budget breakdown is prepared by the program manager and share to administration and finance head of the ministry and money is transferred to each zoba accordingly. After the work plan has completed and money is utilized at the low level based on the activity code and line, the zonal medical officers submit the activity report of the implemented plan and closing of the utilized budget is made in accordance with required procedures. To verify appropriate utilization and liquidation of the funds, internal auditing system is done on a regular basis and annual audit work is also done by the general audit section of the country under the president office.

In Eritrea, financial management system remains similar in the context of which the GAVI/HSS grants and VIG are utilized and reported. The management remained constant with the PMU managing finances units, HSS focal person and coordinating stakeholders.

4. PERFORMANCE OF GAVI SUPPORT

4.1. Performance of vaccine support

In the last 5 years, Eritrea has successfully introduced a number of new vaccines into routine immunization services without experiencing any major challenges and with high acceptance of the community for the new introduced vaccines. In the last two years, Eritrea has introduced two new vaccines and has made one switch of vaccine presentation. Eritrea has introduced PCV-13 of one dose per vial in August 2015 and 2017 the PCV-13 vaccine presentation switched from one dose to 4 doses per vials to minimize the requirement of storage capacity and minimize cost of

the vaccine. The country received $UD 131,840 VIG for its introduction and switch plan of the PCV-13 and budget is utilized based on the GAVI cost description using the budgeting and planning template.

Using these opportunities, the country is able to strengthen the existed immunization service and conducting social mobilization activities to increase the timely uptake of the vaccines doses which enables the program to achieve high immunization coverage 97% and 96% for Penta3 and Measles respectively in 2015 (EPI coverage survey, 2017).

Moreover, the country has also introduced Inactivated Polio Vaccine (IPV) in August 1st 2018 for children at 14 weeks age.

Before introduction of the IPV vaccine, ToT was provided at national level for the zonal management team members and cascade training continued for health facility heads, pediatricians and EPI focal person at service level and a total of 380 health workers have been trained from 276 health facilities providing routine immunization services. Budget for social mobilization and training for IPV introduction has not yet been released from GAVI. In the meantime, we have used budget from the MR campaign operational costs provided from GAVI. We are expecting to receive the VIG for IPV shortly to fill-up the gaps for the catch-up campaign and replace the money used for IPV introduction.

In routine immunization services, Eritrea is able to achieve the agreed targets such as attaining > 95% of Penta3 coverage with low dropout rate (2%) of vaccine dose uptake which is far below the WHO recommended benchmark (10%) as specified in the grant performance framework (GPF) and other related agreed plans with other partners.

However, there are still areas with access challenges where routine immunizations is not taking place on time. To address these population segments, nomadic population groups and people living in hard to reach areas reach the unreached children and address immunization inequities, the programme has developed a Periodic Intensified Routine immunization (PIRI) services approach within the RED/REC strategies. Even though there are financial and transport shortages to reach the hard to reach areas, in some areas the programme is using camels as transport means to transport the EPI logistics in collaboration of the local community members in the area.

Eritrea has planned to carry out Measles/Rubella vaccination catch-up campaign for children at the age of 9 months to 14 years in the 4th week of November, 2018 at national level before the introduction of MR vaccine into routine immunization programme. This Supplementary Immunization Activities (SIAs) will be the first campaign with GAVI support in Eritrea. So far, a number of preparatory activities for MR campaign has happened such as the establishment of various campaign working groups, conducting regular meetings, developing and printing of all MR campaign reporting tools, supervision and monitoring check lists, campaign guidelines is already completed. So far, the MR campaign readiness assessment tool at national level has been completed and shared with WHO/IST twice.

Eritrea has planned to introduce MenA vaccine into routine immunization service in the 3rd quarter of 2019 in selected districts located in the meningitis belt areas after the wide age range SIA (1 – 29 years) has been completed in the 2nd quarter of 2019. Moreover, Human Papilloma Vaccine (HPV) will be introduced for children at the age of 9-14 years in 2019.

Eritrea is committed to the Global Eradication of Poliomyelitis, Measles/Rubella and NNT. The country has been implementing the recommended strategies for their eradication and elimination. To this regard, the country has demonstrated and maintained acceptable level of surveillance indicators.

There are list of health facilities prioritized for surveillance activities. Updated IDSR guidelines are available at all levels together with training materials, reporting forms and specimen collection kits, (except the country has faced a shortage of measles rubella kits in mid of 2017 and 2018 due to global shortage of measles rubella kits). Case-based and sentinel lab supported diseases surveillance exists in the country with more than 80% of the zones achieving optimal measles/rubella surveillance indicators.

All health facilities reports are timely and completed on weekly, monthly and quarterly basis. All epidemic prone diseases and those targeted for elimination and eradication are reported in weekly basis including zero reporting. Every measles/rubella, rotaviruses, bacterial meningitis and poliomyelitis cases reports are accompanied by appropriate laboratory results.

As of 31 July 2018, a total of 120 measles cases were reported and blood specimen were collected from 113/120 cases (98%) and 61 cases (54%) were positive for measles Igm. Similarly a total of 55 rubella cases were reported and seven cases were positive for rubella. The annualized measles detection rate was 5.2 per 100,000 population (target: >2/100,000). Only two measles cases were confirmed by epidemiologic linkage.

In Eritrea routine administrative coverage report of all vaccine doses are always lower by 15%-20% as compared to coverage survey result obtained every 2 to 3 years which has been done by independent monitoring groups. The main reason for such difference is that, in Eritrea population census has never been done to come up with actual population figures of each district. The population estimate of each year is done based on the estimated population growth rate provide by the national statistics office. Moreover, frequent population movement from one regions to another region and mobilization of population from high lands to western low lands of the country is also make a coverage difference among the regions.

Exceptionally, administrative coverage report of 2017 was low as compared with 2016 in almost all antigens. The main reasons for this was the population groups residing in less accessible geographical areas and nomadic population groups in western and eastern low lands of the country were not able to visit regularly with Periodic Intensified Routine Immunization (PIRI) service because of the transport support shortage and a number of the vehicles using for outreach services were down. But in 2018, the program has tried to manage and fill these gaps by jointly work with UNICEF country office by using rental vehicles using the Partners Engagement Framework (PEF) budget provided from Gavi.

Health Service Strengthening (HSS) grant implementation against objectives and budget, and significant deviations from plans are described in detail in the table below.

Objective 1	
Objective of the HSS grant (as per the HSS proposals or PSR)	Enhance equitable access to quality EPI/VPD and other priority health services by communities so as to increase their uptake of EPI/VPD and other priority health services.
Priority geographies / population groups or constraints to C&E addressed by the objective	In the Objective 1 of the HSS grant the population groups addressed were mostly health workers at different level of Public Health Service Facilities, Community Health Workers at tertiary level, and Community Members especially those who are living in hard to reach areas/localities. Beside to this Public Health Facilities which include Hospitals, Health Centres, Health Stations, Health posts and Hard to Reach areas were also addressed.
% activities conducted / budget utilisation	The Budget allocated to fulfil this Strategic Objective was 1,042,789.3 USD. Out of the 1,042,789.3 USD, the actual utilization is 1,016,815.3 USD which accounts about 97.5% of the total.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	**Major activities implemented includes;** • 40 Health workers trained on Maternal and Child Health Care Using the RED/REC Strategy • Outreach services conducted to Vaccinate children in less accessible areas by hiring a rental boat/animals. • 1182 Associate Nurses and Community Health Workers trained to track every new born child • 5000 checklists for EPI/VPD focused supportive supervision printed out

	• Guidelines and reporting tools for AEFI Surveillance developed • Supportive supervision to all 6 Zones conducted **Key outcomes;** • Improved access to EPI services to reach Hard To Reach communities • Improved and Competent management of VPD/AEFI events, patient safety and reporting system at facility level insured. • HWs mentored and EPI related problems were identified for remedy • Minimized missed opportunities of capturing information on AEFI events at community level **Activities not implemented or delayed;** • Revise/finalize the Draft Patient Safety Policy to include patient safety in EPI service delivery • Develop a comprehensive operational protocol for the immunization linked community level tracking of newborns (ILCTN) • Carryout a prospective action research to understand the operational performance of the ILCTN- giving quarterly performance reports
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **needs for technical assistance**[11]	Based on the HSS point of view, the budget allocated for outreach services to visit hard to reach communities was not enough. Hence significant changes were made to the budget allocated for allowances to have hard to reach services. In addition to this, budget reallocations in the following areas also made to Strengthen Public Health Facilities; • Procurement of standard equipment and supplies (Automatic External Defibrillators, Ultrasonography and Digital Radio Graph) for referral & emergency service provision at selected health facilities • Develop, print and distribute 430 copies of medical recording policy guideline. Procurement of desktop computers with their accessories for the introduction of health facilities information recording office throughout the grant
Objective 2:	
Objective of the HSS grant (as per the HSS proposals or PSR)	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

Priority geographies / population groups or constraints to C&E addressed by the objective	In the Objective 2 of the HSS grant the population groups addressed were mostly Middle Level Managers (MLM), and Biomedical Technicians who deal with maintenance of cold chain equipment. Beside to this Public Health Facilities including Hospitals, Health Centres, Health Stations, Health posts which carried out EPI Services were also addressed.
% activities conducted / budget utilisation	The Budget allocated to fulfil this Strategic Objective was 188,212 USD. Out of the 188,212 USD, the actual utilization is 188,212 USD which accounts about 100% of the total.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	**Major activities implemented includes;** • Middle Level Managers trained on efficient management of EPI Commodities • 19 SDD Fridges Procured • 104 sealed solar batteries procured • 25 Biomedical technicians trained on basic cold chain maintenance techniques **Key outcomes;** • improved Effective Vaccine Management (EVM) at Sub National and District level • Improved EVM and sustained cold chain System at district level • equipped MLMs with skills of good EPI and other medical commodity stock management **Activities not implemented or delayed;** None
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **needs for technical assistance**[11]	
Objective 3:	
Objective of the HSS grant (as per the HSS proposals or PSR)	Strengthen generation and utilization of strategic health information (HMIS, IDSR & M&E/Surveys) on EPI/VPD and other health services for responsive management these services at all levels of the country's health system
Priority geographies / population groups or constraints to C&E addressed by the objective	In the Objective 3 of the HSS grant the population groups addressed were mostly Program Managers, Zonal Management Teams, Health Workers and Data Managers. Beside to this Public Health Facilities including Hospitals, Health Centres, Health Stations, and Health posts were also addressed.

% activities conducted / budget utilisation	The Budget allocated to fulfil this Strategic Objective was 460,240.5USD. Out of the 460,240.5 USD, the actual utilization is 459,106.5 USD which accounts about 99.7% of the total.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	**Major activities implemented includes;** • 54 Sub Zones out of the 58 Submitted Complete, accurate and Timely HMIS/EPI/VPD Data to MOH HQs • 150 HMIS and M&E Officers trained in quality data management **Key outcomes;** • Monitoring of EPI and other health programs improved, allowing for timely decisions & interventions **Activities not implemented or delayed;** • Conduct quarterly data harmonization meetings at national level (HMIS staffs, EPI data manager, WHO data manager and UNICEF EPI focal point)
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **needs for technical assistance**[4]	**Conduct quarterly data harmonization meeting at national level**

Objective 4:	
Objective of the HSS grant (as per the HSS proposals or PSR)	Improve community demand and uptake of quality EPI/VPD and other priority health services so as to improve EPI and other health outcomes of the country
Priority geographies / population groups or constraints to C&E addressed by the objective	In the Objective 4 of the HSS grant the population groups addressed were mostly Health Workers, Community Health Workers and general Population. Beside to this Public Health Facilities including Hospitals, Health Centres, Health Stations, and Health posts were also addressed.
% activities conducted / budget utilisation	The Budget allocated to fulfil this Strategic Objective was 429,489.3 USD. Out of the 429,489 USD, the actual utilization is 321,493 USD which accounts about 74.8% of the total.
Major activities implemented &	**Major activities implemented includes;**

Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	• 30 sub zones out of 58 with communities sensitized on community participation • 350 CHWs trained to be multi-skilled **Key outcomes;** • Sensitized community members created positive attitude towards health intervention ownership • Integrated service delivery at community level improved **Activities not implemented or delayed;** • Hire a consultant to: 1-guide development of the Community Strategy, 2- to review and update the existing operational guidelines for CHWs in line with the Community Strategy • Run a consensus workshop on the Community Strategy Draft - this to run in the last week of the above mentioned activity - to be facilitated by the international consultant • Print 100 copies of Community Strategy document and distribute to stakeholders • Sensitize communities and other stakeholders on the Community Strategy and the updated operational guidelines for CHWs • Design a training package for making CHWs multi-skilled for delivery of integrated priority health services
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **needs for technical assistance**[5]	--
Objective 5:	
Objective of the HSS grant (as per the HSS proposals or PSR)	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 system at all levels
Priority geographies / population groups or constraints to C&E addressed by the objective	In the Objective 5 of the HSS grant the population groups addressed were mostly high level health professionals, mid-level health professionals Health and Preceptors. Beside to this Health Training institutions were also addressed.
% activities conducted / budget utilisation	The Budget allocated to fulfil this Strategic Objective was 175,681 USD. Out of the 175,681 USD, the actual utilization is 166,681 USD which accounts about 94.8% of the total.

Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	**Major activities implemented includes;** • 2 out of 4 mid-level health training institutions using curricula that has incorporated up to date principles • 1 out of 10 quality operational research reports produced during the implementation period **Key outcomes;** • Newly qualified health professionals adequately skilled in up to date principles and practices of immunization and VPD • Guided Instructors to train Mid-level health professionals at service level **Activities not implemented or delayed;** • Review the Procedure Manual for mid-level nurse training
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **needs for technical assistance**[6]	We believe that some planned activities namely, Design a training package for making Community Health Workers (CHWs) multi skilled for delivery of integrated priority health service (Objective 5), Review the procedure manual for mid-level nurse training (Objective 4), Create Health Partner's coordination Forum (Objective 6), are re-programmed to be implemented in 2018. The Ministry of Health is in progress in forming of District Health System Management Office throughout the country. The mandate of the newly establish office would be to follow activities implemented under the umbrella of Community Health Workers at district level. The Ministry decided to harmonize the design of a training package for making Community Health Workers multi skilled with the newly established district health system management. Hence, an international consultant is coming within the next two weeks to draft the training package. At the same time, the Health Care Service Delivery Division is ready to implement the Health Partner's Coordination Forum for program managers for regular coordination and harmonization of programs in the fourth quarter of 2018.
Objective 6:	
Objective of the HSS grant (as per the HSS proposals or PSR)	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 countrywide.
Priority geographies / population groups or constraints to C&E addressed by the objective	In the Objective 6 of the HSS grant the population groups addressed were mostly Middle Level Managers (MLM), Program managers and Hospital Managers. Beside to this, Public Health Facilities were also addressed.

% activities conducted / budget utilisation	The Budget allocated to fulfil this Strategic Objective was 101,745.4 USD. Out of the 101,745.4 USD, the actual utilization is 99,344.4 USD which accounts about 97.6% of the total.
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	**Major activities implemented includes;** • 44 out of 58 sub zones conducted quality annual operational plans • 30 out of 200 senior health program managers trained in the principles of and practice of QA **Key outcomes;** • impacted hands-on skills to MLMs for better planning, budgeting and coordination at district level **Activities not implemented or delayed;** • Create Health Partners' Coordination Forum (HPCF) for program managers for regular coordination and harmonization of programs (every four months- April, August & December) at HQ level
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **needs for technical assistance**[7]	

4.2. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support

Eritrea has prepared and submitted to GAVI CCEOP application in the 1st quarter of 2017 and got an approval in the 4th quarter of 2017. After the application approval, Eritrea has developed Operational Deployment Plan (ODP) for delivery, storage and installation of the procured CCE at service levels and submitted to UNICEF SD to facilitate the plan. So far the procurement of the refrigerators is not started through UNICEF. Procurement process for refrigerators has started, to this effect RFPS was issued, technical and commercial evaluations has been conducted and development of cost of Operational Plan is underway. The below is tentative calendar for CCEOP:

Week of 27 August	SD Issuance of Cost Operational Plan (COP) and parallel issuance of Cost Estimate (CE)
Week of 10 September	Ministry of Health endorsement of COP and CE
Week of 24 September	Transfer of funding to Supply Division and PO/service contract placement
Week of 12 November	Shipment of goods
Week of 17 December	Goods arrival in Asmara

Week of 24 December	Distribution to start

4.3. Financial management performance

Initially, the GAVI cash support for VIG and ISS were managed within the Ministry of Health project unity under the finance division. Since 2017, a new USD account for EPI operational activities and VIG grant was opened under the Project Management Unit (PMU) and all VIG and Operation Costs for SIAs are managed separately from the GAVI HSS grant and other related funds. In 2017 the country received a total amount of USD 2,399,708.00 for HSS & USD 31,840.50 for PCV-13 switch grant. Based on the cost category and activity code the budget allocated money is transferred to implementers at sub national level in which the budget is managed and monitored under PMU project unit at the zoba level. We have internal Auditors, but GAVI to Provide funds for capacity building training on risk management and mitigation strategies for H.Q /PMU/ and Zones staff. The PMU/MOH using the **SAP** financial management system.

4.4. Transition planning (if applicable, e.g. country is in accelerated transition phase)

Eritrea is not yet in transition plan. In Eritrea immunization service is available and accessible in all localities to have immunization equity for all citizens. As a results the country is achieving high and sustainable immunization coverage for children age <1yr. which enables the country to effectively prevent, eliminate and eventually eradicate number of vaccine preventable diseases, from the country. This achievement shows the government high commitment and interest on EPI services. Currently, Eritrea is financing 20% of the total cost of new, underused, traditional vaccines and injection safety materials. Moreover, the Government is also making fuel subsidy and transport support to reach the unreached children in areas with access challenges. To fill-up gaps for any failure of partners support on immunization service, the total cost of immunization services is always included in the national budget and it is also part of the health sector strategic development plan and a number of activities on the EPI components are covered in the local areas through administrative organization and community organizations. To this regards, Eritrea is giving gate way for transition plan, by advocating the local government on taking responsibility of the immunization services in their localities to cover at least the logistic support and outreach expenses in their setting.

During the district micro planning, the district health officers are involving the community leaders and local administration in EPI micro planning for routine and operational activities so that the local administration and village elders will have owner of the plan to contribute local resources to make the immunization service successful in their setting.

4.5. Technical Assistance (TA)

Eritrea has consistently achieved high child immunization coverage and have been recognized as one of the highest achievers in the ESAR region. Most of the activities in the PEF are implemented, such as EVM assessment, equity assessment, MR technical support, supervision. The post equity assessment intervention i.e micro planning has been conducted and funding has been requested from MOH to be transferred, however, FACE is on hold for now.

With WHO/ESA technical support, the Eritrean National Immunization Technical Advisory Group (NITAG) was trained and developed Standard Operational Procedure (SOP) and guide lines for Eritrean NITAG based on the WHO guidelines. Moreover, with support of external consultant, electronic GIS system of Integrated Supportive Supervisory (ISS) check list was adapted (from WHO ISS generic tools) and developed to be used during supportive supervision. Based on this, training was conducted for National and Zonal EPI and Surveillance 18 focal persons and heads was trained on the electronic/GIS/ ISS checklist to be used through smart mobile phones via GIS.

Joint monitoring and supportive supervision was also conducted in 16 low performing districts in the country using EPI and Surveillance Electronic check list during the first and second quarters of 2018. The team supervised 23 sub-zoba and 32 health facilities located in Zoba Anseba, Gash Barka and Debub. The information collected (on EPI and surveillance activities) was documented via electronic smart phones and is used for planning and decision making. During the supervisory visit, on job training, sensitization and orientation was given to the IDSR/EPI focal persons on the detection and investigation of Vaccine Preventable Diseases (VPD), how to conduct outbreak investigation, data analysis and case confirmation and reporting.

Moreover, in the 1st quarter of 2018, the country has carried out Immunization Equity Assessment (IEA) with technical support of UNICEF CO in districts with relatively low immunization activities. The main objective of IEA was to conduct immunization equity assessment in districts and determine the main cause of vaccination inequity in order to develop and support context specific action plan for addressing immunization inequities. Moreover, the specific objectives of IEA assessment was to develop training guideline on equity assessment, build capacity of EPI focal persons to conduct immunization equity assessment by reviewing sources of data, administrative coverage data, EPI coverage survey, EPI program review, surveillance review and recent Immunization campaign data in order to come up with relevant recommendations for decision making and work plan development to address the identified gaps and bottle necks.

Measles Rubella (MR) surveillance system in Eritrea shows increased trend of confirmed rubella cases. In the past three years of surveillance (2013-1015) the country reported a total of 310 Measles/Rubella a suspected cases and blood specimen was taken for lab investigation out of which 45% and 42% were found to be lab confirmed measles and rubella virus cases respectively. The country is committed to eliminate congenital rubella syndrome in accordance with measles rubella strategic plan. In this respect, MR campaign is now planned for November, 2018 technical working groups has been established and an MR consultant is on board and he is providing the required technical support towards the campaign.

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Current status
1. Conduct EVM assessment at sub national, district and service level	Complete
2. Conduct MR Catch-up campaign for children age 9 months – 14 years	Necessary preparation is made and MR campaign will be conducted in the 4th week of Nov. 2018.
3. Conduct equity assessment on immunization service and follow-up activities in 2018	Completed, report is uploaded on the country portal
4.Implementation of Periodic Intensified Routine Immunization (PIRI) services in areas with less access and semi-nomadic population	Implemented in Northern Red Sea (3 rounds) in Gash barka (2 rounds) in Northern Red Sea (2 rounds)
5.Risk communication plan and strategy will be developed to address serious AEFI especially for upcoming wide-age range campaigns, (Men A, and MR campaigns)	Completed and ready for MR campaign
6. Development of guidelines for CCE preventive maintenance plan	Completed with the CCE OP & ODP
7. MR Catch-up campaign post campaign survey by independent monitoring group using an external consultants.	Will be done in the 1st week of December 2018 after MR campaign & WHO took responsibility of that
8. Support for prior to the MR introduction Congenital Rubella Syndrome (CRS) retrospective record and prevalence	On Progress?
9. Support strengthening of existing MR surveillance to meet established surveillance indicators	On place
10. Support establishment of measles elimination verification committee to review progress and establishment of NITAG. Support required for briefing, training and operations	Completed
11. Support for MenA introduction through quality SIAs. Consultant support is crucial for smooth implementation on the following activities: • Periodical assessments of readiness, • AEFI risk communication, • Micro planning, communication of the population below 30 years, • Preparation for validation post SIAs survey.	Budget for MenA vaccination campaign approved in August, 2018 and the campaign will be implemented in the 1st quarter of 2019
12. Meningitis SIAs to be preceded by establishing enhanced men A surveillance where capacity building or training is delivered for lab staff and field surveillance and kits with reagents.	Planned for 2019

• Supplies (LP kits for CSF collection and diagnostic test kits) should be procured and pre-positioned at the required level. • Aadvocacy, communication and social mobilization plan including crisis communication. Plan and development of timeline for Men A introduction into the routine immunization system	
13. Support for Yellow fever risk assessment to be conducted to comply and amend the IHR regulations as per identified risk	Not done
14. Support for development of MNT elimination sustainable strategy and the need to review immunization schedule in line with latest recommendation	Complete
15. Support for comprehensive EPI, revised RED and VPD surveillance capacity building exercises.	Not done
16. Support for a Data Quality Self-assessment (DQS) and development of a DQ Improvement plan (but broader than EPI alone), capacity building in data analysis and data use - especially at health facility level	The expected output of this plan is to have timely, complete and consistence data report to higher level and to encourage the service providers to use data for planning and decision making purpose at their level. The DQS has done in Zoba Gash/Barka, Northern Red Sea, Southern Red Sea and Maekle. The plan will continue in the rest of the two zabas (Debub & Anseba) in 2018. Moreover, zobas will be encouraged to carry out DQS at their level to harmonized and complete data report
17. Support for strengthening health sector governance beyond ICCs	
Additional significant IRC / HLRP recommendations (if applicable)	**Current status**

1. Support for Yellow fever risk assessment to be conducted to comply and amend the IHR regulations as per identified risk
2. Support for comprehensive EPI, revised RED and VPD surveillance capacity building exercises.

6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND RESOURCE/SUPPORT NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned for the next year:

Eritrea has a plan to carry out wide age range (1-29 years) of two phases MenA Catch-up campaign in all districts in the 2nd quarter of 2019. The proposal was submitted to Gavi and a decision letter of approval was sent to the Government of Eritrea for the requested amount of budget both for

vaccine procurement and for operational activities of the MenA catch-up campaign. The country has a plan to submit a proposal for the introduction of MenA into routine immunization services at sub national level in selected districts after the catch-up campaign has completed. Moreover, the county will apply for support of Gavi on Human Papilloma Virus (HPV) vaccine for girls at the age of 9-13 years in selected districts as a pilot.

Eritrea has carried out Immunization equity assessment in areas with relatively low immunization coverage based on the EPI coverage survey results of 2017. From the assessment results, barriers for immunization equity were identified such as low access to routine immunization services, geographical barriers, mothers were not aware when to return back for the next dose, late uptake of the 2nd and 3rd doses of vaccines and semi nomadic lifestyle were identified….etc. Based on the findings, geographical context of the area a work plan has already developed by involving the local administration in the districts to address these bottle necks in these areas

Eritrea has submitted CCEOP in 2017 and get approval of the application in the 4th quarter of 2017. In the 1st quarter of 2018, the country has developed Operational Deployment Plan (ODP) for delivery, installation, and commissioning of the cold chain equipment after the procurement of the CCE has completed by the UNICEF SD. This plan is expected to be completed by the end of 2018 or 1st quarter of 2019.

The country has a plan to implement Data Quality Desk Review (DQDR) and Data Quality Self-assessment (DQS) at district level to have quality data report and analysis for planning and decision making purposes. Moreover this will enforce the services providers to use the data they have produced for action at service level.

Key finding / Action 1	**Service Delivery Area** Service Delivery **Output Indicator** Number of regular outreach services provided in areas with less access **Baseline** 150/450 (33.3%)
Current response	**Current Response** 210/450 (46.7%)
Agreed country actions	**Agreed Country Actions** 400/450 (88.9%)
Expected outputs / results	Improved access for timely uptake of vaccine doses of the EPI services in communities living in areas with less access
Associated timeline	**Time Frame**

	From January 01, 2019 to December 31, 2019
Required resources / support	**Assumption** 6 outreach teams*4 people of each team *making 36 trips in a defined year*each trip of 5 days*per diem at USD 8/day = 34,560
Key finding / Action 2	**Service Delivery Area** CSS **Output Indicator** % of CHWs who have been trained to be multi skilled **Baseline** 0/600 (0%)
Current response	**Current Response** 350/900 (38.9%)
Agreed country actions	**Agreed Country Actions** 700/900 (77.8%)
Expected outputs / results	Integrated service delivery at community level improved
Associated timeline	Time Frame From January 01, 2019 to December 31, 2019
Required resources / support	**Assumption** *Organize 1 training in each Zoba for 58 CHWs for 5 days: Per diems for 58 people @USD45.00/pax/day Refreshments @USD6.7/pax/day Venue rental @USD166.7/day for 5 days*
Key finding / Action 3	**Service Delivery Area** Governance and Leadership **Output Indicator** Number of senior health program managers trained in the principles and practice of Quality Assurance (AQ) **Baseline**

	0/200 (0%)
Current response	**Current Response** 30/200 (15%)
Agreed country actions	**Agreed Country Actions** 60/200 (30%)
Expected outputs / results	Improved sub national health management system (Quality of Service)
Associated timeline	**Time Frame** From January 01, 2019 to December 31, 2019
Required resources / support	**Assumption** International consultant hired for 10 days to conduct a five day training @USD400/day; Per diem @USD300 x 10 days; Travel round-trip USD2,000.00.Per diems for 60 pax @USD 45/pax/day for 5 days Refreshments for 61 pax @ USD6.7/day for 5 days venue rental @ USD166.7/day for 5 days
Key finding / Action 4	**Service Delivery Area** CSS **Output Indicator** No. of IEC (Promotional Materials) developed **Baseline** 0/12 (0%)
Current response	**Current Response** 12/24 (50%)
Agreed country actions	**Agreed Country Actions** 24/24 (100%)
Expected outputs / results	Improved awareness of Hard to reach communities on EPI Services
Associated timeline	**Time Frame**

	From January 01, 2019 to December 31, 2019
Required resources / support	*Printing cost of IEC material USD10,000.00/year* *Running TV and Radio spots USD20,000.00/year* *Newspaper campaign adverts 5000/year*
Key finding / Action 5	**Service Delivery Area** Governance and Leadership **Output Indicator** No. of HSS focused Supportive Supervision conducted **Baseline** 0/24 (0%)
Current response	**Current Response** 0/24 (0%)
Agreed country actions	**Agreed Country Actions** 24/24 (100%)
Expected outputs / results	Zonal Program Managers mentored and HSS related problems were identified for remedy
Associated timeline	**Time Frame** From January 01, 2019 to December 31, 2019
Required resources / support	**Assumption** 4 visits per year*6 zones*3people*45USD per day*5days each + car rent for 4 visits*6zones*1car*233.3 USD/day

7. JOINT APPRAISAL PROCESS, ENDORSEMENT BY THE NATIONAL COORDINATION FORUM (ICC, HSCC OR EQUIVALENT) AND ADDITIONAL COMMENTS

Updating Joint Appraisal (JA) Process was done with involvement and contribution of the local partners and JA team members from MOH, WHO, UNICEF COs. In preparation of the updated JA report for the country, the JA template was shared for the write-up members of the local Joint Appraisal Team to develop a draft document of each section of the JA template related to their areas. After the write-up of the JA has completed, the full draft documented was shared to all members of the write-up team members and higher officials for inputs in order to come-up with the final report. This whole Joint Appraisal draft has also shared to most of the ICC members who have been working technically in advance and debriefing has also made on JAR during the ICC meeting for their information and endorsements of the document.

8. ANNEX: Compliance with Gavi reporting requirements

	Yes	No	Not applicable
Grant Performance Framework (GPF) * reporting against all due indicators	✓		
Financial Reports *	✓		
Periodic financial reports	✓		
Annual financial statement	✓		
Annual financial audit report		✓	
End of year stock level report (which is normally provided by 15 May as part of the vaccine renewal request) *	✓		
Campaign reports *			✓
Supplementary Immunization Activity technical report			✓
Campaign coverage survey report			✓
Immunisation financing and expenditure information	✓		
Data quality and survey reporting	✓		
Annual data quality desk review	✓		
Data improvement plan (DIP)	✓		
Progress report on data improvement plan implementation			✓
In-depth data assessment (conducted in the last five years)	✓		
Nationally representative coverage survey (conducted in the last five years)	✓		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	✓		
CCEOP: updated CCE inventory	✓		
Post Introduction Evaluation (PIE)	✓		
Measles & rubella situation analysis and 5 year plan		✓	
Operational plan for the immunisation programme	✓		
HSS end of grant evaluation report	✓		
HPV specific reports			✓
Reporting by partners on TCA and PEF functions			

All the required documents are uploaded into the county portal except Measles Rubella situational analysis and 5 years plan.