Joint Appraisal Report

When submitting this report, the country confirms that the grant performance framework has been reviewed as part of this joint appraisal. Performance against agreed metrics has been analysed, and explained where relevant.

Country	Honduras
Reporting period	*January to December 2015*
Fiscal period	*January - December*
If the country reporting period deviates from the fiscal period, please provide a short explanation	*To be completed by the country*
Comprehensive Multi-Year Plan (cMYP) duration	*2016 to 2020*
National Health Strategic Plan (NHSP) duration	*January 2014 to January 2018*

1. SUMMARY OF RENEWAL REQUESTS

Programme	Recommendation	Period	Target	Indicative amount paid by the country	Indicative amount paid by Gavi
NVS – IPV *in this presentation*	*Extension*	*2017*	*XX*	*N/A*	*US$*
HSS – *eg Core tranche*	*Renewal and disbursement of Year 2*	*2016*	*N/A*	*N/A*	*US$*

Indicate the interest in introducing new vaccines or HSS with backing from Gavi*	Programme	Expected application year	Expected introduction year

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

2. COUNTRY CONTEXT

3. GRANT PERFORMANCE AND CHALLENGES

This section is to be filled in when the meeting with the HICC and CONSALUD is held in the 2015 Joint Appraisal implementation week (August 2016).

3.1. New and underused vaccines (NVS) support

3.1.1. Grant performance, lessons and challenges

In 2015, the Health Secretariat of Honduras (SESAL) received funding from Gavi to co-finance the rotavirus and 13-valent pneumococcal conjugate (PCV-13) vaccines as well as a grant for the inactivated poliovirus vaccine (IPV). Further details are given below:

Programme performance

Coverage of 86% was achieved for the second dose of rotavirus vaccine and 85% for the third dose of the pneumococcal vaccine in infants under 1 year of age, which was lower than the proposed target of 95%. Similar coverage was attained for a third dose of the oral poliovirus vaccine (OPV), which is administered simultaneously at the same age.

According to the 2015 joint appraisal and supervision visits carried out at national level in the 20 healthcare regions, the causes identified for the steady drop in coverage are linked to problems of overestimates of the official denominators by the National Statistics Institute (INE) and with issues mentioned in the 2014 joint appraisal.

In the context of the Polio Eradication and Endgame Strategic Plan of the Global Polio Eradication Initiative (GPEI) 2013–2018, Honduras introduced an IPV dose for the population of 2 month olds in December 2015 and not in October as scheduled, due to delays in the arrival of the vaccine via the PAHO/WHO Revolving Fund. Coverage for the first dose of IPV in December reached 93% (17,275 doses/18,521) in accordance with the target set for infants under 1 year of age. There was general acceptance by healthcare workers and the public for the administration of 3 injectable vaccines for 2-month-old infants.

The introduction of IPV was a success, with activities carried out in accordance with the introduction plan: management and coordination of the programme, planning, communication and social mobilisation, training of healthcare staff, production of documents for training, vaccine distribution, syringes, supplies and stationery at all levels, and surveillance and monitoring.

The dropout or desertion rate remained below the 5% expected for all vaccines administered to infants, demonstrating an improvement in the monitoring of the target population to meet the immunisation schedule, as well as the quality of the immunisation data.

Bottlenecks in implementation

- Introducing the IPV in December was not ideal since this coincided with the holiday period for healthcare staff and the Christmas season.
- Termination of the PAHO/WHO biennial, which led to late allocation of available funds, restricted implementation of post-introduction supervision.

In 2015, a slight increase was seen in the number of municipalities with pentavalent coverage ≥ 95% compared to 2014, from 25% (76/298) to 28% (84/298). A similar situation was observed with the other vaccines.

In terms of the epidemiological surveillance of vaccine-preventable diseases (VPDs), there were problems of compliance with surveillance indicators regarding suspected cases of measles/rubella and acute flaccid paralysis, associated with a breach in the guidelines for comprehensively filling in the epidemiological sheet with basic data as well as with transport logistics at municipal and local levels.

It is also hoped that the surveillance of adverse events following immunisation (AEFI) will be improved with the creation of the Pharmacological Surveillance Unit in the regulatory framework's General Management of Surveillance.

Progress in implementing the plan to improve the evaluation of Effective Vaccine Management (EVM) and the data quality self-assessment (DQS) was limited due to the lack of funding. One alternative being considered is the re-allocation of HSS funds assigned to carrying out the National Survey on Immunisation to strengthening the EPI information sub-system.

Key bottlenecks and corrective measures

The following challenges highlighted in the 2015 joint appraisal continue:

- Limited local personnel to deliver immunisation services. Corrective measures identified were:
- Strengthening the family health teams in the 20 healthcare regions, including training in EPI rules, with Gavi-HSS funding available in 2016.
- Limited effective public demand for immunisation services, with the following corrective measures identified:
- At a higher political level, request strengthening of the Social Communications Unit (UCS) centrally and regionally.
- Dissemination of the National Plan for Health Promotion with emphasis on the EPI to regional and municipal teams and other stakeholders, enabling 298 municipal plans to be generated and implemented in 2016, with funding available from Gavi-HSS.

Lessons learned

- New vaccines should ideally be introduced in January, since prior scheduling creates bottlenecks for the local staff.

Challenges

- Streamlining of grant disbursement processes by PAHO/WHO from applications presented by SESAL in order to ensure compliance with scheduled activities to introduce different components of the IPV.
- Sufficient supplies of the IPV vaccine approved by Gavi via the PAHO/WHO Revolving Fund in accordance with the country's requirements.
- Determining the true percentage of multi-dose vial loss of IPV 5 doses.

Financial expenditure

- SESAL completed co-financing for the rotavirus vaccine (US$ 910,500) and the pneumococcal conjugate vaccine (US$ 1,840,000) for a total of US$ 2,750,500.
- For the IPV, a grant was received in October 2015 for US$ 169,000, which was managed via PAHO/WHO, with 65% being implemented from October to December. Payments for some activities accounting for about 19% of the grant were rescheduled for implementation in 2016. Up to 30 June 2016, 84% of funds had been implemented.

Some social communication activities such as media broadcasts of information related to immunisation were carried out with national funding from the central government. Thus, funds allocated in the grant for this activity were not implemented.

3.1.2. NVS future plans and priorities

New approved vaccines:

- In May 2016, Honduras asked Gavi to renew its support for the IPV vaccine. No change in presentation is required. New population goals were presented on the Gavi website based on projections from the 2013 population census.

New emerging priorities: Recruiting a consultant to develop aggregates for the drugs inventory control application (wMSSM).

- Developing a digital application for scheduling vaccines and supplies, based on an updated scheduling notebook and national implementation.

Health system strengthening (HSS) support

3.2.1 Strategic focus of HSS grant

The objectives proposed in the HSS grant focus on helping to remove some of the key bottlenecks in order to improve immunisation coverage in Honduras. Barriers include: fragmentation of the health services network, insufficient human resources for administering immunisations, lack of nominal data on the immunised population, low storage capacity and a limited budget for preventive maintenance of the cold chain network, weak transportation logistics for vaccines and supplies, low public demand for immunisation services and limited systematic analysis of immunisation data at central, regional and local levels.

Based on the above, the grant supports:

1. The components of the National Healthcare Model (covering healthcare, management and financing) linked to the set-up of the Integrated Health Service Networks (IHSN) to promote primary healthcare; boosting the family health teams; and implementing immunisation in municipalities (towns) with risk coverage of under 95%.

2. Implementation of the Nominal Immunisation System (SINOVA) and control of vaccines, supply and medicine inventories in the healthcare regions and hospitals.

3. Strengthening the cold chain by refurbishing the warehouses for biologicals (vaccines), procuring equipment and spare parts to maintain the cold chain and monitoring the network.

4. Staff training at regional, municipal and local levels in the use of tools to analyse immunisation coverage data to inform decision-making and the development of a monitoring system for VPDs.

5. Implementing a social media campaign to generate public demand for immunisation services by researching missed opportunities for immunisation, disseminating the National Plan for Health Promotion with an emphasis on EPI, and generating plans in each of the municipalities.

Achieving the objectives of the HSS grant would make it easier to introduce new vaccines.

3.2.2. Grant performance and challenges

The HSS grant was received at the end of April 2015. From May to July, operational plans were drawn up and adapted to the central level and subsequently to the regional level. The actual implementation period was approximately four months (September to December) for six implementing units only at the central level. The 20 healthcare regions had no available funds because of administrative bottlenecks.

Intermediate achievements and results

To strengthen the network of health services, 40 regional trainers were trained for the 20 healthcare regions to enable them in turn to train family health teams. Skills building workshops were held for coordinating team members for these regions to enable them to analyse healthcare supply and demand in the prioritised IHSN and identify and prioritise problems. Terms of reference were drawn up to recruit national and international consultants to carry out the costing for the Global Guaranteed Healthcare Benefits and Services.

In terms of strengthening the EPI information system, personnel from the 20 regions were trained in TRANS software, while the introduction of the SIVAC immunisation coverage generation module was updated. Similarly, immunisation record forms were provided (VAC 1, VAC 3, Special Groups and SINOVA 1 and 2) for these regions. Information Management Area staff in seven healthcare regions and 11 hospitals were trained in database management and formulating questions in Excel to generate reports. A computer was provided for the Healthcare Statistics Area at central level and for 106 towns and eight healthcare regions in order to implement SINOVA.

To control inventories (vaccines, syringes, supplies and medicines), personnel in four healthcare regions and three hospitals were trained in the VSSM and wMSSM programs. A computer was provided for 7 warehouses for biologicals (vaccines), 13 regional medicine warehouses and 14 hospitals. Toner and paper were provided for the regional warehouses for biologicals, and it was possible to document the transactions.

To strengthen the cold chain, information was gathered to draw up plans for expanding six warehouses for biologicals, while equipment (20 solar and electric refrigerators) and spare parts were acquired for maintenance, improving storage capacity in the healthcare regions.

Technicians from the Social Communications Unit (USC) and those in the 20 regions were trained in strategic communication. Terms of reference were drawn up and the administrative process was started for the recruitment of consultants to review Missed Opportunities for Vaccination (MOV). The USC was provided with a computer at central level.

To analyse epidemiological surveillance, documentation was updated to strengthen the operations of the Analysis Units in the healthcare regions. These regions were equipped with a computer for the health situation rooms, and training was held on immunisation coverage analysis and generating reports. Monitoring visits were made for mastering the matrix in the analysis of immunisation coverage in 12 healthcare regions. The research agenda was also shared.

One technician and four administrative workers were recruited to support the implementation units in carrying out operational plans with the 20 healthcare regions.

Around 26% of scheduled activities were implemented in 2015, corresponding to only the six implementation units at the central level.

Barriers

- The healthcare regions did not receive fund disbursements because of administrative delays by PAHO/WHO, affecting continuity of training at municipal and local levels. In addition, it was not possible to begin key activities such as immunisations in municipalities (towns) at risk or supervision of the cold chain.
- Internet connection was not available in some of the healthcare regions and hospitals; there was high turnover of staff in charge of certain warehouses, which delayed implementation of the wMSSM tool to control vaccines, medicines and supplies.
- There remains a lack of data entry staff to record information at the Information Management Division (IMD) level in the healthcare regions where SINOVA has been implemented, restricting analysis of data and posing a risk to the progress and sustainability of this initiative.
- The UNOPS proposal to refurbish the warehouses for biologicals was not accepted since it involved high operating costs that exceeded the available budget.
- The Social Communications Unit, the technical authority that coordinates the health promotion strategy, underwent two management changes in 2015 and was unable to strengthen its technical resources, which has restricted progress. A similar situation is seen at the regional level.
- SESAL underwent a long, cumbersome administrative process to initiate the tender for consultants to undertake research into Missed Opportunities for Vaccination, which will pave the way for a communication campaign for sustained immunisation.
- Personnel in the healthcare regions lack the motivation and skills to carry out the research, and there is weak accountability for these processes among central-level authorities.
- There is limited implementation of the funds available for research into VPD outbreaks because of the long administrative processes involved in requesting and accounting for the funds.
- Logistics are weak for mobilising human resources to conduct activities in the healthcare regions.

Corrective measures

- Disbursements were made by PAHO/WHO in May 2016 and operational plans for the healthcare regions were rescheduled.
- The regional heads and directors of hospitals are ensuring Internet connectivity with national funding and carrying out installations progressively.
- The Data Management Unit (UGI) has requested that the Sub-secretary of State for Projects and Investment give SESAL management of the Internet and permanent posts for staff responsible for the wMSSM.

- The healthcare regions have requested financial support from municipal mayors to pay the data entry staff for SINOVA. The collective agreement with decentralised management will be reviewed to ensure data entry by statisticians.
- PAHO/WHO will contract a company to refurbish the warehouses for biologicals as well as a civil engineer to supervise the projects with technical support from SESAL's Infrastructure Area in order to reduce administrative costs.
- Support for the USC from the EPI, HSS technical coordination and the External Cooperation Fund Administration Unit (UAFCE) to improve progress on the annual operating plan. In addition, the USC has requested the allocation of personnel with technical experience from the sub-director of human resources.
- The funds earmarked for conducting research into VPD outbreaks will be allocated to the EPI to facilitate disbursement to the healthcare regions.
- SESAL has prioritised specific areas for research in 2016 and is setting up the Research Committee for Health, which will coordinate this process. The EPI has suggested studying vaccine temperature monitoring.
- Management of the loans of vehicles to other authorities in order to mobilise the healthcare regions.

Data quality

To date, no external assessment of service area data quality has been undertaken except in the field of immunisation, for which international evaluations were carried out in 2007 and 2015.

Financial performance and challenges

Implementation of the first disbursement of the HSS grant is shown below:

Description	Amount in US$	Percentage
2015 disbursement	3,439,311	100%
Implemented up to 31 December 2015	714,755.84	21%
Implemented up to June 2016	984,588.60	29%
Balance available	2,454,722.24	

Funds were channelled by the Honduran PAHO/WHO to the different implementing units, among them: technical units at the central level (Directorate General of Integrated Health Service Networks [DGRISS], UGI, EPI, USC, Health Surveillance Unit [UVS] and UAFCE) via two administrative methods: letters of agreement and courses and seminars. PAHO/WHO is subject to authorisation from PAHO/WHO-WDC to allocate funds exceeding US$ 100,000, with administrative procedures taking longer in some cases, such as for procurement.

Key challenges

- Changing the PAHO/WHO funding platform.
- Planning in accordance with institutional operational capacity linked to the availability of human resources, logistics and real-time resources.
- Permanent, sufficient and technically qualified human resources at all levels.
- Timely allocation of funds from PAHO/WHO to SESAL.
- Simplification of External Cooperation Fund Administrative Unit procedures.

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

Disbursement of the new tranche is planned for the fourth quarter of 2016 to prioritise the start of the procurement process.

A no-cost extension up to December 2017 is requested for the HSS grant funds. It is argued that an exception should be made for the country in order to strengthen immunisation services and boost sustainable and equitable coverage in municipalities, taking into account the following:

Honduras is not eligible for future Gavi grants since it is a graduated country.
The HSS grant will strengthen institutional capacity and provide sustainability to immunisation coverage achievements.
Compliance with the institutional commitment to promote actions related to immunisation.
The country is developing a legal regulatory framework on immunisation.
Maintaining high quality and effective vaccine management.

Reallocation of funds is requested under Annex 1: Reallocation of Funds from the First and Second Disbursement.

3.3. Transition planning

Progress:

From June to December 2015, the following were achieved:

- A legal consultant was recruited to draft regulations for the Vaccine Act of the Republic of Honduras.
- A refresher workshop on EPI standards was held for microbiologists from 50% of the healthcare regions and hospitals.
- EPI documents and key forms were printed.
- Submission of applications in August to PAHO/WHO for training in EPI rules in the pending healthcare regions and semi-annual regional meetings for EPI evaluation integrated into healthcare services, with funding allocation not achieved for the year.

Bottlenecks:

- Transition plan funds were received in Honduras at the end of April 2015, a year late, with eight months to prepare for implementation.
  Delays in the disbursement of funds requested on time and appropriately by the EPI through UAFCE in the second half of 2015, which led to implementation of 5%, with a balance as of 31 December of US$ 360,027, which has been rescheduled up to December 2017.
- Change in the PAHO/WHO funding platform in 2016, which led to delays in fund allocation during the first quarter of 2016.

Based on the above, it is requested that the High Level Panel:

- Extend the implementation of funds for the transition plan up to December 2017.
- Reallocate the US$ 30,000 in funding for the immunisation data quality evaluation activity to EPI monitoring activities in all components and the purchase of office supplies, given that this activity was carried out in 2015, funded by PAHO/WHO. Annex 2: Transition Funds Reallocation Plan

3.4. Financial management of all cash grants

HSS funds are channelled through PAHO/WHO to UAFCE/SESAL for allocation of funds to the central level units and from PAHO/WHO directly to the 20 healthcare regions. There are 26 implementing units, which via applications for technical cooperation receive disbursements to implement the operational plans. As a requirement for the disbursement of funds, the implementation units present UAFCE with an expenses statement (per activity for the central level units and monthly for the healthcare regions), for review and forwarding to PAHO/WHO. Once these have been received by PAHO/WHO, they are reviewed again before the next disbursement; each step becomes a sequential audit.

Up to 31 December 2015, the funds utilisation performance was 21%, with the following administrative constraints:

- Late disbursement by PAHO/WHO to the implementing units: a delay of four months for the central level units and no disbursement for the 20 healthcare regions during this period.
- Lack of administrative support in two of the six central level units at the start of implementation, hindering the application for and disbursement of funds.
- Human resources overloaded with various functions and assigned activities.
- UAFCE's internal regulations that have many requirements and steps for fund applications/accountability, which exceed those required by PAHO/WHO.

In terms of management capacity, the implementing units do not have the financial liquidity or cash funds to cover the 10% of the funds retained in the form of letters of agreement, requiring the disbursement of 100% of the amount approved.

Grant funds for the introduction of the IPV vaccine are channelled by PAHO/WHO to the EPI, which disburses them to the healthcare regions. These, in turn, send account statements to the EPI, which forwards them to PAHO/WHO.

4. **UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL**

Prioritised strategic actions from the previous joint appraisal/HLRP process	Current status
1. Ensuring national budget funds to comply with the Vaccine Act (customs clearance; vaccine, syringe and sharps box distribution; and EPI operating expenses on a national scale).	**Partially complete** Up to the first half of 2016, SESAL complied with the payment of 100% of the vaccines in the routine programme and supplementary activities, based on the annual SESAL-PAHO collective agreement. The funds transferred for customs clearance with a credit balance in the 2015 Revolving Fund completed their implementation in the first half of 2016. Since then, SESAL has been responsible for paying customs clearance for vaccines, supplies and the cold chain apparatus. An implementing unit has not yet been established to allocate a budget from national funds for EPI operating expenditure.

2. Determining the location of the EPI within SESAL's changing organisational structure.	**In progress** The organisational structure of SESAL is under review; the institution has again recruited consultants to implement changes. Until the budget structure has been defined for each core unit, this will be a constraint to ensuring national funding for operational expenditure to run the National Vaccine Centre (*Centro Nacional de Biológicos*). The location of the EPI will be officially communicated once SESAL's organisational structure has been defined.
3. Management of the funds must be streamlined due to limited time and at the donor's request.	**Not completed** The change in the PAHO/WHO financial platform has delayed some administrative procedures. The UAFCE demands compliance with internal regulations that have many requirements and steps for fund applications/accountability, which exceed the requirements of PAHO/WHO.
4. Streamlining the regulations of the Republic of Honduras Vaccine Act	**In process** The consultancy for drafting the regulations of the Vaccine Act concluded on 30 June 2016. In July, the legal process was scheduled to begin via the General Secretariat to issue the ministerial agreement and publication in the official bulletin *La Gaceta*.
5. Managing the disbursement of complementary funds (national) for the Gavi-HSS plan in the first quarter of each year	**Completed** National funds were transferred to PAHO/WHO in January 2016. The PAHO/WHO Honduras central office is awaiting reception of the funds.

5. **PRIORITISED COUNTRY NEEDS**[1]

Priority needs and strategic actions	**Associated timeline for finishing actions**	**Does this require technical assistance?* ****(yes/no)* If so, indicate the type of assistance needed.
Approval by the High Level Review Panel of an exceptional status for Honduras to extend to December 2017 the full implementation of funds.	3rd quarter 2015	Technical support not required

[1] Subsequent planning and discussions on Targeted Country Assistance will take place; detailed guidance on the process will be shared in May 2016.

Strengthening the administration of the HSS grant in PAHO/WHO in the following areas: human resources, disbursement, direct implementation, monitoring of financial performance, generation of detailed reports, exceptional status for the disbursement of 100% of the funds by letter of agreement and increased delegation of authority for the implementation of activities in the project.	3rd quarter 2015	Technical support not required
Developing a process of self-assessment, control and monitoring in the implementing units with accountability from senior level, supported by the technical and administrative coordinating authorities (DGRISS and UAFCE).	3rd quarter 2015	Technical support from UPEG, UTGP and PAHO/WHO
Identification of alternatives or a structure for effective management of the project in SESAL.	3rd quarter	Secretary of State in the Department of Health, DGRISS, UAFCE, UPEG, UTGP and PAHO/WHO.
Modifying the data denominators of the indicators in the WHO/UNICEF Joint Reporting Form (JRF) 2015, according to population data from the 2013 INE Census, for access to the Gavi award for high immunisation coverage.	September 2016	EPI and PAHO/WHO
Politically prioritising the official placement of the EPI within SESAL's organisational structure.	4th quarter 2016	Secretary of State at the Office of Health and UPEG
Ensuring the specific functions of the HSS-Gavi project's technical and administrative staff.	September 2016 - December 2017	DGRISS, UAFCE and PAHO/WHO
Application for technical support for the introduction of critical components of the HPV vaccine.	30 November 2016	EPI, PAHO/WHO and Gavi

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

6. ENDORSEMENT BY ICC, HSCC OR EQUIVALENT AND ADDITIONAL COMMENTS

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism	A meeting was convened with the Health Interagency Cooperation Committee (HICC) and the National Health Council (CONSALUD) to analyse the methodology for the joint appraisal, the status of findings from the previous year and the dissemination of the appraisal report. The meeting was attended by 63 people, including: the National Immunisations Advisory Committee (CCNI), PAHO/WHO, the Association of Municipalities of Honduras, The School of Professional Nursing of Honduras, the National Institute of Social Security, SESAL's technical units and others.
Issues raised during the briefing given to the national coordination mechanism about the joint appraisal findings	- Implementation timeframe extended to December 2017. - Late allocation of funds due to administrative delays by PAHO/WHO. - No decision of where the EPI should be located within SESAL's organizational structure.

Any additional comments from: • **Ministry of Health** • **Gavi partners** • **Gavi Senior Country Head**	**Dr Edna Yolani Batres, Secretary of State in the Office of Health** Dr Yolani commented that "SESAL is undergoing a series of reforms. As regards organisational development, this is still being defined. In my experience at the local level, I can tell you that some processes are progressing faster compared to the central level and the implementation of organisational development is a challenge. As a doctor and as a Honduran, I do not wish to go down in history as the person who broke up the EPI. On the contrary, I believe that vaccines will add quality to life, so the implementation of programmes is going to be strengthened from the point of view of prevention as is the EPI approach, and hopefully from this perspective all diseases shall be examined such as tuberculosis, HIV and others." She stressed that the institution will not destroy something of such importance to public health. **Dr. Benjamin Puertas, Adviser from PAHO-WHO:** Dr Puertas underlined the technical component of the HSS-Gavi project and its links with the Ministry of Health's priorities, especially those of the National Model of Health and PAHO/WHO, such as the definition of the Global Guaranteed Healthcare Benefits and Services, for which costing is underway. Other issues included the integrated health services networks, the strengthening of family health teams, and funding of other activities by PAHO/WHO such as the procurement of tablets, emphasising teamwork. **Dr Renato Valenzuela, Chairperson of the National Immunisations Ac Committee** Dr Valenzuela expressed his satisfaction with contributions to immunisation in Honduras and achievements, particularly as indicated by the joint

	PAHO/WHO bulletin: that Honduras has an immunisation programme that saves lives and also reduces costs. As for staff competencies, one requirement of the National Autonomous University of Honduras is that nurses, doctors and nursing assistants should be well acquainted with the EPI manual and rules. This manual has been distributed in other countries such as Chile and Peru, who use it as a model. In addition, he pointed out that the Advisory Council has discussed the location of the EPI. Because the programme structure works, it should not be relocated. The country has had a bad experience with dismantling the Vector Programme. Annex 3: Approval of the Appraisal Report by HICC-CONSALUD

7. ANNEXES

Annex A: Description of joint appraisal process (e.g. team composition, how information was gathered, how discussions were held).

Not applicable

Annex B: Changes to transition plan ***(if relevant)***

Changes proposed	Rationale for changes	Related expenses [US$]	Source of funding for the modified activities	Implementation agency	Expected result
Strengthening the monitoring of the EPI in all areas and at all levels. Purchase of inputs (supplies) to support monitoring.	The initial Data Quality Assessment activity was conducted in 2015 with funding from PAHO, so the activity was reassigned.	30,500	Gavi-HSS	UAFCE-EPI	Supervision of the cold chain components, epidemiological surveillance and rules for assisting people.