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	Nicaragua
Reporting period	2015
Fiscal period	2015
If the country reporting period deviates from the fiscal period, please provide a short explanation	Periods coincide
Comprehensive Multi Year Plan (cMYP) duration	2016 to 2020
National Health Strategic Plan (NHSP) duration	2015 to 2021

1. SUMMARY OF RENEWAL REQUESTS

Programme	Recommendation	Period	Objective	Indicative amount paid by country	Indicative amount paid by Gavi
Rotavirus	*Renewal*	*2016*	*XX*	*US$*	*US$*
Pneumococcal 13-valent	*Renewal*	*2016*	*XX*	*US$*	*US$*
IPV	*Renewal*	*2016*	*XX*	*US$*	*US$*
Performance-based funding					

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

**Not applicable (NA) for countries in the final year of Gavi support*

2. COUNTRY CONTEXT

Nicaragua is the largest country in Central America, covering an area of 130,373.40 km². With regards to health services, the country is divided into 19 departments known as Integrated Healthcare Systems (SILAIS*)* and 153 municipalities. Nicaragua has three geographical regions: The Pacific (an area with a predominantly urban population, prone to social and environmental risks, and where commerce and services are concentrated); North Central (an area with a largely rural population; the main economic activities are farming and animal husbandry but there is little in the way of road infrastructure or services); and the Atlantic (sparsely populated, with a predominantly indigenous population, low levels of education, limited access to social services and high rates of maternal and infant mortality).

The Ministry of Health is the main provider of health services and is the legally designated governing institution for the sector. Through the Family and Community Healthcare Model (MOSAFC) the Ministry provides integrated, high-quality healthcare with the objective of ensuring citizens' right to health, a mainstay of the Nicaraguan Government's policies.

MOSAFC encompasses a range of immunisation strategies to keep the population protected against vaccine-preventable diseases: routine or systematic immunisation, National Health Days and monitoring campaigns. The programme's coverage indicators are systematically monitored by the Government Information System (SIGRUN), which serves as a decision-making tool for national, regional and local authorities.

Gavi aid has been incorporated into this policy and the Comprehensive Healthcare Model since 2006 and is used to support a range of initiatives aimed at improving the availability and quality of health services, strengthening the cold chain and increasing citizen participation. Gavi aid also supports a series of projects such as Injection Safety Support (2006–2008, extended to 2009), Health System Strengthening and Immunisation Service Strengthening (ISS 2008–2015) and New Vaccine Support (rotavirus, pneumococcal-13 valent and IPV). In 2015, Gavi contributed 17.9% of the total budgeted expenditure for immunisation to meet priority indicators in hard-to-reach municipalities; other agencies contributed approximately 4.7%, and the country covered 77.4% of total expenditure

Immunisation continues to be one of the most cost-effective public health interventions, contributing to the reduction of child mortality in Nicaragua: according to the Central Bank 2015 report, child mortality dropped from 21.5 deaths per 1,000 live births in the 2005-2009 period to 18.1/1,000 in the 2010–2014 period.

Nicaragua underwent an international cold chain appraisal in 2007, an international programme appraisal in that same year, an international Vaccination Supplies Stock Management (VSSM) evaluation in 2012 and an effective vaccine stock management appraisal in 2015, scoring 80% and above in the nine criteria at all levels and obtaining an overall national rating of 93%.

The overarching aim of supporting HSS with an emphasis on immunisation services is to expand immunisation coverage on a sustainable basis, while eliminating access barriers to health services. Our indicators are aimed at guaranteeing more and better healthcare services, encouraging the development of community strategies to foster and strengthen organised citizen participation, and strengthening the cold chain with new refrigeration equipment and parts through the PAHO Revolving Fund, benefiting 36 municipalities that are priority for the project.

With financial support from Gavi performance-based funding, the World Bank, Luxembourg and others, the cold chain has been upgraded in many non-Gavi municipalities, although many gaps remain to be filled.

3. GRANT PERFORMANCE AND CHALLENGES

3.1. New and Underused Vaccine (NVS) Support

Rationale for the targets for the next implementation year

Nicaragua has achieved national immunisation coverage of over 95% for rotavirus since 2010 and for PCV-13 since 2012. Immunisation coverage of 95% and above has been attained in 73% of municipalities.

Nicaragua has been implementing sentinel monitoring for meningitis, bacterial pneumonia and rotavirus in sentinel monitoring units since 2011.

The country has received the quantities of PCV-13 and rotavirus doses as agreed in the Gavi decision letters, the amounts being approved in accordance with the figures supplied by the National Institute for Development Information (INIDE). The report on the new vaccines grant for 2016 suggests using the first doses received for the PCV-13 and rotavirus vaccines as a denominator.

We expect that when the Gavi Secretariat reviews our rationale, this difficulty will be overcome for 2017 and the supply of vaccines to the health services will be ensured on the basis of more accurate denominators.

Since 2015, the national rotavirus immunisation calendar consisted of two doses, a strategy which has improved vaccine coverage in hard-to-reach areas.

Nicaragua has successfully met the targets outlined in the Polio Eradication and Endgame Strategic Plan:

- The Acute Flaccid Paralysis (AFP) monitoring programme has been strengthened and immunisation coverage rates of 95% and above have been attained at national level and in 80% of the country's departments and 73% of its municipalities.
- In November 2015, the introduction of an IPV dose for all children at 2 months of age was successfully rolled out. The efforts to minimise the wastage rate when using the five-dose presentation of the vaccine did not yield satisfactory results in hard-to-reach areas. Furthermore, the supply of healthcare and, in turn, immunisation services increased, resulting in higher wastage rates. Using the five-dose presentation, the national wastage rate was 21%, varying from a peak of 45% reported by SILAIS Bilwi to a low of 9% reported by SILAIS Carazo. (Wastage rates for other multi-dose vaccines, such as 25% for DTP and 20% for dT, both in 10-dose presentations, have been reported. A wastage rate of approximately 36% has been reported for the 20-dose Biopolio vaccine.) We believe that monodose is the best vaccine presentation for Nicaragua as it enables a drastic reduction in the wastage factor and optimises the use of the doses received. The country suffered no supply problems in 2015; however, in view of the current situation, some problems may be expected to arise in 2016.

We complied with the laboratory containment process within the specified timeframes.

- The switch from the oral trivalent *t*OPV polio vaccine to the bivalent *b*OPV was completed by the scheduled date. To conclude the process, all surplus doses of tOPV were destroyed by high-pressure incineration and the final report was shared with PAHO/WHO.

Future implementation risks and mitigating actions

- Higher prices for new vaccines, which are produced and controlled by a handful of companies. Because there is little competition, prices are maintained relatively high. This could jeopardise Gavi aid and the country's co-financing mechanisms.
- The risk of not receiving sufficient doses to immunise the target population as goals are based on population estimations formulated by INIDE, which are underestimations and do not reflect the local reality.
- If IPV supply difficulties persist, there will not be sufficient doses available to immunise all children. This will lead to problems meeting deadlines and GPEI targets.
- From 2019 onwards, funding for IPV may be affected by national budget constraints.

3.1.1. NVS future plans and priorities

Routine new vaccine support

- Renewed co-financing for rotavirus and PCV-13 vaccines.
- Gavi has guaranteed funding for IPV to 2018.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

The 2013–2015 HSS project was developed using data from the 2006–2011 period. Because of delays in commencing the project, implementation began in 2014. Accordingly, 2013 is taken as the baseline to evaluate indicator compliance and improvement.

The 2015 national budget prioritised Nicaragua's social and economic development, particularly in the health and education sectors, setting aside approximately 61 billion Nicaraguan cordobas for initiatives aimed at reducing poverty; 57% of this amount was allotted to social spending. The amount assigned for health was US$ 429.8, against US$ 396.3 in 2014.

Throughout 2015 MOSAFC was strengthened, with constant increases in public spending on health, promotion, prevention, education, care and free rehabilitation, all in a context of respect for the environment and based on the underlying social principles of health.

The implementation of MOSAFC, on the one hand, and citizen involvement, on the other, are the mainstays of the transformation of the National Health System, where shared social responsibility and complementarity have facilitated a change in the national health culture, strengthening the focus on national unity and alliances under which Nicaraguan families are active participants in the social construction of their own health.

The 2015 Ministry of Health re-organisation defined a total of 2,401 health sectors, each with their corresponding Family and Community Health Teams, with the aim of improving access to quality health services delivered in a caring manner.

The Government of Nicaragua insists that health services, including immunisation services, be provided free of charge throughout the country to reach all citizens regardless of their gender, socio-economic status or religious beliefs, thus promoting equality.

Effective immunisation programmes promote sustainability, towards which our actions are oriented.

MOSAFC responds to the needs and expectations of the Nicaraguan population, restoring the right to health and promoting shared family and organised community responsibility in all areas. It develops health activities through workshops aimed at establishing actions involving the Ministry of Health that are responsive to the needs of communities.

The Government of Nicaragua develops initiatives aimed at complying with the Millennium Development Goals (MDGs), specific commitments to eradicate poverty, achieve universal primary education, promote gender equality, reduce child mortality, improve maternal health, combat AIDS and other pandemics, ensure environmental sustainability and develop global partnership. To do this, several social programmes have been put in place, including the Love Plan for Kids, the National Plan for the Eradication of Chronic Child Malnutrition, the National Micronutrient Plan, the Early Stimulation Plan, the National Plan for Accelerated Reduction of Maternal and Perinatal Mortality, the Early Infancy Strategy, the Social Security Programme Network and others.

The health model has been consolidated in the Northern and Southern Caribbean Coast autonomous regions with the aim of preventing disease and/or recovering health through the intervention of the Caribbean Coast Intercultural Integrated Health Groups, and strengthening autonomy processes with the support of specialised, qualified medical professionals from the Latin American School of Medicine in Cuba.

According to a report published by the Nicaraguan Foundation for Economic and Social Development (Funides) in 2015, Nicaragua ranked 78th out of 133 countries in the 2015 Social Progress Index. The index indicators evaluate basic human needs, such as food, medical care, access to water, sanitation, shelter and security; the foundation of well-being, including access to education, information, communication, health and welfare and environmental quality; and opportunities to progress, related to individual rights, personal liberty and freedom of choice, tolerance and inclusion, and access to higher education. Of all the countries evaluated, Nicaragua showed the highest rates rises.

Immunisation is a tracer component of all strategies as it cuts across several strata of the population – children, pregnant women and the elderly.

3.2.2. Grant performance and challenges

Achievements

- 92% compliance achieved with the scheduled visits of the integrated vaccination brigades. Both the North Caribbean Coast and Zelaya Central SILAIS encountered difficulties in completing their visit schedules due to rains, flooding and damage to road and rail infrastructure.
- In 80% of the country's municipalities (28 priority municipalities), pentavalent 3 coverage increased by 3.3%, with a 99.93% accuracy rate comparing the third doses of the pentavalent and pneumococcal vaccines applied in the municipalities in question.
- Statistical reporting improved markedly, with 100% of municipalities reporting data in a timely and satisfactory manner.
- Continuous medical assessment *(Dispensarisation)* has been performed on 88% of the families belonging to priority groups.
- 90% of communities/neighbourhoods keep their nominal immunisation schedule logs up to date.
- 95% of healthcare personnel in priority municipalities were trained in the management components of the immunisation programme, including VPD monitoring. This has made it possible to maintain above 80% compliance with international indicators for the quality of measles and rubella monitoring. At national level, 161 suspected cases of measles and rubella were reported, 69 (43%) of which were reported by target municipalities; 100% of cases reported were investigated. No positive cases have been detected in the country since 1994.
- 89% of community agents in priority SILAIS were trained in EPI subjects, including key practices, childbirth plan, management census and the Community Contraception Distribution Scheme, fostering active participation by community agents.
- The cold chain has been upgraded in priority municipalities, with new equipment being provided and training given to 95% of health personnel in cold chain technical standards.

Challenges

- Calculating a real denominator because the target programming for the main health indicators is currently based on INIDE forecasts.
- Maintaining coverage rates of at least 95% in 73% of municipalities, taking into account access difficulties, the cost of mobilising personnel and the social and climatic conditions that affect brigade mobilisation in hard-to-reach municipalities.
- Maintaining the VPD and ESAVI epidemiological monitoring systems with indicators that comply with international standards.
- Complying with the improvement plan developed on the basis of the Effective Vaccine Management (EVM) appraisal. Certain recommendations are pending implementation due to financing constraints, demanding the management of external funding.
- Operative investigations to reduce pentavalent dropout rates and the causes of low immunisation coverage in selected municipalities.
- Completing the following processes:
    - Organising sectors. Sectors are defined as certain health areas where promotion and prevention initiatives are developed in coordination with community agent networks (sectorisation).
    - Completing the dynamic, organised, ongoing family and individual health evaluation process in target communities, logging family and individual health histories, diagnoses, interventions, and continuous individual medical assessment (*dispensarización*).
    - Completing the development of a general approach whereby communities themselves identify their problems and explore possible solutions (community diagnosis).

In view of existing human resource gaps, we believe the 100% targets and the challenges defined in the project to be very ambitious.

Implementation of current activity versus planned activity

With regards to meeting the proposed indicators in accordance with the scheduled target, the following gains have been made:

- Quality health services have been provided in selected municipalities. However, 12% of the population living in hard-to-reach communities still needs to be assessed.
- Strengthening of supervision and monitoring processes needs to continue at all levels to monitor and comply with priority indicators.
- Although follow-up log completion in the municipalities averaged 90%, the process needs to be completed to improve schedule monitoring rates.
- Strengthening of managerial processes at intermediate and local levels needs to continue, involving training health personnel in EPI managerial components, VPD monitoring, data quality and the use of information in decision-making processes.
- It is also necessary to strengthen community personnel training in EPI key practices, managerial census, childbirth plan and ECMAC and to continue to formulate a complete diagnosis and plans for improvement.
- Although the cold chain has been strengthened, it is necessary to implement the actions recommended in the EVM evaluation conducted in Nicaragua in 2015.

Extent of key stakeholder participation in the implementation of the HSS proposal, including civil society organisations

The active participation of Nicaraguan families with the support of the Ministry of Health under the **MOSAFC** shared responsibility model has been the backbone of each of the health initiatives proposed, one example being the development of immunisation strategies.

Civil society participates through community organisations such as Family, Community and Life Councils, where youth, men and women are actively involved in managing the health of their own families and communities. The involvement of other partners such as IDB Central America, Luxembourg, UNICEF and PAHO has supported the achievement of these objectives.

Implementation bottlenecks, corrective measures and lessons learned

Natural disasters, deteriorating roads and the high cost of mobilising resources (fuel, vehicle maintenance and travel expenses) hinder compliance with the schedule of visits to the communities at risk.

Although Nicaragua's healthcare model is inclusive, supportive and comprehensive, the access difficulties described here make it necessary to seek financial support from external partners in order to provide health service access to excluded and poorer communities facing cultural barriers and security risks.

In hard-to-reach areas, the only possible strategy to meet the target is through the vaccination brigades that, as stressed above, are extremely costly, exceeding the available resources allocated by the Government. This activity therefore requires help from external donors.

Follow-up of the recommendations from HSS assessment reports

Implemented actions included follow-up on compliance with indicators that did not achieve their established targets in the first year, with the aim of improving results. This was done through evaluation sessions, technical advisory sessions, supervisory visits and ongoing analysis of local level data.

Compliance with data quality and research requirements

With regards to the targets set for determining data quality, 100% of municipalities are now using the follow-up log and 90% keep it updated.

The National Statistics Office regularly conducts on-site verification of the quality of the data produced by the Ministry of Health; with regards to EPI data, concordance is higher than 95%. Furthermore, 100% of the priority municipalities submit statistical reports, 92% of them in a timely and satisfactory manner. Additionally, and with the aim of identifying non-immunised children, rapid immunisation monitoring is conducted to verify data quality and dose concordance, checking vaccination cards against follow-up booklets and the health unit/sector's vaccination records, thus cross-checking information.

Follow-up of the recommendations from HSS assessment reports

Implemented actions included a follow-up on compliance with indicators that achieved the set targets in the first year, with the aim of improving results. This was done by means of evaluation sessions, technical advisory sessions, supervisory visits and ongoing analysis of data generated at local level.

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

Nicaragua received the final tranche of HSS support in 2016. The funds were transferred to the target municipalities and activities are currently being implemented.

The country has prioritised all the actions and objectives described in the HSS project, with an emphasis on immunisation. Accordingly, achieving sustainability in compliance is also a priority. Thus, other projects funded by partners have been developed to contribute towards this goal.

Nicaragua prepared a proposal based on the Gavi cold chain platform, although it was never submitted, for two reasons:

The 50% funding to be supplied by the country was to be used to buy Gavi platform equipment through UNICEF. Nicaragua had already signed cooperation projects under which the equipment was to be acquired through the PAHO Revolving Fund.

The other reason is that only part of the equipment offered via the platform was adapted to the technical specifications of the country; moreover, it would have required training in their schedule and corrective maintenance and spare parts that are not available in the country.

As part of the joint appraisal process, it was considered necessary to conduct a final appraisal of the HSS II grant, which was not considered in the original proposal. Approaches will be made to the authorities and Gavi for funding.

3.3. Transition planning *[if relevant]*

As part of the joint evaluation process conducted in September 2015, Nicaragua developed the transition plan for the 2016–2020 period. We are currently awaiting a definition of the fund payout mechanisms in order to commence implementing scheduled activities with Gavi funding.

The transition plan has already been forwarded to the Gavi Secretariat and no further changes will be made.

3.4. Financial management of all cash grants

Health System Strengthening (HSS)

Financial flows (US$)

Detail	2013	2014	2015	2016*	TOTAL
Original annual budgets (as per the originally approved HSS proposal)	553,250.00	620,566.00	632,284.00	632,284.00	2,438,384.00
Revised annual budgets (if revised by previous Annual Progress Reviews)					-
Total funds received from GAVI during the calendar year (A)		1,173,796.00		632,284.00	1,806,080.00
Remaining funds (carry over) from the previous year (B)			558,776.63	-	558,776.63
Total funds available during the calendar year (C=A+B)		1,173,796.00	558,776.63	632,284.00	2,364,856.63
Total expenditure during the calendar year (D).		615,019.37	558,776.63	516,256.55	1,690,052.55
Balance carried forward to next calendar year (E=C-D)		558,776.63	-	116,027.45	674,804.08
Amount of funding requested for future calendar year(s)					

* Implementation suspended as of 3 May 2016

Throughout the year, funding was made available for the 36 priority municipalities to develop the planned activities.

Performance-based funding

Financial flows (US$)

Detail	2013	2014	2015	2016	TOTAL:
Original annual budgets (as per the originally approved HSS proposal)	179,780.00				
Revised annual budgets (if revised by previous Annual Progress Reviews)					-
Total funds received from GAVI during the calendar year (A)		179,780.00			179,780.00
Remaining funds (carry over) from the previous year (B)			82,580.28	24,724.58	107,304.86
Total funds available during the calendar year (C=A+B)		179,780.00	82,580.28	24,724.58	287,084.86
Total expenditure during the calendar year (D).		97,199.72	57,855.70	24,724.58	179,780.00
Balance carried forward to next calendar year (E=C-D)		82,580.28	24,724.58		107,304.86
Amount of funding requested for future calendar year(s)					

* Implementation suspended as of 3 May.

The Gavi Secretariat has received the results of the audits as well as, recently, the audit for the current year, all of which testify to the financial capacity of the country, evidenced by management of the funds received according to established standards and procedures and with no important findings as regards the processes.

In 2016, Nicaragua was awarded performance-based funding of US$ 240,000 for its management and performance in 2015. The funds were implemented as follows:

Scheduled activities using Gavi performance-based funding

EPI 2016

No	Activities	Expected outcomes	Total (US$)	Comments	Year implemented
1	Training for the Citizen Power Vaccination Day (CPVD), switchover from tOPV to bOPV and the 6th measles vaccine monitoring campaign.	Standardisation of guidelines for strengthening the capacity of health personnel in executing the CPVD, for a successful switchover and for complying with 95% and higher coverage in the measles monitoring campaign.	29,110	Due to late disbursement, it will be implemented in the first quarter of 2017.	2017 first quarter
2	Rapid Coverage Monitoring (RCM) activities conducted at local level.	Monitoring of and compliance with all targets and results-based design of new strategies to reach targets in territories where they have not yet been reached.	38,890	Due to late disbursement, it will be implemented in the first quarter of 2017.	2017 first quarter
3	Acquisition of cold chain equipment (refrigerators, freezers, thermal boxes, thermal flasks) and accessories, as necessary.	Increasing the storage capacity of municipalities not in receipt of other funding.	170,000	Application has already been made to the PAHO Revolving Fund for the equipment and the pro-form invoices have been sent out. We expect this equipment to be delivered in the course of the year.	2016
4	Acquisition of office material and supplies	Strengthening of immunisation programme operations	2,000	Budget verification to be requested in order to start the process this year.	2016
Total			**240,000**		

US$ 70,000 for miscellaneous activities
US$ 170,000 for acquisition of cold chain equipment and spare parts

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised strategic actions from previous joint appraisal/HLRP process	Current status
1. Maintaining integrated health brigades and Rapid Coverage Monitoring (RCM)	The activity was completed in accordance with the recommendations as regards both the brigades and rapid coverage monitoring in the target municipalities. Because financial support for HSS ends in 2016, resources will need to be mobilised to continue with the strategy. The activities provide great support in increasing immunisation coverage and reducing VPD morbidity and mortality.
2. Maintaining and strengthening community health participation processes	Completed via a range of community participation and outreach programmes, including analysis and reflection workshops, extended technical councils and community meetings at which figures published by the authorities are evaluated by the community.
3. Strengthening managerial processes at intermediate and local levels (planning, VPD surveillance, ESAVIs, monitoring, evaluation and information systems).	Regular supervision and monitoring activities have made it possible to overcome managerial deficiencies at local level. Appraising EPI processes and results has made it possible to identify areas that require strengthening.
4. Strengthening immunisation programme data quality processes, booklet use and the use of information in decision-making.	Follow-up booklets were delivered to priority municipalities and are kept up-to-date in 90% of sectors. There are plans to improve the immunisation database, allowing for other variables to be obtained and to improve the analysis of the data collated in 2016.
5. Strengthening the skills of human resources offering direct healthcare.	The Nicaraguan Ministry of Health has established a human skills development process covering training of doctors and community nurses; immunisation is included as a subject on the academic syllabus. The Ministry of Health formulates ongoing education plans to enable health personnel to keep up to date in the application of technical standards and protocols.

6. Strengthening the cold chain at local level based on EVM recommendations, eg: construction of cold rooms, updating equipment and upgrading the temperature monitoring system.	In 2015, with the support of the HSS project and the World Bank, equipment was acquired to strengthen vaccine storage capacity, although gaps still remain. Other partners have provided support throughout 2016 to strengthen cold chain equipment in SILAIS and priority municipalities. The results of these interventions will be reflected in the outcomes for next year. Strengthening has continued on the nine EVM criteria, with special emphasis on municipalities not undergoing evaluation in 2015. The two recommendations to be followed in 2015 according to the EVM improvement plan were implemented. In 2016, the recommendations for which funding has been made available are being implemented; the results will be published in the next appraisal. Nevertheless, others have not been implemented, due to funding shortfalls.

5. PRIORITISED COUNTRY NEEDS[1]

Prioritised needs and strategic actions	Associated timeline for completing the actions 2017	Does this require technical assistance? * *[yes/no]*
1. Implementing the new EPI database providing guidance in all SILAIS.	First quarter	Technical and financial
2. Extending operative investigation of low coverage and high dropout rates to five municipalities.	Second and third quarters	Technical and financial
3. Implementing the updated community vaccination booklet and community vaccination monitoring system to municipalities in the rest of the country covered by the Community Information System (SICO).	Third quarter	Technical and financial
4. Replicating workshops to develop vaccination indicator analysis and VPD epidemiological surveillance skills at local level.	Second and third quarters	Technical and financial
5. Providing training to health personnel in monitoring growth and development, aimed at early child uptake and immunisation.	Second quarter	Technical and financial
6. Developing and implementing EPI georeferencing and training at all levels.	Third quarter	Technical and financial
7. Updating, reproducing and training EPI standards.	Second through fourth quarters	Technical and financial
8. Monitoring and managerial support for sectors in supervising childhood comprehensive care standards, including immunisation.	All quarters	Technical and financial
9. KAP study on perception of immunisation in indigenous communities and inter-cultural focused plan.	Third quarter	Technical and financial
10. Investigation of missed vaccination opportunities and GDMP	Second and third quarters	Technical and financial

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

[1] There will be further occasion for subsequent planning and debates on the technical assistance given to a country - a more detailed guide to the process will be published in 2016.

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	After Nicaragua presented its report, it was revised and redrafted in agreement with all participants.
Issues raised during debrief of joint appraisal findings to national coordination mechanism	None
Any additional comments from: • **Ministry of Health** • **Gavi Alliance partners** • **Gavi Senior Country Manager**	

Signature of the National Authority, Ministry of Health and Gavi Alliance partners approving the joint appraisal

Name of Minister or representative	Date	Signature and seal

7. ANNEXES

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

In order to conduct the Gavi-Nicaragua joint appraisal process, the Ministry of Health set up a work team coordinated by external cooperation agencies and made up of people from the Directorate General for Health Monitoring, the Directorate General for Health Services and the Financial-Administrative Directorate General, charged with preparing the report and the performance matrix (based on information provided by the SILAIS and municipalities included in the HSS project and information prepared under the EPI, including immunisation coverage and other indicators). Several work sessions were held one month before the activity began, and PAHO/WHO and UNICEF provided technical support. The schedule was prepared in league with this team.

All members of the team attended the joint appraisal conducted during 10–12 October 2016.

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

Changes proposed	Rational for changes	Related cost (US$)	Source of funding for amended activities	Implementation agency	Expected result