Joint appraisal report

Country	Uganda
Reporting period	*January/2014 – December 2014*
cMYP period	*2012 – 2016*
Fiscal period	*July– June*
Graduation date	*Not relevant for Uganda*

1. EXECUTIVE SUMMARY

(MAXIMUM 2 PAGES)

1.1. Gavi grant portfolio overview

[With reference to the overall portfolio of Gavi grants in the country and the overall scope and funding of the national immunisation programme, briefly describe how Gavi's vaccine and health systems strengthening support fits within the overall context of the national immunisation programme and contributes to improved outcomes. Refer to the guidance for more details]

The Gavi HSS grant and VIG contribute to objective 4 of the National Development Plan (NDP) which relates to increasing access to quality social services through provision and utilization of promotive, preventive, curative and rehabilitative services. Specifically the Gavi support strengthens health systems and ensures universal access to the Uganda National Minimum health Care Package (UNMHCP. The support contributes to three sector outcomes namely; increased deliveries in health facilities, children under one year old protected against life threatening diseases, availing adequate stocks of essential medicines and health supplies to facilities.

The GAVI funds are aligned with Government of Uganda planning cycle and have been assigned code 1141 that contribute to two of the three sector outcomes: 1.Children under one year old protected against life threatening diseases and 2.availing adequate stocks of essential medicines and health supplies. These sector outcomes are aligned to the Uganda EPI vision of ensuring that the Ugandan population is free of vaccine preventable diseases.

1.2. Summary of grant performance, challenges and key recommendations

Grant performance (programmatic and financial management of NVS and HSS grants)

Achievements

- PCV-10 vaccine has been fully introduced into routine immunization services throughout the country.
- High community demand for PCV 10 and acceptance of multiple injections
- PCV 10 introduction training was conducted at all districts and utilized innovative stickers to reinforce vaccine knowledge and HCWs were observed as knowledgeable on PCV 10 vaccine
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- Under the HSS grant, procurement modalities were agreed upon leading to the endorsement of the tripartite agreement that will allow UNICEF to procure the cold chain equipment, vehicles and data monitoring tool moving forward.
- Sustained high coverage across all antigens by among other factors support to outreach services through direct transfer of funds to districts.
- Extensive Training in medicines and logistics management, Integrated Disease surveillance and Response(IDSR) and reporting for Health workers in private clinics, data improvement and validation

Challenges

- The delay in release of funds and protracted procurement process for GAVI HSS grant, affected implementation of activities compared to original plan. The activities that delayed included polio campaign, procurement of Cold Chain and transport equipment, and data collection and reporting tools.
- Inadequate human resource (numbers and skills) remains a big challenge to ensure smooth implementation of activities. 39% of the districts reported health worker vacancy rate greater than 35% and 64% of these, reported a negative impact on Immunization service delivery. Existing staff have not been trained in some areas for more than 5 years, while in the last 12 months, 38% of health workers had not been trained on immunization.[1]Not all districts have micro plans and where they exist (36%), they are not being used to drive actions to improve immunisation outcomes.

Key recommended actions to achieve sustained coverage and equity (list the most important 3-5 actions)

- National program and partners to support the development of district and HF community **microplans** based on REC approach and ensure financial support
- Scale up the data improvement team strategy to all districts to ensure that **data is properly collected, analyzed and used for action** (e.g. for targeting of outreach to missed communities.)
- Provide **operational level** training for all qualified staff using opportunity /resources for upcoming vaccine introductions.
- Provide **management competencies** training for national health team, and managers in districts/facilities

1.3. Requests to Gavi's High Level Review Panel

Grant Renewals

New and underused vaccine support

- *Renewal of DTP-HepB-Hib, 10 dose(s) per vial, LIQUID*
- *Renewal of Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID*
- *Renewal of HPV quadrivalent, 1 dose(s) per vial, LIQUID (Introduction in October 2015)*
- *Renewal of IPV , 5 dose(s) per vial, Liquid*

Health systems strengthening support

Due to delayed implementation of the HSS grant, GoU is requesting for a no cost extension from July 2015 to June 2016 to enable adequate absorption of grant funds. Thereafter, Gou will apply for a new HSS grant.

1.4. Brief description of joint appraisal process

Initially, UNEPI took the lead to fill the JAR template. The draft was presented and discussed in a two day meeting attended by key EPI stakeholders including WHO, UNICEF, CHAI, FCE, CSO and MCSP. Reference was made to various available documents that included EVMA 2014, EPI review 2015, Joint Appraisal Report 2014, APR 2014, Immunization financing in Uganda and Supervision Report. A smaller team of 3 persons continued to work on the report to proof read and double-check some of the information. Once a draft report was developed, copies were shared with Regional Offices of UNICEF and WHO that reviewed and provided comments. A meeting to include the comments from the Regional Offices was convened.

To finalize the report, UNEPI team and GAVI Alliance and MoH Gavi project secretariat refined it both remotely and in-country

2. COUNTRY CONTEXT

(MAXIMUM 1-2 PAGES)

2.1. Comment on the key contextual factors that directly affect the performance of Gavi grants.

Governance

The MoH has a top management Committee that reviews and approves recommendations from lower level structures including HPAC, NCC and EPI TWG.

HPAC is the equivalent of the HSCC and ICC. Chaired by the Permanent Secretary of the Ministry of Health, it has clear TORs and meets on a monthly basis with district and CSO representation. In 2014, presentations were made to HPAC that included APR, polio campaign, proposals for new vaccines introduction (IPV, HPV). At the district level, Councils are involved through the discussions of budget (funds for immunization are transferred to the districts).

At the National level, NCC and EPI technical Working Group are in place with membership drawn from Ministry of Health and key EPI stakeholders. However, the Committees do not meet regularly and the agenda is often limited to planning for NVIs and vaccination campaigns.

The EPI policy has been endorsed and is now in use. The Immunization Bill is still on the floor of parliament for discussion (with appropriate costing and certificate of financial implications).
Additionally, the NITAG was constituted in November 2014. However challenges exist as to how NITAG should be funded without compromising its independent advisory role.

Programme Management

A strong national team of officers led by a Manager working with 8 technical officers is in place. The Uganda National Expanded Program on Immunization (UNEPI) team is supported by technical partners and 9 out of 14 EPI/IDSR regional hubs. A "Gavi secretariat" in the country was constituted by the Ministry of Health and supports the EPI programme in the management of the Gavi funds. The Uganda GAVI Technical Coordination committee was constituted to oversee all GAVI funded activities. It comprises representatives from UNEPI, WHO, UNICEF, Ministry of Finance (the Principal Recipient) and key Ministry of Health units. UNEPI and other units carry out implementation of the approved Work plans.

At the district level, immunization services are led by the District Health Officer supported by a an EPI team comprising of EPI Focal Person, the Surveillance Focal Person, Cold Chain Assistant/Technician and Biostatistician. At the health facility level, the EPI focal person manages the day to day running of immunization activities while at the community level immunization services are supported by a combination of existing political and community structures including local leaders and Village Heath Teams. The Community structure works closely with the health facility.

Service delivery

Immunization services are integrated with other prevention and promotional services. Immunization services are provided by qualified health workers at static health facilities and outreaches. Members of the Village Health Teams (VHTs) are responsible for linking communities with service through mobilization and defaulter tracing. Delivery of immunization services is also provided through mass immunization campaigns targeted for eradication and elimination.

Vaccine Supply & Logistics

Forecasting of vaccines and supplies requirements is led by UNEPI supported by partners. Procurement of vaccines is done through UNICEF while storage, distribution and transportation from the national level to the district levels are done by National Medical Stores.

Compared to the 2011 EVMA, the EVMA conducted in 2014 showed tremendous progress in 8 out of the 9 criteria with 5 out of 9 meeting the EVM minimum recommended requirement and standard (80%) at the national level.

The 2014 Cold Chain Inventory (CCI) showed the need to increase storage capacity to meet the NVI requirements. The CCI also showed that repair and maintenance is critical for continued functionality of cold chain equipment. The inventory showed that current temperature monitoring practices are relying on stem thermometers. WHO Vaccine Management Handbook on "How to monitor temperatures in the vaccine supply chain" (Sept. 2014) states that it is considered best practice to use 30-Day Temperature Recorder (DTR) as temperature monitoring devices for vaccine refrigerators instead of Stem thermometers.

SurveillanceReporting for RI in Uganda is done within the HMIS (DHIS2; weekly, monthly). Well-structured integrated surveillance system at national level, backed by efficient laboratory services. However, VPDs surveillance is largely partner supported. There are three functional sentinel surveillance sites that monitor and document the impact of new vaccines introduced in the country.

Recommendations are made on the need to strengthen community surveillance and put in place sustainable sample transportation mechanism. In addition, there is need for Government of Uganda to provide funding for surveillance activities.

Communication & community linkages
The Ministry with support from partners developed a 2012 - 2017 advocacy, communication and social mobilization strategy for EPI that is under implementation.

Communication and social mobilization is led by Health promotion and education division at MoH. At the district and community levels, existing community structures led by the District Health Educator reinforced by VHTs, Local leaders and Health Unit Management Committees conduct community mobilization activities. Other social structures include cultural, religious leaders and service clubs. However, communication and mobilization is largely partner funded and usually visible during vaccine campaigns and new vaccine introduction but limited for routine activities.

Thirty three poor performing districts were supported to integrate communication strategies in the district and health facility micro plans. In addition, orientation and mobilization for immunization services was done for over 5000 religious, cultural and political leaders in 39 High Risk Districts.

Thirty nine District Based Alliances of different CBOs were formed to mobilize communities for immunization services. In addition 300 Primary and 100 Secondary schools reached with immunization messages.

8. Financing

- The 2012-16, Comprehensive Multi-year plan (cMYP) which includes an investment requirement for immunization including new vaccines introduction is in place. The GoU completely funds procurement of traditional vaccines (including storage and distribution) and co-finances with Gavi to the tune of 0.2 USD per dose for new vaccine (Penta & PCV). However in 2014, GoU was unable to meet the entire co-financing obligation on time. The Gou is still committed to fulfilling the co-financing obligation. Discussions between MoH and Ministry of Finance, Planning and Economic Development (MoFPED) on frontloading Co-financing allocation to the beginning of the financial year have begun so that GoU is able to meet its obligation on time.

- For the FY 13/14, the total resource envelope for immunization funding was UGX 87.7bn of which the GoU contributed 42.8 bn 48.8% (Annex - FCE document).

- The financing cycles by GAVI is not aligned with the GoU planning and Financial years. The mismatch in the two financing cycles affects the promptness of GoU clearing her co-financing obligation. While, co-financing cycles by GAVI are by calendars years January to December, GoU financial years are July to June. This affects the timeliness of co-financing by GoU.

3. GRANT PERFORMANCE, CHALLENGES AND RENEWAL REQUESTS

(MAXIMUM 3-5 PAGES)

3.1. New and underused vaccine support

3.1.1. Grant performance and challenges

Uganda introduced pentavalent vaccine into routine immunization in June 2002. In 2014, there were no stock out of the vaccine and the administrative coverage of DPT3 was 102%. Pentavalent vaccine was being used by all districts in all months of 2014

PCV-10 was introduced in 2013 and national scale up completed in 2014. PCV 10 was not available in all districts for all the months. However by December 2014 all districts had introduced PCV 10.

During 2014, GoU received 3,830,000 doses of PCV-10 vaccine and 3,574,000 doses of Pentavalent vaccine.
Administrative data of 2014 put the coverage of PC-V10 3rd dose at 50% while that of Pentavalent 3rd dose was 102%. This is a huge difference in coverage given the fact that Pentavalent is given to a child at the same time with PCV-10. The difference in utilization of Pentavalent and PCV-10 antigens could be due to:

a) Varied introduction timelines across districts because training was done at different times.

b) In addition, challenges with cold chain capacity including fridges in need of repair further caused delays in delivery of PCV 10 in some districts. Lastly, some districts erroneously immunized children who were older than 1 year. This increased demand and caused stock outs.

Note: At the time of EPI review in March 2015, it was reported that vaccine stock out was no longer a problem at district level. The Mtrac (SMS-based reporting) showed that at facility level, 12% of facilities had some stock out of at least one vaccine in 2014.

To further improve performance, districts were trained in vaccine management; NMS has improved communication with the districts by emphasizing timely communication from NMS regional offices and encouraging all district cold chain assistants/technicians to mentor the health facilities to improve vaccine management. This will be reinforced by the planned OPL training.

Funds for introduction of HPV (US$ 1,337,000) were received in Dec 2014. Introduction had been planned for April 2015, however due to delay in procurement of fridges under HSS and owing to the fact that HPV is a bulky vaccine, introduction has been postponed to October 2015 when all the cold chain equipment to be procured under the HSS grant are expected to have been installed in the country.

In 2014, a no objection was sought and obtained from Gavi Alliance to spend unspent funds (US$ 190,000) from PCV-10 introduction on mobilization and sensitization of religious leaders on immunization with the aim of increasing demand for immunization services. This activity is scheduled to be conducted in July 2015.

During the February 2015 GAVI alliance mission, the GAVI Alliance and GoU agreed that the remaining balance on the PCV-10 grant be used by UNEPI for operational level (OPL) training. The plans for this activity are underway.

Since 2002, Uganda has been fully meeting the co-financing obligations till 2014 when delays were experienced and the country defaulted. As more new vaccines are being introduced, the total co-financing is also expected to increase, which is a challenge in the short term as government (specifically MOH) has to adjust budget allocations to accommodate the change. For example co-financing increased from UGX 2.3bn in 2011/12 to UGX 4.7bn in 2013/14, a more than 100% increase. There is need for continued advocacy at the highest level so that Ugandan children are given the opportunity to survive and develop.

3.1.2. NVS renewal request / Future plans and priorities

The country hereby requests an extension of GAVI support for the years 2016 to 2020 for the following vaccines:

- *Renewal of DTP-HepB-Hib, 10 dose(s) per vial, LIQUID*
- *Renewal of Pneumococcal (PCV10), 2 dose(s) per vial, LIQUID*
- *Renewal of HPV quadrivalent, 1 dose(s) per vial, LIQUID (Introduction in October 2015)*
- *Renewal of IPV , 5 dose(s) per vial, Liquid*

In addition the country plans to apply for support for
Rotavirus, 2 dose(s) per vial, Liquid and Men A campaign.

The GoU commits itself to co-finance the procurement of the above vaccines in accordance with the minimum Gavi co-financing levels. There is need for continued advocacy for sustained financial availability for routine immunization and NVS.

The multi-year support extension is in line with the new cMYP for the years July 2016 to June 2020, which is being developed, the Health Sector Development Plan and the National Development Plan II.

Technical and financial support to conduct a comprehensive EPI survey.

3.2. Health systems strengthening (HSS) support

3.2.1. Grant performance and challenges

In June 2013, The GAVI Alliance Secretariat disbursed US$ 4,372,695 for HSS. The requested reprogramming of the grant proposed in November 2013 was approved by GAVI, with a budget of 322,911 for year 1 and 14,478,979 for year 2. Of all the funds received from GAVI alliance in 2013 (US$ 4,372,695), only 16% (US$ 688,257) had been spent by Dec 2014. It is expected that the bulk of the funds which are in procurement will be spent in 2015. A total of USD 7.8M was sent from GAVI Geneva direct to UNICEF not from in country funds.

GRANT	Amount Approved (USD)	Amount Received (USD)	Date	Recipient	Amount Spent	Balance
HSS	19,242,000	4,372,695	4-Sep-13	MoH	688,257	3,684,438
		7,800,000		UNICEF	0	7,800,000
ISS II	2,649,520	2,649,520	4-Sep-13	MoH	457,242	2,181,243
ISS I (recovered in country)		852,525	1-Jul-10	MoH	538,914	313,611
VIG						
PCV	1,372,000	1,372,000	21-Sep-12	MoH	1,001,975	370,025
HPV	1,337,000	1,337,000	9/12/2014	MoFPED	0	1,337,000

Objective 1: To improve the delivery of Uganda National Minimum Health Care Package (UNMHCP) including immunization by providing the necessary infrastructure, logistics supplies and

management training

While the majority of funds are for procurement and construction activities, internal issues with procurement plagued the implementation of the grant until September 2014 when a tripartite agreement was signed between UNICEF, GAVI Alliance and GoU formalizing the agreement for UNICEF to procure Cold Chain equipment, vehicles and EPI monitoring tools on behalf of MoH. This paved the way for UNICEF to receive funds directly from Gavi Alliance for procurement. Distribution has been planned well to avoid delays once the supplies arrive in the country. NMS will handle the distribution of the supplies procured by UNICEF in which case the distribution funds will be sent to NMS from UNICEF.

For the Central Vaccine Store (CVS), NMS was agreeable to work with JSI for construction of the CVS at Kajjansi where NMS already has 10 acres of land. However, along the way JSI declined to the offer. So the Construction of the CVS has stalled due to the difficulty to identify a potential contractor. With this delay, construction of the CVS that was supposed to be ready for introduction of HPV in April 2015, Gavi alliance agreed to a proposal to remodel and refurbish space at the current NMS stores and reallocation of funds to other areas of the grant.

In consultation with GAVI, MoH agreed to engage CRS (Catholic Relief Service) to undertake construction of health workers houses and district medical stores. Discussions are still going on between CRS, MoH and GAVI. The main bottleneck has been the relatively high unit prices quoted by CRS in their proposal.

To strengthen the country's GAVI Secretariat and UNEPI, the M&E specialist was recruited in August 2014. The M&E Specialist has spearheaded the finalization of the GAVI HSS M&E framework which was presented to the GAVI Technical Coordination Committee and has been shared with GAVI Alliance Secretariat.

Objective 2: To support the participation of communities in health care delivery and decision making through scaling up of the establishment and training of village health teams.
The MOH and partners conducted a comprehensive assessment of the VHT strategy between October and December 2014. US$166,000 was disbursed PATHFINDER for this activity. The report is ready and findings will guide implementation of follow-up activities. Ministry of Health is planning to introduce a Community Health Strategy to strengthen health service delivery at community level.

Objective 3: To strengthen the capacity of health workers at all levels of health care delivery at district level to manage and utilize their data.
A data improvement teams (DIT) strategy that is financed by different partners including WHO, UNICEF and AFNET has been agreed upon. Two hundred and twenty eight (228) operational level health workers were trained in DHIS2 from 3 districts. One data validation exercise was conducted in 8 districts in 40 health facilities. Eighty one (81) national TOTs were trained as part of DIT strategy. The teams will train and supervise the district data improvement teams. The plan is to cover all 14 regions of Uganda by end of 2015. A midterm review of the DIT strategy has been planned for July 2015.

Objective 4: ***To strengthen the capacity of the private sector to deliver immunization and other child health services by providing cold chain and training and other related issues.***

Mapping of 1519 private health facilities was done in Kampala to inform the allocation of HSS procured equipment and future training and supervision of health workers to strengthen routine immunization and surveillance in Kampala. Following the assessment, training of health workers was completed in December 2014 in Kampala. However, reporting by FPHP to MoH is not consistent with GoU reporting cycles. The current HSS grant is planned to cover Kampala as a pilot district.

The implementation of HSS grant evidently draws participation from all key partners. For example as part of implementation support to the project, GAVI Coordination Committee meets on a regular basis. The Committee is comprised of members from WHO, UNICEF, key government ministries and TA.

3.2.2. Strategic focus of HSS grant

As stated in the HSS proposal, HSS grant is addressing different bottlenecks to access and utilize immunization services as stated below:

Transport bottlenecks

Transportation is a major barrier for the delivery of the Universal National Minimum Health Care Package. The lack of transport affects the implementation of supportive supervision; delivery of EPI and other supplies. Even though different development partners purchased vehicles for MoH in 2007, there is a glaring problem of transport especially at district and lower health service delivery levels. The Current GAVI HSS support will contribute to filling the gap in 64 priority districts out 112. HSS grant will also support the purchase of 4 trucks for transportation of vaccines and other supplies from the national level to the districts. For districts with water bodies and hard to reach, support from GAVI is to purchase motorized boats. The grant significantly bridge a strategic gap

In addition, motorcycles to conduct routine immunization and surveillance activities at health facility and community levels were procured. Bicycles procured will be sent to HCII and will be used to transport supplies to outreach sessions. The Village Health Teams (VHTs) will also access bicycles at health units to conduct mobilization and other activities.

Space for storage of vaccines and medical supplies

At national level, the current storage space is inadequate to accommodate additional vaccines and other EPI supplies. The HSS grant will support remodeling and refurbishment of the existing NMS to provide more space for installation of cold rooms to increase cold chain capacity to accommodate the planned new vaccine introductions. HSS grant will support construction of 19 medical stores in 19districts to address storage problems.

Staff accommodation

Twenty eight (28) semi-detached houses for health workers will be constructed to contribute to attraction and retention of staff in 14 hard to reach districts hence strengthening the health system.

Summary table:

Summary of beneficiary districts	
Total Districts for Staff houses	14
Total Districts for Medical stores	19
Total Districts for construction	**33**
Summary of planned buildings	
Total Staff houses (2 per district)	28
Total Medical stores (1 per district)	19
Total number of buildings	**47**

Strengthening community linkages

Village Health Teams (who are proposed to change to Community Health Extension Workers) are involved in mobilization of communities for health services including immunization and offering other services such as malaria treatment, de-worming, contraceptives and follow up of pregnant women and ensuring that children receive vaccinations. The assessment which was conducted in 2014 will inform further community strategy.

Strengthening the capacity of health workers at district level and lower levels to manage and utilize data for action

Following an EPI stakeholder's data management meeting in 2014, data improvement teams were created at National level which later led to the formation of district data improvement teams. This training was aimed at building capacity at district level for continued support supervision and

mentorship of health workers at health facility level. The same opportunity was used for harmonizing data. What about interpersonal communication skills and risk communication management skills of HWs?

Strengthening the capacity of the private health sector involvement in EPI

A significant proportion of the population in urban and peri-urban areas receives immunization services from private health facilities. Partnership with the private sector is key in improving immunization coverage and surveillance. A total of 1519 private health facilities were mapped in Kampala out of which 200 facilities are participating in the pilot program. Discussions on objective allocation of fridges and other cold chain equipment to the private sector are underway.

3.2.3. Request for a new tranche, no-cost extension, re-allocation or reprogramming of HSS funding / Future HSS application plans

By December 2014, of USD 4.3M disbursed to the country in 2013 16% (USD 637,000) had been utilized and USD 7.8M was disbursed by GAVI Alliance to UNICEF for procurement leaving a total balance of USD 10.9M. MoH and Partners have discussed and reallocated the balance within the HSS objectives. GoU has sent an official request for approval of the reallocated Work Plan.

Due to delayed implementation of the HSS grant GoU is requesting for a no cost extension to June 2016 to enable adequate absorption of grant funds. Thereafter, Gou will apply for a new HSS grant.

3.3. Graduation plan implementation *(if relevant)*

[Comment on all bolded areas listed in the table in this section of the guidance document]

Not applicable for Uganda

3.4. Financial management of all cash grants

As required by the MoU, the Ministry prepares annual financial statements in accordance with the financial rules and regulations of the GoU. MoH submits annual financial statements to the external auditors within 3 months following the end of the funding period.

The MoH has installed the 'Project Module' Integrated Financial Management Information System (IFMIS), which is a government system, as a financial management and reporting system for the GAVI funded ISS and HSS Programs. Disbursements for program activities are done using IFMIS. The project accountant has been trained and access rights and proximity to IFMIS system.
However, some challenges still exist:

- The country's Gavi secretariat still depends on Ministry of Finance, Planning and Economic Development (MoFPED) to request for updates.
- The reporting format for the GAVI supported programs has not been setup in the IFMIS. The system cannot therefore generate the required reports to support quarterly financial reporting. The Gavi Alliance Mission of Feb 2015 to Uganda recommended that GAVI will procure a parallel system to be used by the project accountant to generate financial reports in the formats recommended by GAVI
- The Accounting Division does not have online access to bank statements.

The GAVI Project has put in place an Advance Ledger using Ms Excel to record and monitor advances. However, there is a lag in updating the ledger to show accountability status by district. The work of the external auditors prompted a Rapid Response Initiative to acknowledge receipt of

GAVI funds by the districts. This is a commendable job that needs to be implemented by the secretariat and UNEPI in a proactive manner. One of the reasons raised by districts for slow accountability is delay in receiving clear guidelines and breakdown of the disbursed funds.

Financial Reports have been shared between the TA and GAVI secretariat but not with MoFPED and discussed in the EPI technical committee before they are shared with GAVI.

The Auditor General's office commissioned the audit in October 2014. However, it is noted that the Accounts unit of GAVI secretariat delayed to submit financial documents to the auditors to facilitate the audit of FY2013/14 hence affecting the timelines for completion of the external audit.

3.5. Recommended actions

Uganda has just conducted a comprehensive EPI review, EVMA, CCI, and Temperature Monitoring Study. Recommendations from the review and studies have informed the 2015 annual plan and will provide the basis for the development of new cMYP (2016-2020). However during this current joint appraisal review, key issues were identified which were not included in the EPI review and studies and recommendations to address the issues are highlighted in the table below.

Actions	Responsibility (government, WHO, UNICEF, civil society organizations, other partners, Gavi Secretariat)	Timeline	Potential financial resources needed and source(s) of funding
Give updates to HPAC on EPI performance	MoH	Quarterly	0
Mobilize funding for NITAG activities	MoH	September, 2015	USD 100,000 (GAVI, WHO)
Integrate transportation of EPI surveillance samples into the existing hub sample transportation system	MoH	October 2015	CDC
Provide funding for implementation and monitoring of advocacy, communication and social mobilization strategy especially to promote routine immunization	MoH, UNICEF	On going	USD 300,000 (MoH UNICEF,)
Advocate for increased allocation and meet the co-financing obligation for new and underused vaccines	MoH	2015-2016	0
Advocate for frontloading for co-financing to the first quarter of the financial year.	MoH	September 2015	0
Conduct quarterly supervision visits for trained DITs	WHO, UNICEF, GAVI, CDC	Quarterly	Not estimated yet

4. TECHNICAL ASSISTANCE

(MAXIMUM 1 PAGE)

4.1 Current areas of activities and agency responsibilities

The harmonization of NMS and UNEPI activities
WHO and UNICEF provided technical assistance by advising on vaccine handling and management, training of vaccine handlers, communication to districts before vaccines are dispatched, feedback from districts on what they observe during vaccine delivery. WHO hired consultant chaired and coordinated the Transition Steering Committee (TSC) on areas of transition between NMS and UNEPI. Members of the TSC were drawn from UNICEF, CHAI, PATH, WHO and MOH.

Effective Vaccines Management
UNICEF ESARO logistician and an external consultant was hired, to support the country to conduct EVMA. The consultant developed the proposal for the assessment, trained CCTs on EVM, oversaw the process, wrote and disseminated the final report including key recommendations and an EVM improvement plan. UNICEF also provided technical assistance for vaccine forecasting and vaccine management meetings.

Child health days
UNICEF has been supporting implementation of child health days during April and October. These activities will continue and HPV will be added in the intervention packages.

Cold Chain Inventory
CHAI provided financial and human resources to support adaptation of CCI tool, data collection, data Analysis and report writing. UNICEF provided technical support in further data analysis, refining methodology and equipment selection for procurement.

Cold Chain capacity evaluation , equipment selection, procurement and installation
UNICEF provided technical support in the evaluation of the cold chain capacity requirement at the National level and renovation work, CC Equipment selection and procurement for the vaccine supply chain.

Repair and Maintenance of Cold Chain
With support from UNICEF, three regional workshops on EVM were conducted; districts were provided with spare parts to conduct cold chain maintenance. CCTs were trained with support from UNICEF.

Data Improvement Teams
In order to address the recommendations of DQSA 2013, UNEPI, WHO, CDC, UNICEF and other partners developed a strategic national plan to improve immunization data quality. The plan focused on improving completeness, accuracy, timeliness and reliability of routine immunization data at all levels of the health system. Data improvement teams were established at the national and district level who were responsible for conducting mentorship of health workers at the health facility level and harmonization of data (paper based immunization data vs electronic DHIS2).

RED/REC
UNICEF supported thirty two (32) poorly performing districts to build capacity on the implementation of the RED/REC strategy with special focus on micro planning and linking services to the communities. Four consultants were procured to support this effort. The Uganda Junior league was supported for community mobilization through Sports. CDC through the START project supported 4 regions (West Nile, Greater Kampala, Lira and Gulu) sub regions for social mobilization and communication.

STOP Team

International and national STOP team members with support from CDC and WHO continued to support the program to improve case detection rates of vaccine preventable diseases with a special focus on AFP and measles and capacity building of operational level health workers in disease surveillance. The same opportunity was used to address gaps identified in immunization service delivery, social mobilization and logistics management at the operational level. UNICEF supported three STOP teams

Polio eradication and Measles elimination
WHO and UNICEF provided technical assistance for development of the polio and measles proposals for the SIAs.

Coordination of CSOs involvement in Polio SIAs
MACIS provided TA in the coordination of 102 grassroots CSOs towards social mobilization for national polio campaign in 2014.

Regional Support Supervision teams
UNICEF provided technical support to develop a concept of the regional support supervision teams. Support supervision tools and a score card were developed and initial supervision conducted countrywide. CHAI developed the database for the data and analysis is still on going.

NMS needs TA in the implementation of LMIS

4.2 Future needs

The country will need technical assistance to develop a financial sustainability plan, new vaccine introductions (proposal development, introduction and post introduction evaluation) and finalizing the 2016 – 2020 cMYP.

TA will also be required for implementation of specific activities including: RED/REC. EVM Implementation Plan, Temperature Monitoring and, communication and mobilization, support to EPI laboratory and data quality improvement.

TA for development of advocacy briefs for increased financing

The GoU needs financial and technical assistance for conducting the EPI coverage survey. The last coverage survey was conducted in 2005.

The GoU needs technical support for the implementation of polio end game strategy including IPV introduction, tOPV/bOPV switch and legacy planning.

Strengthening the NITAG – Training; Streamlining NITAG roles and Development of work plans

NMS needs TA to implement LMIS

TA will be required in the development of the new HSS proposal (Gap analysis, financial and programmatic areas, costing and planning for vaccines and logistics delivery)

TA for establishing the unit cost of full immunization of a child.

TA will be required in the development an investment and sustainability plan for EPI.

HPV Introduction grant received will facilitate preparatory activities including Health worker training, materials development, social mobilization however follow up activities like monitoring, supervision, post introduction evaluation will require TA.

TA for updating cold chain inventory.

4.]/ENDORSE`MENT BY ICC, HSCC OR EQUIVALENT & ADDITIONAL COMMENTS

(MAX. 1 PAGE)

Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism: Initially, UNEPI took the lead to fill the JAR template. The draft was presented and discussed in a two day meeting attended by key EPI stakeholders including WHO, UNICEF, CHAI, FCE, CSO and MCSP. Reference was made to various available documents that included EVMA 2014, EPI review 2015, Joint Appraisal Report 2014, APR 2014, Immunization financing in Uganda and Supervision Report. A smaller team of 3 persons continued to work on the report to proof read and double-check some of the information. Once a draft report was developed, copies were shared with Regional Offices of UNICEF and WHO that reviewed and provided comments. A meeting to include the comments from the Regional Offices was convened. To finalize the report, a TC will be organized by Gavi Alliance to further refine the report.
Issues raised during debrief of joint appraisal findings to national coordination mechanism: The JAR and APR 2014 present overlapping information. The recommendation is to have one report compiled that provides information needed in both reports.
Any additional comments from • Ministry of Health: • Partners: • Gavi Senior Country Manager:

5. ANNEXES

[Please include the following Annexes when submitting the report, and any others as necessary]

- **Annex A. Key data** (this will be provided by the Gavi Secretariat)

- **Annex B. Status of implementation of the key actions from the last joint appraisal and any additional High Level Review Panel (HLRP) recommendations**

Key actions from the last appraisal or additional HLRP recommendations	Current status of implementation
Request HIS to deliver gender disaggregated data at national level	Done
NITAG should be funded without compromising its independent advisory role.	Not done NITAG was formerly constituted by all the relevant administrative structures of the Ministry of Health and is functioning under the Uganda National Academy of Sciences (UNAS)
There is a gap in planning with the community where micro-planning is hardly taking place at district level:	The community-based micro planning is in progress. Micro planning is key component of the upcoming measles campaign and HPV and IPV introduction and will involve the community (VHTs and local leaders).

There is a need to institutionalize the regional support supervision team through harmonizing the existing regional support supervision structures into one regional structure	The regional supervision teams were created in 14 regions using Community Health Dept based in regional referral hospitals - an established MoH structure. The teams have carried out one round of support supervision covering 50% of all health facilities in all 112 districts. A meeting has been planned to discuss the findings to inform next support supervision activities.
Follow up on recommendations and actions from supervision should be institutionalized.	A meeting has been planned to discuss the findings to inform next support supervision activities. The M&E Specialist will be responsible for this and has started putting together all support supervision reports with the aim of taking stock of status of all recommendations and following up with those not implemented yet.
In line with the plan of MoH, the integrated EPI surveillance and PIE (PCV) review should take place during the last quarter of the year Surveillance and PIE (PCV) review should take place during the last quarter of the year.	Done. Report available.
The country need to update the EVM improvement plan based on the EVM follow-up assessment planned in the 3rd quarter of 2014 and taking into consideration the status of the EVM IP implementation so far.	The EVM assessment was conducted in October 2014 with support from UNICEF. The report is available and was attached to the APR2014. The improvement plan was developed, reviewed, implementation commenced.
Lesson for HPV and IPV: should start early to disburse the funds to all levels before training commences. Training has to be well planned in order to coincide with readiness assessment/vaccines availability.	Preparations for HPV introduction started. So far, 5 NCC meetings have been held to discuss HPV introduction. Training plans have been developed; IEC materials are being updated and key timelines have been developed. The launch for country-wide roll out is planned to take place in October 2015. IPV introduction is planned to be launched in February 2015 and preparations will commence after HPV launch.
GAVI to consult on funding for the independent GAVI evaluation and explore the possibility of pooling funds with in-country funds to enable the country to undertake a comprehensive coverage survey.	The GAVI Full Evaluation team in the country has planned to conduct a coverage survey. The protocol was presented in the EPI technical meeting and 2 key concerns were raised: 1) whether the planned survey will have adequate number of children aged below one
GAVI to consult on funding for the independent GAVI evaluation and explore the possibility of pooling funds with in-country funds to enable the country to undertake a comprehensive coverage survey.	The pooling of funds was not done. FCE used the funds sourced from GAVI and used the methodology they had developed earlier. The survey conducted by FCE is not in any way meant to replace the National Coverage survey because of the methodological differences.
Funds for data collection tools not clearly identified and printing of mother's passport (which would incorporate various data needs into one card) is too expensive for UNEPI to fund: Funding for HMIS data tools to be pooled from all programs so as to establish a clear budget for the data tools to enable NMS undertake their procurement. Advocate for printing of the mother's passport instead of the multiple cards and tools and explore contribution of funding from other programs of interest including MNCH and GF programs on HIV and AIDS. MOH to make a proposal on shared contribution to the mother's passport	In progress. Data collection tools were updated and submitted to UNICEF for printing (Note: All items for procurement were transferred to UNICEF and other agencies). Updated tally sheets and child health cards have been distributed to some districts. The funds for mother's passport could not be mobilized.

based on which GAVI and WHO will consult the Global Fund on this collaboration.	
Key recommendations of the 2013 DQS needs to be incorporated in the road map of 2014 to improve data quality. The outcome of the DQS could be used to further scrutinize data quality and harmonize with administrative coverage to enable the Government to provide official government estimates in the 2013 WHO-UNICEF JRF.	In progress. UNEPI and Resource Center together with partners have come up with data improvement plans. The plan involves creation of Data Improvement Teams (DITs) at district level. The DITs will move to all facilities to review data and ensure harmonization of data. This activity is directly in line with the recommendations of the 2013 Data Quality Self-Assessment report.
DQS training should be scaled up in all districts and DQS should be a standard process with all routine administrative reporting system at the district level.	Done. 81 National DITs were trained.
Standardize coverage monitoring tools and supplies, ensure adequacy and agree on distribution mechanisms (NMS).	Under implementation
UNICEF will be responsible for the procurement of the required Cold Chain and transport equipment in the context of GAVI HSS. The request with specifications has been sent to UNICEF Country Office who after consultation with the Supply Division in Copenhagen will revert to MOH with the costs, which should also include distribution costs (MOH to officially send the additional request for distribution to UNICEF). Once the MOH gives a go ahead, a direct grant agreement will be developed between GAVI and UNICEF to enable transfer of the funds to UNICEF. For EPI data collection tools, it is recommended that: the procurement is handled by UNICEF under the HSS grant for the first year, and that for subsequent years a budget for the data tools should be created under the relevant existing output in the NMS budget, so all the EPI related data tool budget can be reflected there.	In progress. A tripartite Agreement between GoU, GAVI - Geneva and UNICEF was signed and UNICEF has already received USD$ 7.8M towards the implementation of this activity.
Recognizing the future plan to build new vaccine storage facility in the new site, recommendation made to expedite the process of finalization of the site plan lay-out, putting the key infrastructure (road, electricity, water, drainage) as enabling factors to build the vaccine storage buildings in the sites.	CVS funds were reallocated. The NMS will use USD 255,000 to fund refurbishment of existing stores to accommodate the new vaccines. With advice from GAVI Alliance, the construction of the CVS has been differed to the possible next HSS grant.
The NMS to work closely with JSI who will be contracted out by GAVI to provide technical assistant and construction of the required building at the sites.	JSI declined to take on the responsibility

Recognizing the importance of the LMIS in the vaccine supply chain and the fact that the current distribution management system being cumbersome (too much paper work between DVS and NMS), NMS need to establish LMIS system to enable the distribution management system more effective and robust. The LMIS system need to incorporate information on vaccine stock, storage temperature information and the cold chain equipment status information paving way for effectiveness and efficiency for stock management, equipment performance and robust maintenance management response.	Not done in 2014 but there plans to establish the LMIS before end of 2015. NMS needs TA to implement LMIS
Recognizing the importance of the availability of solar as energy source and the fact that new solar cc equipment, introduction of Solar Direct Drive (SDD) equipment need to be undertaken in few selected district to facilitate the future procurement of CC Equipment. This effort will be supported by partners in the procurement, installation, training and evaluation of the performance of the equipment.	Solar Direct Drive fridges have been ordered using the GAVI HSS grant. Plans are underway to install and train the users. CHAI agreed to help develop the tool. The first tool focusing on stock has been developed and is in the trial phase. The next phase will focus on including temperature and cold chain equipment status.
Taking into consideration the need of optimized vaccine supply chain and distribution system in the country and the fact that the current distribution system may need to expand down to the service delivery level, recommendation is made to conduct a study of the current system to look for ways to optimize for effectiveness and efficiency. (Partners support to carry out vaccine supply chain modeling study).	The Effective Vaccine Management Assessment study was conducted and the consultant gave feedback in December 2014. The action plans for follow-up recommendation has been developed. The EPI is following up with the recommendations.
Recognizing the importance of vaccine storage temperature in ensuring the quality of the vaccines, introduction of 30 days temperature monitoring system will support the country meeting the EVM recommendations and the needed monitoring system to be in place. Hence, NMS and UNEPI need to discuss and agree on the type of device required and implement this important temperature monitoring. Partners are ready to support this important and essential intervention.	Solar Direct Drive fridges have been ordered using the GAVI HSS grant. Plans are underway to install and train the users. CHAI agreed to help develop the tool. The first tool focusing on stock has been developed and is in the trial phase. The next phase will focus on including temperature and cold chain equipment status.
A clear line of coordination should be implemented for the HSS grant, as this additional task is currently resting with the UNEPI manager, who has many other duties: recommendation is to nominate a full-time coordinator, after consultation with the Coordination Committee.	Done. A project Coordinator has been designated
It is recommended that the Assistant Commissioner Account works with the TA, Ministry of Finance and the accountant of the	In progress. MoH (GAVI) finance team held a meeting with Ministry of Finance and TA. MoH (GAVI) finance team was asked to send reporting formats to be

project to develop a plan to produce the required reports and accountability systems.	uploaded to IFMS at Ministry of Finance for harmonization. MoH sent these formats and still waiting for feedback from Ministry of Finance. In addition, the GAVI project Accountant has had a comprehensive IFMIS training; However, he has indicated that the IFMIS doesn't generate reports in the formats that GAVI requires. The proposal is that a GAVI alliance considers purchasing an alternative accounting software that can be used to generate GAVI financial reports.

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

Initially, UNEPI took the lead to fill the JAR template. The draft was presented and discussed in a two day meeting attended by key EPI stakeholders including WHO, UNICEF, CHAI, FCE, CSO and MCSP. Reference was made to various available documents that included EVMA 2014, EPI review 2015, Joint Appraisal Report 2014, APR 2014, Immunization financing in Uganda and Supervision Report. A smaller team of 3 persons continued to work on the report to proof read and double-check some of the information. Once a draft report was developed, copies were shared with Regional Offices of UNICEF and WHO that reviewed and provided comments. A meeting to include the comments from the Regional Offices was convened.

To finalize the report, a TC will be organized by Gavi Alliance to further refine the report.

- **Annex D. HSS grant overview**

General information on the HSS grant							
1.1 HSS grant approval date			November 2007				
1.2 Date of reprogramming approved by IRC, if any							
1.3 Total grant amount (US$)			19,242,000				
1.4 Grant duration			Two years				
1.5 Implementation year			June/2012 – June/2014; but reprogrammed in 2013 to run till June 2015				
(US$ in million)	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**
1.6 Grant approved as per Decision Letter	19,242,000	19,242,000	19,242,000	19,242,000	19,242,000	19,242,000	19,242,000
1.7 Disbursement of tranches						4,372,695	0
1.8 Annual expenditure						5316	677,748
1.9 Delays in implementation (yes/no), with reasons Yes			Over 71% of HSS grant was meant for procurement. The process of agreeing on and implementing a procurement modality of using procurement agencies was protracted. All HSS procurements are expected to arrive and/or constructed in 2015.				
1.10 Previous HSS grants (duration and amount approved)			682941				

1.11 List HSS grant objectives Objective 1: To improve the delivery of UNMHCP including immunisation by providing the necessary infrastructure, logistics supplies and management training Objective 2: To support the participation of communities in health care delivery and decision making through scaling up of the establishment and training of village health teams. Objective 3: To strengthen the capacity of the health workers at all levels of health care delivery at district level to manage and utilize their data. Objective 4: To strengthen the capacity of the private sector to deliver immunization and other child health services by providing cold chain and training and other related issues.
1.12 Amount and scope of reprogramming (if relevant)

Annex E. Best practices (OPTIONAL)

- The Data Improvement Team (DIT) strategy to address data quality and data management at all levels.
- The vaccine management committee that meets every month was a good innovation and has helped in improved vaccine management during the transition period