

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	ZAMBIA
Reporting period	June 2015 - June 2016
Fiscal period	January – December
If the country reporting period deviates from the fiscal period, please provide a short explanation	The original JA date was July – however this was postponed given the heavy work load of the EPI team and partners with preparations for the MR Campaign (Sept) and also because national elections that were taking place in Aug.
Comprehensive Multi Year Plan (cMYP) duration	2012 – 2016
National Health Strategic Plan (NHSP) duration	2011 – 2016

1. SUMMARY OF RENEWAL REQUESTS

Programme	Recommendation	Period	Target	Indicative amount to be paid by Gavi
NVS – PCV in existing presentation	Extension	2017	639 326	US\$ 6,038,000
NVS – Pentavalent in existing presentation	Extension	2017	639 326	US\$ 3,564,000
NVS – Rotavirus in existing presentation	Extension	2017	639 326	US\$ 2,359,000

Indicate interest to introduce new vaccines or HSS with Gavi support*	Programme	Expected application year	Expected introduction year
	HPV National	2017	2018
	CCEOP	2017	2018

2. COUNTRY CONTEXT

Leadership, Governance and Programme Management: The Ministry of Health is responsible for primary health care services as reflected by its vision of “promoting access of health, as close to the family as possible, of high quality, cost-effective health services through the National Health Strategic Plan (NHSP 2011-2016). The Health Sector has a Sector Advisory Group (SAG) that meets biannually.

The EPI programme was realigned back into the Ministry of Health from the Ministry of Community Development Mother and Child Health. The immunisation program falls under Child Health which is headed by the Child Health Specialist at the national level and comprises a team of 7 staff, two chief EPI Officers, one EPI Logistician, and three cold chain officers. A logistics officer seconded by Centre for Infectious Disease Research in Zambia (CIDRZ) is embedded in the unit for additional support. Technical Working Groups (TWG) exist with the Child Health TWG as the overarching structure. The EPI TWG has sub-groups including service delivery, monitoring and evaluation, social mobilisation and cold chain and logistics.

There is a functioning ICC in Zambia which has the required multi-partner representation. In principle the ICC should be meeting on a quarterly basis, however this target has not always been met. The appropriate level of representation particularly at decision making level is not always present at ICC meetings. To facilitate the ability of the ICC to play its key function in terms of strategic guidance and oversight, the EPI programme will revisit and strengthen the TORs of the ICC and also review the membership to ensure that decision makers or designated representatives are the core members of the group.

NITAG: Plans to strengthen the technical guidance to the immunisation programme are underway with the establishment of the NITAG. NITAG members have been identified and orientation took place in November 2016. WHO/IST/ESA and AMP participated in the Joint Appraisal and will be providing technical support to the country as the NITAG is being established. The NITAG will provide technical guidance to provide overall programme strengthening.

Immunisation Financing: The government has shown commitment to the immunisation program through the provision of dedicated budget lines from treasury for the procurement of vaccines, procurement of cold chain equipment and spares, procurement of under-five cards, as well as provision of operational costs although the levels of funding are inadequate.

While the commitments from central government for vaccines and programme operational costs have been made, translating these commitments into actual disbursements is an on-going challenge in the country. At the district and provincial level 10 out of the 12 expected grants from the Ministry of Finance have been disbursed while at the central level only 2 out of the expected 12 grants have been disbursed. By the time of the JA the EPI programme was operating on only a 10% disbursement vs commitment. This impacts the ability of the programme to operate at a fully optimal level and key activities aimed at strengthening the programme like supportive supervision and outreach services are compromised because of the lack of realised funds.

Financial sustainability of the immunisation programme needs to be a key focus of engagement moving forward with particular attention on domestic resource mobilisation. The FCE team in Zambia will provide more detailed analysis on financing trends focusing on the variance between commitments vs disbursements. In addition Zambia is in the process of developing their new cMYP 2017-2021, the EPI team with technical assistance, plans to develop some political advocacy tools based on the cMYP to support enhanced engagement on budget allocations to the programme. The timing for future JAs will also be adjusted so that key programmatic gaps identified in the JA process can be fed into the national budgeting process and better aligned to the budgeting cycle.

3. GRANT PERFORMANCE AND CHALLENGES

3.1. New and underused vaccine (NVS) support

3.1.1. Grant performance, lessons and challenges

Grant Performance Achievements and Challenges

The 2015 Immunisation performance against set targets is highlighted in the table below:

Programme Performance: 2015 Antigen Target vs Actual Coverage Comparison (JRF)

Antigen	2015 Target	2015 Coverage
DTP3	93%	90%
PCV3	85%	81%
RV2	90%	82%
MCV2	40%	47%

Drop-out rates for 2015 were as follows: penta1-3 7%; PCV1-3 13%; RV1-2 8%; and MCV1-2 43%. While there have been improvements on most dropout rates as compared to 2014, there is still a significant dropout between MCV1 and MCV2. To address this, a review was conducted to understand reasons for low uptake of MCV2 and a road map developed. Some of the interventions identified to address this issue are planned for implementation in Q4 of 2016 as part of the Second Year of Life Platform. Key activities include updating the Immunisation Manual and EPI Communication Strategy with a national media campaign providing immunisation messages highlighting the importance of completing all vaccines in the immunisation schedule.

2015 Provincial coverage of Selected Antigens (HMIS, 2015)

% COVERAGE BY PROVINCE					
Province	DTP3	OPV3	PCV3	RV2	MCV2
Central	122	116	103	103	64
Copperbelt	92	90	93	93	55
Eastern	98	95	94	79	49
Lusaka	98	96	95	97	58
Luapula	86	87	81	71	36
Muchinga	84	81	70	70	43
Northern	81	80	70	70	33
North Western	87	88	82	75	44
Southern	95	93	93	88	57
Western	91	92	84	81	42

The table above highlights significant variance across provincial immunisation performance. The data also shows that there are discrepancies between antigens to be administered at the same time. The reasons for the differences could be attributed to mal-distribution of vaccines at district and sub-district level (vaccine management was noted as an on-going weakness in the EVM 2015). Based on the assessment of the low uptake of MCV2, inadequate community awareness is a key contributing factor.

Programmatic Enablers:

Coverage and Equity: A detailed equity analysis has not been carried out in Zambia. However the DHS 13/14 highlighted that there are differences in child health outcomes across both wealth quintiles and geographic locations with children in lower wealth quintiles and rural areas having poorer health outcomes. Overall, 68% of children age 12-23 months were fully immunised by the time of the survey. In terms of geographic location, 76% of urban children are fully immunised, as compared with 65% of rural children. Full immunisation coverage ranges from a low of 60% in Luapula to a high of 81% in the Copperbelt. Children in households in the highest wealth quintile (80%) are much more likely to be fully immunised than those in the lower three wealth quintiles (less than 70%). In addition the DHS also noted differences in child health outcomes in children whose mother had no education compared to those who had more than secondary education. While the DHS has been useful in providing insights into where discrepancies exist a detailed analysis of the drivers of these differences has not been undertaken.

Human resources for health: Human Resource for Health continues to be a challenge across the sector. Investments to address key bottlenecks have been made through the re-opening of pre-service health worker training institutions as well as increasing annual intake of students at the institutions. For the EPI programme specifically challenges persist and include inadequate numbers of staff and skills for optimal program implementation. Immunisation service delivery at subnational level has also been hindered by both human resources and financial constraints. The operationalization of the full complement of the Reaching Every Child approach remains incomplete due to inadequate funds for orientation, implementation, and monitoring. This will be partly addressed in the new Gavi HSS grant due to start in 2017. Funding for the implementation of the REC approach is being provided for 7 target districts through the HSS grant. Securing sustainable funding and strengthening human resources, inter alia, will be critical to the implementation of REC and attainment of high immunization coverage in all parts of the country.

Supply chain management: The Effective Vaccine Management Assessment (EVMA) was carried out in 2015. The results of the EVMA highlight marked improvements across the vaccine supply chain with score improvements in all areas assessed. The assessment did flag that vaccine management was an area that needed additional focus and work. An Improvement Plan has been developed to take forward the key recommendations of the EVM assessment – however implementation of the plan has been slow. Barriers to implementation include an overcrowded chronogram for 2015/16 which allowed little time for strategic planning and monitoring progress, staff constraints across the programme and insufficient funding. The EPI team is working to ensure that key recommendations from the EVMA are costed and incorporated into the new cMYP, in addition an implementation monitoring mechanism will be established. In order to address vaccine management weaknesses the real time web based immunisation supply chain management system, Logistimo, is being rolled-out and tested. The programme is operating at central level, across all 10 provincial vaccine stores and in 18 districts. There are plans to expand the roll-out of Logistimo further in all the districts by end of 2016, however funding for the expansion to health facilities has not been secured. The EPI team will be working on some analysis looking at vaccine management performance in areas with Logistimo and areas without the system to measure the impact and support resource mobilisation efforts for its expansion.

Data Quality: Data quality is a recognised issue across the EPI programme and was identified as a weakness in the previous JA. The timeliness and completeness of reporting from lower levels in the health system remains a challenge and also impacts overall programme reporting and decision making at the central level. It is also noted that there is inadequate local use and review of data for decision making purposes. One of the key bottlenecks in data relates to the unreliable denominator. There are significant discrepancies between official figures based on projections from the Census carried out in 2010 and head-count data from the districts. This denominator issue is evident with some districts reporting well over 100% immunisation coverage (artificially high coverage as the denominator is under-estimated). There is need to strengthen data review processes on a regular basis to identify inconsistencies and enhance decision making. Denominator issues impacted the recently conducted MR Campaign (which will be more fully reported in the next JA), the Post Campaign Coverage Survey will attempt to ascertain unmet needs from the campaign and provide evidence on the discrepancy between official figures and head-count. The new HSS grant also includes funding for a DQS, based on the JA discussions this is an activity that will be moved forward into the first year of grant implementation as the programme is missing critical information on key bottlenecks. Following the DQS a data quality improvement plan will be developed and costed.

Surveillance: The country met certification level indicators for Acute Flaccid Paralysis surveillance for non-polio AFP rate at 3.5 per 100,000 and stool adequacy rate of 89%. In addition high quality surveillance for measles, Rota virus and Paediatric Bacterial Meningitis have been sustained. Challenges for surveillance include shortage of health workers at facility level, and transport logistics for case based surveillance. An AEFI committee is being established – members were trained, however it is not fully functional as a result of inadequate funding. A Cholera outbreak was experienced early this year and response mounted included vaccinations with Oral Cholera Vaccine to a limited section of Lusaka district targeting persons above the age of 1 year.

CSO Engagement: The Zambia Civil Society Immunization Platform (ZCSIP) has been created to increase demand for immunization services and advocacy for immunization and child health. Demand generation and communication interventions included implementation of child health week mass communication and engagement of CSO platform in Communication for Immunisation (C4I) in selected districts.

Churches Health Association of Zambia (CHAZ), the lead CSO of the ZCSIP, mobilized resources to support community mobilisation to increase uptake of HPV third dose and cervical cancer screening. Despite the limited preparation time, the interventions reached 371,881 people (61% females and 39% males) and increased the girls reached from 79% during the first dose to 94% of the targeted girls for the third dose. This achievement provides critical evidence that combined efforts between government and civil society lead to improved health service uptake. ZCSIP also trained 19 civil society organisations in good governance, resource mobilization, and communication for immunization. The organizations trained have been supported with small grants to carry-out demand creation, defaulter tracing and district governance strengthening activities. These interventions will take place in fourteen districts and progress will be reported in the JA in 2017.

PEF Update: WHO through the PEF funds provided technical assistance to strengthen the National Immunisation Program, undertook resource mobilisation efforts for the Second Year of Life, supported the monitoring and implementation of the MR Campaign and the polio switch, and supported the development of cMYP. WHO also supported the orientation of NITAG members. Implementation rate of PEF activities is 100% for NITAG member training and 67% for technical assistance (salaries) with 33% of funds to be utilised for implementation in 2017.

The PEF support to UNICEF was targeted in two programmatic areas namely supply chain strengthening and demand promotion. Specific activities included support for implementation of recommendations from EVM, support for improved stock management and preparation for introduction of new vaccines (MR and IPV), support use of Logistics Data for action and support for behavior change communication on RMNCH-N. Additionally, as a core partner of Gavi, UNICEF received support for costs of one member of staff at country level. At the time of the Joint Appraisal, UNICEF Zambia had received USD 145,458.00 (for implementation of PEF TCA activities (incl. staff salaries, travel, consultants & workshops/trainings) reflecting 75% of the total programmable budget (USD193, 944) approved by the Gavi PEF MT. These funds were released in April of 2016, hence delaying utilization before end of June 2016 reporting period. Activities were thus deferred to the third and fourth quarter 2016 and first quarter 2017. To date, activities fully supported include workshops for cMYP development and HPV introduction application, training of 85 district staff in vaccine management and use of stock management web based tool [*Logistimo*], and staff costs. Activities to be conducted in the Q1 2017 will include additional training for health facility staff in vaccine management and use of *Logistimo* [in one district], procurement of tools to support implementation of *Logistimo*, and supporting some activities for social mobilization and communication for routine immunization and 2nd year of life child health interventions.

3.1.2. NVS future plans and priorities

Existing Vaccines & Targets

Zambia's renewal request to Gavi includes support for MCV2, DTP-HepB-Hib, PCV10, Rota and IPV in their existing presentations. The targets set for 2017 are considered to be realistic and reasonable and are based on the achievements of 2015. Regarding MCV2, the ambitious targets are set in view of the developed plan to address the high drop-out rate. The plan includes activities for C4I, Second Year of Life Platform interventions and roll-out of REC approach.

Future Priorities

Zambia is in process of introducing Measles Rubella (MR) Vaccine—replacing Measles only vaccine in the National Immunisation Schedule.

Zambia planned to introduce IPV in 2016, however given the global supply constraints this introduction has been delayed. The country switched to bOPV in April 2016 and is utilizing the WHO guidelines for continued risk mitigation. The country is planning to submit an application for HPV National Roll out in 2017 and is working with the support of technical partners on these preparations. In addition, the country plans to submit a CCEOP for further strengthening the Cold Chain System.

3.2. Health systems strengthening (HSS) support

3.2.1. Strategic focus of HSS grant

The HSS grant was approved in November 2015, it is three year grant with a budget total of \$9,096,176. During 2016 a PCA was undertaken in Zambia to determine the financial and management arrangements for the new HSS grant. Based on the recommendations of the PCA the funds will be channeled through the MoH with CHAZ also receiving funding as the key implementing partner. The HSS grant is due to start in early 2017.

Goal

Improve immunisation outcomes by addressing some health and immunisation specific system barriers in selected poor performing districts in Zambia as mentioned above. This proposal has 5 objectives:

Objectives

1. To improve the delivery of immunisation and other child health interventions in Zambia by ensuring that outreach clinics and supportive supervision are operational in target districts.
2. To improve the knowledge and skills of district managers and frontline health workers on delivery and management of immunisation and other child health services.
3. To develop and implement effective C4I and other child health intervention strategies through the involvement of CSOs.
4. To improve the collection and utilisation of HMIS data at all levels of the health care system with special focus on district and lower levels; and
5. To develop and implement a Performance-Based Financing system in the target districts with the aim of improving immunisation and other child health outcomes.

Interventions

The HSS Project will strengthen outreach clinics and supportive supervision at all levels through making available transport (vehicles, motorcycles, bicycles and boats) and other logistical requirements. Facilitate easy movement of health supplies including vaccines from the central level to districts and from districts to health facilities.

The grant aims to strengthen the capacity of health workers at district and lower levels in MLM and RED/REC strategies, thus ensuring availability of knowledgeable and skilled staff who can effectively manage EPI activities including delivery of other child health interventions. The HSS grant will facilitate the Zambia Civil Society Immunisation Platform (ZCSIP) under the leadership of CHAZ to design and implement C4I interventions. ZCSIP will train people at community level (Neighbourhood Health Committees (NHCs), traditional and religious leaders, councilors and media personnel) on immunisation issues in order to create demand for immunisation and other child health interventions and encouraging pregnant women to deliver with the assistance of skilled health personnel. The HSS grant will also enable the MOH to strengthen district, health facility and community data management, analysis and utilisation.

The grant will focus on three target provinces and 7 target districts which were identified based on their low immunisation coverage:

- **Muchinga Province** (Mpika and Chinsali Districts).
- **Northern Province** (Luwingu District).
- **Luapula Province** (Lunga, Samfya, Mwense and Milenge Districts).

Health and immunisation system bottlenecks to be addressed include:

- The critical shortage of human resources for health (HRH) including limited knowledge and skills about immunisation among existing health personnel;
- Inadequate financial resources which have led to failure by MCDMCH and stakeholders to conduct outreach clinics and supportive supervision;
- Inadequate transport at all levels;
- Inadequate information, education and communication for immunisation (C4I) for routine immunisation programmes;
- Limited community participation in planning and implementation of immunisation and other child health interventions; and
- Limited data quality which can inform the EPI programme.

3.2.2. Grant performance and challenges

The HSS grant has been approved, implementation will begin in early 2017.

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

No changes have been made.

3.3. Transition planning (Not Applicable)

3.4. Financial management of all cash grants

There is no financial reporting due in this reporting period. The IPV VIG was disbursed but given the supply constraints the introduction has been delayed.

4. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised strategic actions from previous joint appraisal / HLRP process	Current status
<p>1. Build capacity to improve skills and knowledge in immunization, vaccine supply chain management & surveillance at sub-national level</p>	<ul style="list-style-type: none"> • Pharmacist training on EVM; • Logistimo training conducted in December – all provincial pharmacists and district pharmacy personnel for Lusaka and Copperbelt and in-chargers for the 4 Health Facilities (total trained 32); • Switch training included components on immunisation skills and knowledge strengthening (236 total trained); • Web based training at provincial level on surveillance March 2016 – linked to data management <p>Next Step:</p> <ul style="list-style-type: none"> • Development of Vaccine Management and Data Improvement Plan

<p>systems that provide timely and reliable data on availability, quality and costs to allow to measure progress towards system optimisation.</p> <ul style="list-style-type: none"> Develop a consolidated plan for overall vaccine management and immunisation supply chain strengthening for the country across all Government and partner activities; – CIDRZ leading <p>EVM Improvement Plan:</p> <ul style="list-style-type: none"> Review the implementation status of the 2015 EVM and develop a prioritised action plan with milestones and timelines and roles and responsibilities Vaccine management strengthening – Stock Management Systems (Stock Records and Logistimo), Temperature Monitoring, Basics of Vaccine Management, Monitoring and Supportive Supervision ; Finalised National Cold Chain Equipment Maintenance Plan including dissemination; 	<p>Q3, 2017</p>	<p>Yes</p>
<p>ZITAG:</p> <ul style="list-style-type: none"> Operationalized ZITAG by Q1 2017 <ul style="list-style-type: none"> Support finalisation of the ZITAG workplan by Q1 2017 Support quarterly meetings for the ZITAG as of 2017 Study tour to visit country with a well- functioning NITAG – Q2 2017 	<p>Q1, 2017</p>	<p>Yes</p>
<p>Data Quality :</p> <ul style="list-style-type: none"> Strengthen engagement with MoH M&E team to support mentoring, monitoring and supervision in 2017. With agreed workplan developed. Regular (quarterly) data quality review meetings beginning in 2017 : 	<p>Q2, 2017</p>	<p>Yes, Technical and Financial support</p>
<p>New Vaccines:</p> <ul style="list-style-type: none"> HPV National Application; <ul style="list-style-type: none"> Submission of proposal May 2017 Investigate the drivers of the inconsistencies in the drop-out rates across vaccines (Penta3, PCV3, Rota); Complete costing of 2YL Plan; Implementation of the 2YL activities. 	<p>Q2, 2017</p> <p>Q3 2017</p>	<p>Yes</p> <p>Yes</p>

<p>Immunisation Financing:</p> <ul style="list-style-type: none"> • Resource mobilisation framework to be developed; • Establish bi-annual briefing sessions with parliamentary committee on health; • Organise roundtable session with key private sector organisations; • Identify high level champions to support political advocacy on immunisation financing to be led by CHAZ; 	<p>On-going 2017</p>	<p>No</p>
<p>Comprehensive Multi Year Plan:</p> <ul style="list-style-type: none"> • Develop Resource mobilisation tool derived the cMYP; • Formal dissemination of the cMYP 	<p>Q1, 2017</p>	<p>Yes Technical Support</p>
<p>Coverage and Equity:</p> <ul style="list-style-type: none"> • Equity analysis conducted to provide further insight into the drivers of coverage variance across wealth quintiles, geographical locations – Q2 2017 – TA needed. • Action Plan developed to address key drivers of immunisation inequity – Q3 2017 	<p>Q3, 2017 Q4, 2017</p>	<p> Yes</p>

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

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

<p>Brief description of how the joint appraisal was endorsed by the relevant national coordination mechanism</p>	<p>Following the review of document by relevant stakeholders, the report was submitted to the Permanent Secretary at Ministry of Health for endorsement. An ICC meeting was not held because of the current restructuring processes in the Ministry which has affected staffing and focal points for the EPI program.</p>
<p>Issues raised during debrief of joint appraisal findings to national coordination mechanism</p>	
<p>Any additional comments from:</p> <ul style="list-style-type: none"> • Ministry of Health • Gavi Alliance partners • Gavi Senior Country Manager 	

7. ANNEXES

Annex A. Description of joint appraisal process (

The Joint Appraisal Team was comprised of Ministry of Health, WHO (country office EPI and IST), UNICEF, CHAZ, CIDRZ, CMMB, CRS, GSK, Gavi- FCE, PATH-BID, AMP

Two workshops were held in June and October, 2016. The June workshop was a preparatory workshop where Situation analysis was conducted and reference documentation compiled. The October workshop was aimed at refining the situation analysis and updating various sections and identifying key sections of support for 2017. Information was gathered from various programme reports and strategic documents.

The meetings were co-chaired by Gavi and MOH. Discussions took the form of presentations, plenaries and open discussions in both workshops.