

Joint Appraisal Update report 2019

Country	Cote d'Ivoire
Full JA or JA¹ update	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	17 to 20 September 2019 in Abidjan
Participants / affiliation²	See attached attendance list
Reporting period	January ¹ - December 31, 2018
Fiscal period³	2018
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
Gavi transition / co-financing group	Preparatory transition

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine renewal request (by 15 May)	Yes X <input type="checkbox"/>	No <input type="checkbox"/>	
Does the vaccine renewal request include a switch request?	Yes <input type="checkbox"/>	No X <input type="checkbox"/>	N/A <input type="checkbox"/>
HSS renewal request	Yes X <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CCEOP renewal request	Yes X <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

2. GAVI GRANT PORTFOLIO

Existing vaccine support (to be pre-filled by Gavi secretariat)

Introduced / Campaign	Date	2018 Coverage (WUENIC) by dose	2018 Target		Approx. Value \$	Comment
			%	Children		
Penta	2001	82%	91%	907 461	US\$ 236,000	
Rota	2017	59%	91%	907 461	US\$ 947,500	
PCV	2014	81%	91%	907 461	US\$ 972,000	
IPV	2015	67%	85%	843 939	US\$ 619,910	
Men A	2018	28.3%				No renewal in 2018
MR		71%				

Forecast	Date	Comment
Rotavirus	Feb 2018	Switch from Rotateq to Rotarix under way in Q1 2019.
HPV	End 2019	Approved with TA from INGO jhpiego

¹ Information on the difference between full JA and JA update can be found in the *Guidelines on Reporting and Renewal of Gavi Support*, <https://www.gavi.org/support/process/apply/report-renew/>.

² If taking too much space, the list of participants may also be provided as an annex.

³ If the Country reporting period deviates from the fiscal period, please provide a short explanation.

Existing financial support (to be pre-filled by the Gavi secretariat)

Grant	Channel	Period	First disb.	Cumulative financing status @ 31/12/2018				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
HSS1	UNICEF	2008 – 2016	04 Aug 2015	8,083,428	8,083,428	8,083,428	98%		
HSS2	<u>TOTAL (UNICEF)</u>	2017-2021	2017	10.2m	4.35m	3.7m or 85% of approved amount	69%		N/A
Meningitis A Mini catch up	UNICEF	2018		465,417	465,417	465,417	94%		N/A
Meningitis A VIG	UNICEF	2018		619,910	619,910	619,910	41%		N/A
IPV VIG	UNICEF	2017	July 2017	614,000	614,000	614,000	100%		N/A
PCV switch grant	UNICEF	2017		242,500	241,677	241,677	99%		N/A
MR Operational cost	UNICEF	2017	Sept 2017	8,701,500	8,701,500	8,701,500	90%		N/A
MR introduction	UNICEF	2017	Oct 2017	683,500	683,500	683,500	77%		N/A
Comments									
* Last HSS2 financial report from UNICEF (non-certified) as at May 2018.									

Indicative interest for the introduction of new vaccines or for the request for HSS support to Gavi in the future⁴

Indicative interest to introduce new vaccines or request HSS support from Gavi	Program	Expected application year	Expected introduction year
	HPV	2018	2019
	2 nd Dose of MR	2020	2020

⁴ The provision of this information is not an obligation on the part of the country or Gavi; it is provided primarily for informational purposes.

Countries are encouraged to highlight in the following sections, including in the Action Plan in section 7, the main activities and technical assistance potentially required, preparation of investment applications, vaccine applications and introductions, as appropriate.

Grant Performance Framework – latest reporting, for period 2018 (to be pre-filled by Gavi Secretariat)

2.2.5 - Intermediate Results Performance

Indicator	Indicator No.	2018 Target	2018 Actual	2019 Target	2019 Actual
Facteur de vérification de la concordance des données des centres de santé.	IR-T 33	75	0	85	76
Indice de qualité du système de suivi de la vaccination au niveau district.	IR-T 32	80	0	82	85
Nombre d'acteurs des niveaux central, régional et district formés sur le DHIS2 et l'analyse des données de va...	PR-T 60	125	0	125	0
Nombre d'atelier de consensus sur l'intégration des données de vaccination dans le DHIS2 organisés	PR-T 59	29	1	29	0
Nombre d'équipements de CDF acquis (réfrigérateurs, stabilisateurs, enregistreurs continu de température)	PR-T 62	157	183	1902	311
Nombre d'évaluations sur la qualité des données sanitaires (DQS et LQAS) par les pairs organisées dans les d...	PR-T 58	29	0	29	1
Nombre de campagnes de sensibilisation organisées par les OSC locales	PR-T 57	116	20	116	0
Nombre de districts impliqués dans l'initiative «1 parrain pour 100 enfants»	PR-T 56	29	26	29	0
Nombre de locaux construits	PR-T 61	11	7	-	-
Nombre de séances de vaccination organisées en stratégie avancée et mobile, y compris les postes avancés	PR-T 54	58	69375	58	0
Proportion de centres vaccinateurs transmettant leur rapport mensuel à temps au niveau district	IR-T 27	65	95	75	0
Proportion de districts avec une taux d'abandon spécifique (DTC-HepB-Hib1/3) ≤ 10%.	OI-T 52	75	93	77	0
Proportion de districts sanitaires avec un facteur de vérification satisfaisant	IR-T 28	100	0	100	94
Proportion de districts sanitaires disposant de capacité de stockage suffisante.	IR-T 29	70	0	80	0
Proportion de parents connaissant les maladies cibles du PEV et le calendrier vaccinal.	IR-T 26	40	0	60	0
Proportion d'enfants porteurs de cicatrice après la vaccination au BCG	IR-T 20	-	-	80	0
Proportion d'enfants vaccinés en stratégie avancée et mobile.	IR-T 24	80	0	85	0
Taux de disponibilité de la chaîne du froid au niveau des centres de santé	IR-T 31	323	382	343	192
Taux de disponibilité de la chaîne du froid au niveau des districts sanitaires	IR-T 30	323	200	343	200

PEF Targeted Country Assistance: Core and Extended Partners at [insert date] (to be pre-filled by Gavi Secretariat)

	Year	Funding (US\$) Exclud PSC			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util.			
TOTAL CORE	2017	574,344	574,344	568,261	3	83%	
	2018	524,049	524,049	303,506	3 of 3	89%	Grant terminates 30 June 2019
	2019	580,001	580,001	-			
UNICEF	2017	153,606	153,606	148,538	2 of 2	3 of 3	Grant terminated June 2018
	2018	165,894	165,894	79,035	2 of 2	4 of 4	Grant terminates 30 June 2019
	2019	170,000	170,000	-			

Joint Appraisal Update

WHO	2017	220,738	220,728	219,723	1 of 1	10 of 13	Grant terminated June 2018
	2018	158,155	158,155	24,471	1 of 1	2 of 3	Grant terminates 30 June 2019
	2019	170,002	170,002	-			
WB	2017	200,000	200,000	200,000	-	1 of 2	Grant terminated June 2018
	2018	200,000	200,000	200,000	-	2 of 2	Grant terminates 30 June 2019
	2019	240,000	240,000	240,000			1-month implementation
TOTAL EXPANDED PARTNERS	2017	522,662					
	2018	914,104				9 of 9	
	2019	999,546					
PATH	2018	30,073					Milestones not reported
VillageReach	2017	124,277				0 of 5	
	2018	128,803				-	M-Vaccin Project with Orange - Social Mobilisation
	2019	244,646					
JHPIEGO	2019	241,411				-	CSO support & No reporting expected
Dalberg	2018	270,681				-	LMC & Milestones reprogrammed
	2019	148,992					
AMP	2019	364,497				-	Data – no reporting expected

3. RECENT CHANGES IN COUNTRY CONTEXT AND POTENTIAL RISKS FOR THE COMING YEAR

The JA update does not include this section.

4. PERFORMANCE OF THE IMMUNISATION PROGRAM

The JA update does not include this section.

5. PERFORMANCE OF GAVI SUPPORT

5.1. Performance of Gavi HSS support (if country is receiving Gavi HSS support)

Provide a succinct analysis of the performance of Gavi's HSS support for the reporting period.

- **Progress of HSS grant implementation** against objectives, budget and work plan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.), using **the below table**.

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	By 2021, strengthen the provision of advanced and mobile immunisation services, including outposts in the 29 targeted health districts.
Priority geographies / population groups or constrains to C&E addressed by the objective	Initially 29 targeted health districts. The new division of 2018 increased the number of these districts to 32, through the split of 2 districts (Soubré and Korhogo). During the implementation of the 2018 work plan, some activities have involved the other 54 health districts.
% activities conducted/ budget utilisation	86% program execution
Major activities implemented & Review of implementation progress including key successes and outcomes/ activities not implemented or delayed/ financial absorption	<ul style="list-style-type: none"> - Training of EDCs (85 CSAS, 20 new DDS) and RHSs (20 CSAS, 19 CPEV and 20 CSE) in 2018; - Training of the CPEV and CSE of the 86 districts; - Supervision from the regions to the health districts; - Bimonthly supervision of the health districts towards their respective health areas; - Implementation of advanced and mobile strategies, including outposts in the health districts; - Supervision of regional EPIs for monitoring immunisation activities in the immunisation centres; - Adaptation and reprography of EDC management modules to the optimal management of districts.
Major activities planned for upcoming period (mention significant changes/ budget reallocations and associated changes in technical assistance) ⁵	<ul style="list-style-type: none"> - Train 1858 health workers (nurses and midwives) on the practice of immunisation and birth registration; - Implement advanced and mobile strategies including outposts in targeted health districts; - Carry out supervision from the regions to the 29 targeted health districts; - Carry out bimonthly supervisions of the 29 targeted health districts towards their respective health areas; - Organize workshops to develop action plans in the 29 targeted health districts; - Implement advanced and mobile strategies including outposts in the remaining 54 health districts; - Ensure the transport of the CPEVs for monitoring immunisation activities in the immunisation centres.
Objective 2 :	

Objective of the HSS grant (as per HSS proposal or PSR)	By the end of 2021, strengthen the demand for immunisation services in 29 targeted health districts
Priority geographies / population groups or constraints to C&E addressed by the objective	Initially 29 targeted health districts. The new division of 2018 has increased the number of these districts to 32, through the splitting of 2 districts (Soubré and Korhogo).
% activities conducted / budget utilisation	75% budget implementation
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed/ financial absorption	<ul style="list-style-type: none"> - Training of 32 local CSOs in the 32 targeted health districts on basic health concepts, communication and social mobilization techniques; - Organization of a multimedia campaign (billboards, radio/TV broadcasts, etc.) to raise health awareness at the local level in the 29 targeted health districts; - Implementation of the M-Vaccine project (signature of the tripartite agreement, start of the development of the M-Vaccine application, development of the protocol of the baseline study with the realization of a pre-test in the district of Yopougon Ouest Songon, validation of the operational cost budget for 2020 and 2021)
Major activities planned for upcoming period (mention significant changes/ budget reallocations and associated changes in technical assistance) ⁵	<ul style="list-style-type: none"> - Organize community health awareness campaigns every 4 months by local CSOs in the 29 targeted health districts; - Every six months, hold a meeting to monitor the activities of the health programmes at the district level, extended to the administrative authorities, local authorities and communities, in the 29 targeted health districts; - Strengthen FENOSCI in financial and programmatic management - Ensure the operational costs of the M-Vaccine project.
Objective 3 :	
Objective of the HSS grant (as per HSS proposal or PSR)	By the end of 2021, improve the quality and use of immunisation data at all levels of the health pyramid
Priority geographies / population groups or constraints to C&E addressed by the objective	86 health districts
% activities conducted / budget utilisation	60% program execution
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<ul style="list-style-type: none"> - Organization of a health data quality assessment (DQS) linked to LQAS by peers; - Organization of the consensus workshop on the integration of immunisation data into DHIS2; - Acquisition of 120 complete computer kits (Computers + printers + UPS) and 120 external hard disks for data managers at the central, regional and district levels.

⁵ When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ⁵	<ul style="list-style-type: none"> - Organize an annual peer review of the quality of health data (DQS) linked to LQAS; - Train 125 actors at the regional and district level on DHIS 2 and the analysis of immunisation data; - Organize a national immunisation coverage survey; - Train the central level in DHIS2; - Reward Meritorious Districts ; - Organize monthly data validation meetings at the central level; - Organize data validation meetings at the peripheral level; - Ensure 3 supervision missions for the coaching of the 2 DHIS pilot regions2; - Organize quarterly data harmonization meetings at the regional level; - Organize a workshop to set up EPI data in DHIS2; - Analysis on equity in the field of immunisation in Côte d'Ivoire.
Objective 4 :	
Priority geographies / population groups or constraints to C&E addressed by the objective	By the end of 2021, strengthen vaccine storage capacities in the 82 health districts.
% activities conducted / budget utilisation	86 health districts

Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	75% program execution
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ⁶	<ul style="list-style-type: none"> - Construction of the shelters for the installation of the new cold rooms of Daloa and Divo; - Training of 02 logisticians in immunisation logistics in Ouidah (Benin); - Installation of 100 data loggers; - Acquisition of 98 solar refrigerators (TCW 40SDD), 129 electric (TCW 2000), 01 solar (TCW 3043 SDD), 83 electric (TCW 4000), 311 stabilizers, and 311 30-day continuous temperature recorders.
Priority geographies / population groups or constraints to C&E addressed by the objective	<ul style="list-style-type: none"> - Acquire 110 solar refrigerators (TCW 40SDD), 323 electric (TCW 2000), 01 solar (TCW 3043 SDD), 84 electric (TCW 4000), 518 stabilizers, and 518 30-day continuous temperature recorders; - Installation and equipment of Daloa and Divo's cold rooms; - Train actors at regional and peripheral levels in the multi-annual MTS;

⁶ When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

	<ul style="list-style-type: none"> - CCEOP management fees; - Train 12 logisticians in immunisation logistics in Ouidah (Benin).
Objective 5 :	
Objective of the HSS grant (as per HSS proposal or PSR)	By the end of 2021, strengthen the coordination and management of the HSS programme.
Priority geographies / population groups or constraints to C&E addressed by the objective	86 health districts
% activities conducted / budget utilisation	50% program execution
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<ul style="list-style-type: none"> - Organization of periodic missions to monitor the construction and installation of cold rooms; - Training of a person from the DGS in the quality and organisation of health systems; - Provision of computer and office automation equipment to the DGS; - Organization of one follow-up meeting per year with the DRS and DDS of the 29 targeted districts.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ⁷)	<ul style="list-style-type: none"> - Support the DGS in the periodic organisation of integrated supervision missions, monitoring of logistics (cold chain, infrastructure and rolling stock) and monitoring of the implementation of the HSS programme; - Acquire and train in the use of the accounting software;
	<ul style="list-style-type: none"> - Strengthen the capacities of key players in the DGS and EPI in operations management (accounting, finance, procurement and audit); - Train 1 person from the HSS management team per year in the quality and organisation of health systems; - Provide fuel and communication costs for program management; - Carry out an annual external audit on the management of Gavi funds; - Carry out an annual internal audit on the management of Gavi funds; - Organize one follow-up meeting per year with the DRS and DDS of the 29 targeted districts; - To ensure the performance bonuses of the PCU's human resources; - Equip the PCU with equipment and consumables; - Monitoring and evaluation of PCU activities; - Ensure planning and administration at PCU level;

⁷ When specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. The TCA planning will be informed by the needs indicated in the JA. TA needs should however describe - to the extent known to date - the type of TA required

- | | |
|--|---|
| | - Ensure the training of PCU actors on programmatic management and monitoring and evaluation. |
|--|---|

In the text box below, briefly describe:

- **Achievements against agreed targets** as specified in the grant performance framework (GPF), and key outcomes. E.g. how does the number of additional children vaccinated and under-immunised children in districts supported by the HSS grant compare to other non-supported districts/national targets. Which indicators in the GPF were achieved / impacted by the activities conducted?
- How Gavi support is **contributing to address the key drivers of low immunisation** outcomes?
- Whether the **selection of activities is still relevant**, realistic and well prioritised in light of the situation analysis conducted, as well as financial absorption and implementation rates.
- Planned **budget reallocations** (please attach the revised budget, using the Gavi budget template).
- If applicable, briefly describe the usage and results achieved with the **performance based funding (PBF)** the country received. What grant performance framework (GPF) metrics will be used to track progress?
- **Complementarity and synergies with other donor support** (e.g. the Global Fund, Global Financing Facility)
- **Private Sector and INFUSE⁸ partnerships** and key outcomes (e.g. increasing capacity building and demand, improving service delivery and data management). Please outline the sources (e.g. Private sector contributions, Gavi matching Fund and Gavi core funding – HSS/PEF) and amount of funding.
- **Civil Society Organisation (CSO) participation** in service delivery and the funding modality (i.e. whether support provided through Gavi's HSS or other donor funding).

The activities included in the 2018 HSS2 plan have been implemented in the 86 health districts of the country.

Cumulative coverage by antigen, at the national level, from January to December 2018 indicates that the target of 93% has been achieved for BCG (93%), Penta 3 (98%), OPV 3 (98%), PCV13-3 (97%), MR (94%), except for Rota 3 (76%), VAA (92%), IPV (83%) and Td2+ (85%).

The analysis of vaccine coverage at the peripheral level showed that 100% of the districts achieved Penta 3 coverage above 80%. For the MR, only one district did not reach 80% coverage (Adiaké: 79%).

The specific drop-out rate was 3% and the overall drop-out rate was 6% at the national level.

Concerning the target children not vaccinated in the MR, 20 health districts located mainly in the CentreNorth, Centre-West and South-West regions had more than 1,000 unvaccinated children.

(staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. JA teams are reminded to both look back (TA which was not completed/successful in the past) and forward (planned vaccine introductions, campaigns, major upcoming HSS activities, etc.) when specifying TA priorities for the coming year. The TA menu of support is available as reference guide.

⁸ INFUSE was launched by the Gavi Alliance to help bridge the gap between the supply and demand side for new technologies and innovations and to create a market place for these innovations.

For Penta3, 8 districts in the above-mentioned regions had more than 1000 children who were not vaccinated.

The analysis of equity in immunisation carried out in 42 districts of the country showed that the situation of unreached populations is explained by a series of bottlenecks in the functioning of the immunisation system and by underlying reasons related to communities with difficult access. The supply bottlenecks are characterized by insufficient or disrupted inputs, insufficient or poor use of human resources and by geographical accessibility problems revealed by the distance of housing sites from the nearest health centre and the difficulties in moving vaccinators to targets located in camps in forest area districts, on gold panning sites and in hostile natural environments due to rivers and mountains. In terms of demand, the bottlenecks are manifested through the non-achievement of the 3rd dose of penta due to the loss of sight of the children in connection with the mobility of the parents. Beyond practitioners' characterization of bottlenecks, there are several underlying reasons for the failure to reach the communities identified in each district. These are populations in a situation of permanent or seasonal migration or in a situation of clandestinity in parks, classified forests and gold panning sites (allochthones and allogens), lack of consultation between the local authorities and the technical structures of the Ministry of Health to meet the health needs of the communities. In relation to the quality of services, there is insufficient community involvement in the planning of immunisation activities, insufficient BCCs during ANC and immunisation sessions. There is also insufficient communication on post-exposure prophylaxis adverse events (PEAEs) and a lack of management of PEAEs.

At the level of demand, the negative impact of traditional beliefs, the negative influence of certain opinion leaders, the demotivation of community relays (CSAs) and the possibilities for border communities to be followed in neighbouring countries. For continued use, there is respectively the prioritization by parents of their economic activities to the detriment of the schedule for continued immunisation.

To address these bottlenecks, the country has the support of partners (WHO, Unicef and Gavi) and the Government at a high level. Thus, Gavi's support will contribute to reducing the inadequacies relating to cold chain equipment through the CCEOP, to strengthening the capacities of health personnel through HSS2 funds and to the implementation of activities aimed at strengthening equity through the country's submission for additional funds.

Regarding the participation of Civil Society Organizations (CSOs) in the community demand for immunisation, the DCPEV signed a memorandum of understanding in 2018 with civil society through FENOSCI for the implementation of immunisation demand generation activities.

The 2018 work plan shows a programmatic implementation rate of 70%. Indeed, some activities could not be implemented. These are:

- the failure to effectively start community demand generation activities due to the weak management capacities of FENOSCI ;
- the non-effectiveness of the activities related to the integration of EPI data into DHIS2 ;
- difficulties related to the customs clearance procedures for cold chain equipment on the CCEOP.

5.2. Performance of vaccine support

*Provide a succinct analysis of the performance of Gavi vaccine grants, focusing on **recently (i.e. in the last two years) introduced vaccines**, or planned to be introduced vaccines, **and campaigns**, supplementary immunisation activities (SIAs), demonstration programmes, MACs etc., as well as switches in vaccine presentations. This section should capture the following:*

- **Vaccine-related issues which may have been highlighted for the vaccine renewals**, such as challenges on stock management (overstock, stock-outs, significant consumption variations etc.), wastage rates, target assumptions, annual consumption trend, quantification data triangulation, etc., and **plans to address them**.
- **NVS introductions and switches**: If country has recently introduced or switched the product or presentation of an existing vaccine, then the country is requested to highlight the performance (coverage)

and lessons learned from the introduction/switch, key implementation challenges and the next steps to address them.

- **Campaigns/SIA:** *Provide information on recent campaigns (since last JA) and key results of the postcampaign survey, including the coverage achieved. If achieved coverage was low, provide reasons. Provide other key lessons learned and the next steps to address them. If post-campaign survey has not been conducted, highlight reasons for the delay and the expected timelines. Are there any key observations concerning how the operational cost support was spent? Explain how the campaign contributed to strengthening routine immunisation e.g. by identifying zero-dose children and lessons learned.*
- *Update of the **situation analysis for measles and rubella** (using the latest immunisation coverage and surveillance data for measles, rubella and congenital rubella syndrome from national and sub-national levels⁹) and update of the country's **measles and rubella 5 year plan** (e.g. future dates of MR intro, MCV2 intro, follow-up campaigns, etc.).*
- **Describe key actions related to Gavi vaccine support in the coming year** (e.g. decision-making on vaccine introduction, future application, planning and implementation of introduction/ campaigns or decisions to switch vaccine product, presentation or schedule) **and associated changes in technical assistance⁵.**

⁹ Please refer to the JA analysis guidance document for additional information on the expected analyses for measles and rubella.

Good availability of traditional vaccines, due to the advance payment of vaccines by the Government of Côte d'Ivoire since 2017, has been noted. However, for new vaccines, the country experienced low availability in 2018 for the IPV (58%) and ROTATEQ (42%) vaccines, due to an international break; this led to frequent breaks across the country, notably 212 days for ROTATEQ and 155 days for IPV. To address the low availability of ROTATEQ, a switch was made in March 2019 to replace this vaccine with ROTARIX.

In 2018, Côte d'Ivoire introduced the MR and MenA vaccines into the routine EPI.

The MR vaccine (replacing VAR) was introduced in January 2018. The coverage of this vaccine as of December 31, 2018 was 94% at the national level.

The Meningitis A vaccine was introduced in August 2018. Immunisation coverage for the year 2018 (August to December 2018) was 28%.

The country has not been able to carry out post-introduction evaluations of these 2 vaccines. However, the lessons learned from these different introductions are :

- a good analysis of the cold chain is essential before starting the introduction;
- training of all actors is necessary in order to master the requirements related to the introduction;
- the anticipation of the management of possible cases of rumours/rejection conditions the acceptability of the vaccine;
- the reinforced supervision of all stages of the introduction process allows a better follow-up;
- a good analysis of waste management capacities at all levels allows the appropriate arrangements to be made for the proper management of waste resulting from the administration of this vaccine;
- all aspects of pharmacovigilance must be taken into account at the time of introduction. The main difficulty was mainly related to the management of the MenA data due to the lack of configuration of the DVD-MT electronic collection tool. Nevertheless, an Excel file was used to collect these data.

The following solutions to these problems have been proposed:

- The use of a new version of the e-DVDMT for data management integrating all new vaccines from 2019 onwards;
- Strengthening vaccine storage and input transport capacities by supporting the cold chain equipment optimization platform (CCEOP);
- the acquisition and installation of 183 refrigerators, 83 of which are electric (4000 AC) and 100 solar (40 SDD);
- the installation of 311 cold chain equipment in 2019, within the framework of the CCEOP;
- strengthening community involvement through local authorities, opinion leaders and civil society organisations.

A vaccination campaign against measles and rubella took place from 26 January to 4 February 2018 throughout the country. It covered children from 9 months to 14 years old. The target for this campaign was 13,386,504 children. Administrative data show 98% coverage. Immunisation coverage per survey during the post-campaign evaluation was 81.6%. It should be noted that the data collection for this survey was done 10 months after the campaign, given the difficulties involved in identifying the firm in charge of the evaluation. This long delay may have resulted in significant memory biases and archiving of immunisation cards by mothers. This is all the more so as during this period, the programme conducted other interventions: weeks of intensification of vaccination activities and meningitis vaccination campaign in 26 health districts. These various reasons could be the cause of an underestimation of overall vaccination coverage and vaccination coverage per card, due to problems in the preservation of vaccination documents.

The main lessons learned from this post-campaign evaluation were:

- Delays in planning and timely deployment of resources had an impact on the effectiveness of the campaign;
- The involvement of community leaders in campaign monitoring in addition to social mobilization had a positive effect on the performance of routine immunisation activities;
- Retention of all campaign documents is an important asset during evaluations;
- The implementation of AEFI management system extended to private pharmacies at all levels is necessary for a better and more efficient management of AEFI;
- The long delay in conducting a post-campaign survey undermines the credibility and relevance of the survey results.

In 2018, a catch-up campaign against meningococcal meningitis A was organized in 26 health districts of the country from 06 to 12 December 2018. The target for this campaign was 894,752 children aged 1 to 4 years. The national coverage of this vaccination campaign was 104.3 per cent.

The main difficulty arising from this activity was the delay in data transmission and difficulties in producing batteries in the western districts due to power cuts.

The lessons learned were as follows:

- The lack of marking makes it difficult to conduct quick investigations of convenience.
- The low amount of honorarium (2000 F CFA) granted to volunteers is an obstacle to the recruitment of motivated people for the campaign.

Regarding the situation analysis for measles and rubella in Côte d'Ivoire, measles is one of the main causes of morbidity in children under 5 years of age.

As part of routine case-based surveillance activities for measles, data analysis shows a downward trend in measles incidence over the 2010-2018 period. The proportion of positive cases, among the samples of suspect cases, after an increase from 2010 to 2011, fell from 2012 to below 10% from 2013. The decline in the incidence and proportion of positive measles cases reflects the effectiveness of the follow-up vaccination campaigns in 2011, 2014 and 2018, and routine immunisation. However, these efforts must be maintained in order to achieve all the indicators of elimination of this disease.

Rubella surveillance is done as part of the case-by-case surveillance of measles. All cases that test negative for measles are tested for rubella. Analysis of rubella surveillance data shows that 17.7% of the suspect cases tested for rubella are positive. This proportion varies from 8.2 to 34% over the period 2010-2018.

Vaccination against measles and rubella is one of the key interventions in the fight against vaccine-preventable diseases. This vaccination was introduced in 2018 as part of routine vaccination.

WHO recommends that all children receive two (02) doses of combined measles-rubella vaccine through routine immunisation and/or campaigns to achieve high population immunity. The country is planning to introduce the 2nd dose of MR in the routine EPI and to organize a follow-up campaign in 2020.

The main actions in support of Gavi's vaccines are presented below:

- the support of the country in the framework of the switch of the vaccine against rotavirus diarrhoea, from ROTATEQ (3 contacts) to ROTARIX (2 contacts);
- support to the country in preparation for the introduction of the HPV vaccine into the routine EPI planned for November 2019;
- support for all co-financed vaccines (Penta, PCV 13, MR, MenA); - support for IPV and MR in the field.

5.3. Performance of Gavi CCEOP support (if country is receiving Gavi CCEOP support)

If your country is receiving CCEOP support from Gavi, provide a brief update on the following:

- **Performance** on five mandatory CCEOP indicators and other related intermediate results – achievement against agreed targets as specified in the grant performance framework (GPF) with discussion on successes, challenges and solutions for reaching targets;
- **Implementation status** (number of equipment installed / waiting installation, user feedback on preventive maintenance training, refrigerator performance, etc.), including any challenges / lessons learned;
- **Contribution** of CCEOP to immunisation performance (i.e. how CCEOP is contributing to improving coverage and equity);
- **Changes in technical assistance** in implementing CCEOP support.⁵

Note: an updated CCE inventory must be submitted together with the CCEOP renewal request.

For the next arrivals, in order to facilitate the process, the Government has proposed by an official request that the equipment delivered be subject to Unicef procedures for its removal and exit from the port.

5.4. Financial management performance

Provide a succinct review of the performance in terms of financial management of Gavi's cash grants (for all cash grants, such as HSS, PBF funding, vaccine introduction grants, campaign operational cost grants, switch grants, transition grants, etc.). This should take the following aspects into account:

- Financial **absorption** and utilisation rates on all Gavi cash support listed separately¹⁰;
- **Compliance** with financial reporting and audit requirements noting each grant (listing the compliance with each cash support grant separately, as above);
- Status of high-priority "show stopper" actions from the Grant Management Requirements (GMRs) and other issues (such as misuse of funds and reimbursement status) arising from review engagements (e.g. Gavi cash programme audits, annual external audits, internal audits, etc.);
- Financial management **systems**¹¹.

The utilization rate for each grant is presented in the table below.

The overall subsidy absorption rate is 95% (Source: UNICEF).

Table: Grants Available in 2019 (As of September 12, 2019)

Headings	Types of activities	Validity date of the Fund	Total amount in USD	Expenses/ Requisition (USD)	Balance (USD)	% Usage
Health System Strengthening	HSS2 (2017-2018)	December 31, 2019	2,927,658	2,876,780	50,878	98%
Introduction of new vaccines	Introduction of routine measles/rubella vaccine (2017-1018)	September 30, 2019	683,500	604,617.27	78,883	88%
Supplementary vaccinations	National Measles Immunisation Campaign (2017-2018) / National Measles Vaccination Campaign (2017-2018) Rubella	December 31, 2019	8,701,500	8,263,559	437,941	95%
TOTAL			12,312,658	11,744,956	567,702	95%

With regard to the existing balances, there are activities that are in progress.

In 2017, a tripartite agreement was signed between Gavi, Unicef and the Ministry of Health for the transitional management of Gavi funds by Unicef. This transitional period was used to strengthen the capacity of the MSHP to take over. To this end, with the support of Gavi (Dalberg Cabinet), the externally funded Programme Coordination Unit (PCU) has been set up.

5.5. Transition plan monitoring (applicable if the country is in accelerated transition phase)

If your country is transitioning out of Gavi support, specify whether the country has a transition plan in place. If no transition plan exists, please describe plans to develop one and other actions to prepare for transition.

- If a transition plan is in place, please provide a brief overview on the following:

¹⁰ If in your country Gavi funds are managed by partners (i.e. UNICEF and WHO), fund utilisation by these agencies should also be reviewed.

¹¹ In case any modifications have been made or are planned to the financial management arrangements please indicate them in this section.

- *Implementation progress of planned activities; ○ Implementation bottlenecks and corrective actions;*
- *Adherence to deadlines: are activities on time or delayed and, if delayed, the revised expected timeline for completion;*
- *Transition grant: specify and explain any significant changes proposed to activities funded by Gavi through the transition grant (e.g., dropping an activity, adding a new activity or changing the content/budget of an activity); ○ If any changes are requested, please submit a consolidated revised version of the transition plan.*

Initially planned for 2020, the transition phase according to Gavi is postponed for two (02) years, i.e. to 2022. As a prelude to this transition, a preparedness orientation mission was conducted in the country in April 2019. The broad outlines of the plan have been developed and include 4 components, namely governance and leadership, immunisation financing, demand generation and service supply, and the health information system.

The theory of change tool was used in the development of this plan to organize the analysis, drawing on the mid-term evaluations of the comprehensive multi-year plan 2016-2020 and other health financing surveys developed by WHO and the World Bank.

Côte d'Ivoire participated in the Learning Network for Countries in Transition (LNCT) seminar in Indonesia in July 2019.

5.6. Technical Assistance (TA) (Progress on ongoing TCA plan)

- *Describe the strategic approach to Technical Assistance (TA) delivery to improving coverage and equity in reaching the under-immunised and unimmunised children. (i.e. embedded support, subnational support, support from expanded partners etc.)*
- *On the basis of the reporting against milestones, summarise the progress of partners in delivering technical assistance.*
- *Highlight progress and challenges in implementing the TCA plan.*
- *Specify any amendments/ changes to the TA currently planned for the remainder of the year.*

As part of the partners' commitment, WHO, Unicef and AMP have provided technical assistance to the country through the EPI. This assistance consisted of :

- **WHO :**

- assist the country in the implementation and monitoring of the annual data quality improvement plan as well as in the annual review of data and the development of the annual plan for the following year in accordance with the strategic plan;
- support the DCPEV in data analysis and monthly feedback to the districts;
- Participate in quarterly formative supervision and coaching missions from the national level to the regional, district and health centre levels on the quality of immunisation data;
- contribute to the organization of bimonthly meetings to harmonize immunisation and surveillance data with the national directorates involved (DCPEV, INHP, DIIS, Laboratory);
- Support the DCPEV in the integration of immunisation and surveillance data into DHIS2 in collaboration with HISP and the University of Oslo;
- Strengthen the capacities of EPI and central level surveillance data managers in mapping with ARC GIS for its use in monitoring immunisation and routine data;
- support the country in the preparation of the Joint WHO-Unicef Annual Report (JRF);
- support the CEPAB in the use of GIS - Inventory for regular inventory updates;
- support the DCPEV in the implementation of the multi-year MTS and the monthly monitoring of the e-DVDMT;
- support the implementation of a system for updating cold chain equipment inventories;
- support the development of a register taking into account inventory information of cold chain equipment to be entered into the DHIS2;
- support the CEPAB in the development of the Accelerated Transition Plan;
- Support the DCPEV in training on HPV vaccine scale-up and in post-introduction evaluation;
- support the country in capacity building on the management of AEFI;

- **Unicef:**

- support the elaboration and dissemination of a maintenance manual for CDF equipment for the attention of actors at the district and regional depot level;
- support the establishment of the CCEOP project team;
- support the development of the operational plan for the deployment of CCEOP's equipment;
- conduct a study on equity in immunisation in 42 health districts;
- support the process of implementing the routine introduction of the HPV vaccine;
- carry out a micro evaluation of FENOSCI, the results of which will guide capacity building. The process of estimating vaccine costs for the next 5 years is underway and is being conducted with the support of the Supply Division. In addition, operational costs are estimated for the same period in collaboration with the regional office.

In terms of achievements, the immunisation equity study enabled the country to make a submission to Gavi to receive additional funds to reduce pockets of inequity in immunisation.

- **MPA :**

This assistance focused on improving coverage and equity in 10 health districts. In addition, it consisted of:

- strengthen data management and monitoring;
- strengthening EPI logistics;
- strengthen planning and implementation of activities; • improve community demand for immunisation.

In terms of achievements: MPA technical assistance has enabled the process of harmonization of EPI data and disease surveillance to be revitalized through (i) the revival of these activities at the central level and (ii) the establishment of a rotating meeting between national structures.

In addition, a detailed mechanism for the search and recovery of lost and unimmunized children in collaboration with FENOSCI and CSOs/SACs has been set up in the 10 intervention districts. This implementation consisted of: (i) the identification of actors, the definition of their roles and implementation modalities, (ii) the design and dissemination of collection, reporting and monitoring tools, and (iii) the budget. As part of this assistance, an innovative strategy for immunisation in urban areas is being implemented in one of the intervention districts to improve EPI performance. It includes monitoring of vaccinated children in the context of high intra-district population mobility and improving EPI performance in urban areas.

The country received additional assistance from VillageReach, Jphiego and the Dalberg Law Firm. It consisted of:

- **Village Reach:**

VillageReach is involved in management capacity in the implementation of the M-Vaccine project, which aims to improve demand generation through SMS reminders of vaccination appointments. VillageReach's support has made it possible to :

- develop appropriate management and reporting tools for effective project and partnership management. VillageReach created an enabling environment and helped to establish a well-structured project with all partner representatives and a clearly established communication mechanism.
- developing and validating key documents in the project definition phase;
- ensure that the needs of the EPI are taken into account in the design of the application and monitor the development of the application.
- develop operational processes in preparation for successful deployment in the targeted health districts
- contribute to the implementation of the monitoring-evaluation plan
- contribute to the elaboration of technical specifications;

- **Jphiego:**

- Support the identification of the roles and responsibilities of stakeholders at all levels of the health pyramid in the introduction of the HPV vaccine;
- Participate in a monthly meeting of the TWG;
- Support the development and validation of the national manual of standards and guidelines for HPV vaccination;
- support the development and validation of training kits for HPV vaccination;
- Train a pool of trainers at the central level to conduct training of health care providers for HPV immunisation;
- support the organization of an advocacy and awareness day with community and religious leaders, civil society and the media;
- support the EPI in the communication strategy with Girleffect;
- support the organization of a workshop to share the results of the interventions with all stakeholders.

- **Dalberg Law Office:**
 - support the MSHP in the implementation of the PCU and the restructuring of the DGS;
 - support the development of the PCU Management Procedures Manual; • support the recruitment of PCU staff.

Challenges and constraints were addressed by some partners including MPA and VillageReach. It's about:

<ul style="list-style-type: none"> - certain activities carried out with the pre-financing of the GPA between June and October 2018 due to delays in the signature of the agreement between the GPA and Gavi (signature mid-October 2018); - a delay observed in the development of the application which is at the origin of a significant delay in the milestones of the M-Vaccine project.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal¹² and any additional significant Independent Review Committee (IRC) or High Level Review Panel (HLRP) recommendations (if applicable).

Prioritised actions from previous Joint Appraisal	Current Status
Preparing the country for accelerated transition 2021-2025	Directed
Conducting the Equity Study	Directed
Develop and implement the data quality improvement plan (2018-2020) / integration of immunisation indicators into DHIS2	Directed
Introduce routine HPV vaccination at the national level	Ongoing (date of introduction: November 25, 2019)
Intensify surveillance of vaccine-preventable diseases and routine AEFI in low-performing areas	Directed
Additional significant IRC / HLRP recommendations (if applicable)	Current Status

If findings have not been addressed and/or related actions have not taken place, provide a brief explanation and clarify whether this is being prioritised in the new action plan (section 7 below).

See table above

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

Briefly summarise the **key activities to be implemented next year** with Gavi grant support, including if relevant any **introductions** for vaccine applications already approved; preparation of **new applications**, preparation of **investment cases** for additional vaccines, and/ or plans related to HSS / CCEOP grants, etc.

In the context of these planned activities and based on the analyses provided in the above sections, describe the five **highest priority findings and actions to be undertaken to enhance the impact of Gavi support or to mitigate potential future risks to programme and grant performance**.

Please indicate if any **modifications** to Gavi support are being requested (indicating the rationale and main changes), such as:

- Changes to country targets as established earlier, either from the agreed Grant Performance Framework (GPF) or as part of the NVS renewal request submitted by 15 May;

¹² Refer to the section "Prioritised Country Needs" in last year's Joint Appraisal report

- Plans to change any vaccine presentation or type;
- Plans to use available flexibilities to reallocate budgeted funds to focus on identified priority areas.

Overview of key activities planned for the next year and requested modifications to Gavi support:
--

This table draws from the previous JA sections, summarizing key findings and agreed actions, as well as indicating required resources and support, such as associated needs for technical assistance¹³.

Key finding / Action 1	An estimate of EPI costs is made (operational cost and vaccines/materials).
Current response	Allocation of the budget line for the advance purchase of vaccines (MSHP) up to 2020 Allocation of the budget line for the operation of the EPI and operational costs remains insufficient
Agreed country actions	Make an estimate of the operational costs and the costs of vaccines/materials 2021-2025 of the EPI
Expected outputs / results	The report estimating operational costs and vaccine/material costs 2021-2025 is available to allow the renewal of the budget line for the next 5 years.
Associated timeline	2019 -2020
Required resources / support and TA	Need for TA/ EFP
Key finding / Action 2	The EPI implements operational research
Current response	Lack of support for EPI actions through operational research
Agreed country actions	Sign an agreement with national structures that can support the EPI through operational research.
Expected outputs / results	An agreement exists between the national research structures and the EPI.
Associated timeline	2019 -2020
Required resources / support and TA	Need for TA/ EFP
Key finding / Action 3	EPI target is estimated/mastered
Current response	Not mastering the denominator
Agreed country actions	Maintain a Community register for the EPI target count
Expected outputs / results	The existence of a Community register for the EPI target
Associated timeline	2019 -2020
Required resources / support and TA	Need for TA/ EFP

¹³ The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. The TA menu of support is available as reference guide.

Key finding / Action 4	Laboratory examinations are effective in the surveillance of diseases under surveillance.
Current response	Recurring breakdowns in laboratory inputs
Agreed country actions	Support the national laboratory (IPCI) in the development of application documents for support for equipment and reagents for the diagnosis of EPI target diseases.
Expected outputs / results	The national laboratory is adequately equipped with inputs for the diagnosis of diseases under surveillance.
Associated timeline	2019 -2020
Required resources / support and TA	Need for TA/ EFP
Key finding / Action 5	Innovative strategies are implemented to improve demand generation
Current response	Insufficient use of ICTs to improve demand generation
Agreed country actions	Accelerate the deployment of the M-Vaccine project

Expected outputs / results	The pilot phase of the M-Vaccine project has been completed in the 3 target health districts
Associated timeline	2019 -2020
Required resources / support and TA	Need for TA/ EFP
Key finding / Action 6	New strategies are being implemented to improve the continuity of the immunisation service
Current response	Insufficient continuity of immunisation service
Agreed country actions	Strengthen the search for and catch-up of lost and unvaccinated children with the involvement of CSOs/SGAs, administrative authorities and local communities
Expected outputs / results	The search for and catch-up of lost and unvaccinated children is strengthened
Associated timeline	2019 -2020
Required resources / support and TA	Need for TA/ EFP

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

- *Does the national Coordination Forum (ICC, HSCC or equivalent) meet the Gavi requirements (please refer to <http://www.gavi.org/support/coordination/> for the requirements)?*
- *Briefly describe how the Joint Appraisal was reviewed, discussed and endorsed by the relevant national Coordination Forum (ICC, HSCC or equivalent), including key discussion points, attendees, key recommendations and decisions, and whether the quorum was met. Alternatively, share the meeting minutes outlining these points.*
- *If applicable, provide any additional comments from the Ministry of Health, Gavi Alliance partners, or other stakeholders.*

The 2019 Joint Assessment took place from 17 to 20 September in two stages:

✦ 1st stage: **Workshop from 17 to 19/09/2019**

The methodology used in the joint evaluation is based on the following points:

- Introductory visits to the MSHP and alliance partners;
- 3-day workshop (17 to 19/09/2019) ;
- Presentations and exchanges in plenary;
- Group work and plenary restitution;
 - Governance and Funding;
 - Data Improvement / Epidemiological Surveillance ;
 - Demand Generation ;
 - Service offer ;
 - Supply chain and logistics ; • Technical assistance requirements
- Synthesis of findings.

This workshop was attended by several stakeholders. It's about :

- actors of the Ministry of Health and Public Hygiene;
- actors of the Ministry of National Education;
- Scientific Groups: CNEIV, CNEP;
- Gavi Alliance partners: Gavi secretariat, WHO, UNICEF, World Bank • NGOs and Civil Society: AMP, FENOS-CI, VillageReach, Jhpiego, Rotary;
- Private partner: Dalberg law firm.

✦ 2nd step: **Restitution to the CFIC**

The restitution took place on 20/09/2019 under the chairmanship of the Minister of Health and Public Hygiene. It recorded the participation of 18/28 statutory members from various ministries and technical and financial partners.

The main discussion points from the CFIC meeting were as follows:

- the revision of the transition timetable: accelerated transition phase postponed by 02 years (2022-2026);
- the signing of the decree making vaccination compulsory for EPI targets and prohibiting the sale of vaccines in Côte d'Ivoire;
- the communiqué in the Council of Ministers for free access to the state media for the dissemination of messages in favour of vaccination;
- improvement of data quality through the effective implementation of the data quality improvement plan;
- the problem of the uncontrolled denominator;
- under-reporting of routine AEFI cases;
- the acceleration of demand generation through FENOSCI;
- Gavi's support to the implementation of CSA activities;
- the use of innovative strategies to improve demand generation (M-Vaccine project);
- the development of operational research within the framework of EPI activities;
- the management of the Gavi funds by the PCU;
- the possibility of financial support from Gavi for the introduction of the hepatitis B birth dose;
- the increase in resources allocated to the Regional and Departmental Health Directors for the implementation of immunisation activities;
- the accountability of the actors of the health system with positive or negative sanctions, especially within the framework of the PBF;
- the opening in 2020 of support to catch up with children not vaccinated with IPV (1.3 M) during past production disruption problems;

- the lack of coverage of CNEIV and Pharmacovigilance Committee meetings.

9. ANNEX: Compliance with Gavi reporting requirements

Please confirm the status of reporting to Gavi, indicating whether the following reports have been uploaded onto the Country Portal. **It is important to note that in the case that key reporting requirements (marked with *) are not complied with, Gavi support will not be reviewed for renewal.**

	Yes	No	Not applicable
End of year stock level report (due 31 March) *			
Grant Performance Framework (GPF) * reporting against all due indicators			
Financial Reports *			
Periodic financial reports			
Annual financial statement			
Annual financial audit report			
Campaign reports *			
Supplementary Immunisation Activity technical report			
Campaign coverage survey report			
Immunisation financing and expenditure information			
Data quality and survey reporting			
Annual data quality desk review			
Data improvement plan (DIP)			
Progress report on data improvement plan implementation			
In-depth data assessment (conducted in the last five years)			
Nationally representative coverage survey (conducted in the last five years)			
Annual progress update on the Effective Vaccine Management (EVM) improvement plan			
CCEOP: updated CCE inventory			
Post Introduction Evaluation (PIE) (specify vaccines):			
Measles & rubella situation analysis and 5-year plan			
Operational plan for the immunisation programme			
HSS end of grant evaluation report			
HPV demonstration programme evaluations			
Coverage Survey			
Costing analysis			
Adolescent Health Assessment report			
Reporting by partners on TCA			

In case any of the required reporting documents is not available at the time of the Joint Appraisal, provide information when the missing document/information will be provided.

--

Annex 2: Additional recommendations and priority actions

I/ Recommendations

At the end of the joint evaluation, the following recommendations were made:

1. Renew the budget line for the advance purchase of vaccines for the period 2021-2025;
2. Set up a routine AEFI case management system with clear identification of funding sources;
3. Extend case-by-case surveillance to all diseases targeted by the programme;
4. Accelerate the implementation of HSS 2 demand generation activities;
5. Extend the offer of vaccination services to private structures and social centres;
6. Implement the data quality improvement plan for strengthening the health information system;
7. Revise the performance framework for the HSS 2 grant;
8. Present periodic financial statements at CFIC meetings;
9. Invite representatives of the intermediate and operational levels (Regional and Departmental Directors) to the next joint evaluation.

II/ Priority actions

As a result of the exchanges between the various national and international partners in the joint evaluation, the following priority actions have been identified:

1. Make an estimate of operational and vaccine/material costs for the period 2021-2025;
2. Sign an agreement with national structures that can support the EPI through operational research;
3. Conduct a survey of routine EPI antigen immunisation coverage in 2020;
4. Conduct quarterly LQAS and periodic DQS in the districts and health centres;
5. Maintain a Community register for the enumeration of the EPI target;
6. Organize capacity building sessions at all levels (dashboard, DHIS2, data analysis);
7. Support the national laboratory (IPCI) in the development of application documents for support for equipment and reagents for the diagnosis of EPI target diseases;
8. Strengthen the search for and catch-up of lost and unvaccinated children with the involvement of CSOs/SACs, administrative authorities and local communities;
9. Accelerate the deployment of the M-Vaccine project;
10. Deploy the multi-year MTS.
11. Organizing the MR catch-up campaign in 2020