# Joint Appraisal report 2020

***The italic text in this document serves as guidance, it can be deleted when preparing the Joint Appraisal (JA) report.***

*Gavi’s support to a country's immunisation programme(s) is subject to an annual performance assessment. The Joint Appraisal (JA) is a key element of this performance review. It is an annual, country-led, multi-stakeholder review by the senior leadership of the MoH and its partners of the implementation progress and performance of Gavi’s support to the country, and its contribution to improved immunisation outcomes.*

***Joint Appraisals require careful preparation. This includes:***

* ***By 31 March: Submission of End of year stock reporting and all country-reported indicators (GPF)***
* ***By 15 May: Submission of the vaccine renewal request*** *on the country portal**(including provision of updated targets, wastage rates, switch requests, if applicable, etc.)*
* ***4 weeks before the Joint Appraisal:*** 
  + ***Submission*** *on the country portal* ***of reporting******documentation required for renewal purposes****, in particular;*
  + ***Financial reports, annual financial statements and audit reports*** *(for all types of direct financial support received)*
  + ***Reporting on any campaigns/SIA conducted*** *(if applicable)*
  + ***Submission of HSS and CCEOP renewal request*** *(if new tranche needed), on the country portal including HSS budget for requested tranche;*
  + ***Gavi partners (WHO, UNICEF and others)*** *to report progress against their milestones on the partner portal.*

***Other reporting information*** *to be posted on the country portal 4 weeks before the Joint Appraisal includes:*

* *Immunisation financing and expenditure information (required from all countries)*
* *Data and survey requirements (required from all countries)*
* *Annual progress update on the Effective Vaccine Management (EVM) improvement plan (required from all countries)*
* *Updated CCE inventory (only from countries receiving CCEOP support)*
* *HPV specific reporting (only if applicable)*
* *HSS end of grant evaluation (only if applicable)*
* *Post Introduction Evaluation (PIE) reports (only if applicable)*
* *Gavi transition and/or polio transition plans or asset mapping information (only if applicable)*
* *Expanded Programme on Immunization (EPI) review / plan of action implementation report (if available)*
* *Other information, such as information on additional 3rd party funded private sector engagements*

***Note: Failure to submit the renewal requests as well as required reporting on the country portal four weeks ahead of the Joint Appraisal meeting (except for the vaccine renewal request, which is to be submitted by 15 May) may impact the decision by Gavi to renew its support, including a possible postponement, and/or decision not to renew or disburse support****.*

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| **Country** |  |
| **Full JA or JA update[[1]](#footnote-2)** | **full JA**  JA update |
| **Date and location of Joint Appraisal meeting** |  |
| **Participants / affiliation[[2]](#footnote-3)** |  |
| **Reporting period** |  |
| **Fiscal period[[3]](#footnote-4)** |  |
| **Comprehensive Multi Year Plan (cMYP) duration** |  |
| **Gavi transition / co-financing group** | *e.g. initial self-financing or preparatory transition…* |

1. Renewal and Extension Requests

**Renewal requests were submitted on the country portal**

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| **Vaccine (NVS) renewal request** (by 15 May through the country portal and by 15 July the renewal submission of YF diagnostics as an attachment)  **Does the vaccine renewal request include a switch request?** | Yes  No |
| Yes  No  N/A |
| **HSS renewal request** | Yes  No  N/A |
| **CCEOP renewal request** | Yes  No  N/A |

1. GAVI GRANT PORTFOLIO

**Existing vaccine support** *(to be pre-filled by Gavi Secretariat from Gavi country dashboard)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Introduced / Campaign** | **Date** | **2019 Coverage (WUENIC) by dose** | **2020 Target** | | **Approx. Value $** | **Comment** |
| **%** | **Children** |
| **Insert** |  |  |  |  |  |  |
| **Insert** |  |  |  |  |  |  |

**Existing financial support** *(to be pre-filled by Gavi Secretariat)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant** | **Channel** | **Period** | **First disb- ursement** | **Cumulative financing status @ June 2019** | | | | **Compliance** | |
| **Comm.** | **Appr.** | **Disb.** | **Util.** | **Fin.** | **Audit** |
| **Insert** |  |  |  |  |  |  |  |  |  |
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| **Insert** |  |  |  |  |  |  |  |  |  |
| **Comments** | | | | | | | | | |
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**Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future[[4]](#footnote-5)**

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| **Indicative interest to introduce new vaccines or request HSS support from Gavi** | **Programme** | **Expected application year** | **Expected introduction year** |
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**Grant Performance Framework – latest reporting, for period 2019** *(to be pre-filled by Gavi Secretariat from M&E summary)*

| **Intermediate results indicator** | **Target** | **Actual** |
| --- | --- | --- |
| Insert |  |  |
| Insert |  |  |
| **Comments** | | |
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**PEF Targeted Country Assistance: Core and Expanded Partners at** [insert date] *(to be pre-filled by Gavi Secretariat)*

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|  | **Year** | **Funding (US$m)** | | | **Staff in-post** | **Milestones met** | **Comments** |
| **Appr.** | **Disb.** | **Util.** |
| **Insert** |  |  |  |  |  |  |  |
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1. RECENT changes in COUNTRY CONTEXT AND POTENTIAL RISKS FOR NEXT YEAR

*Comment on changes which occurred since the previous Joint Appraisal, if any, to* ***key contextual factors*** *that directly affect the performance of the immunisation programme and Gavi grants (such as natural disaster, political instability, conflict, displaced populations, inaccessible regions, etc., or macroeconomic trends, health worker industrial actions, disease outbreaks or severe and unexpected Adverse Events Following Immunisation, etc.).*

*For* ***countries facing fragility, affected by emergencies or hosting refugees****[[5]](#footnote-6): Please indicate if any flexibilities in grant management are being requested, and also mention in case the vaccine or HSS renewal requests were adjusted.*

*For countries transitioning from the* ***Global Polio Eradication Initiative****: Please briefly describe the impact on immunisation and primary health care services and specify whether the country has a polio transition plan in place. If such a transition plan exists, please briefly describe it with particular focus on health workforce and surveillance. If no transition plan exists, please describe actions being taken to prepare for polio transition. Please also comment on whether Gavi investments are being used/expected to be used in the polio transition.*

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| Max. 250 words |

***Potential future issues (risks)***

*Also provide a forward-looking perspective on what else may happen over the next year (given current conditions, vulnerabilities, dependencies, trends and planned changes) and needs to be anticipated. E.g. potential security challenges due to upcoming elections, risks of vaccine hesitancy, stock-outs or vaccine expiry, or risks to a sustainable transition out of Gavi support.*

*Drawing on existing country risk assessments, please list a maximum of five most important risks (i.e. with a high likelihood to happen and / or a high potential impact if it did happen). Consider the need for proactive actions to prevent them from happening or to timely detect and effectively respond once they will happen. Also clarify whether these risk mitigation actions are being prioritised in the action plan (section 7 below).*

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| 1. … 2. … 3. … Max. 250 words |

1. Performance of the immunisation programme

*This section is expected to capture primarily the* ***changes since the last Joint Appraisal*** *took place. It should provide a succinct analysis of the performance of the immunisation programme with a focus on the evolution / trends observed over the past two to three years and including an analysis of immunisation coverage and equity, as well as a review of key drivers of poor coverage*

*Information in this section will substantially draw from the recommended analysis, of coverage and equity and other relevant programme/service delivery aspects, which can be found in the Analysis Guidance (* [*https://www.gavi.org/our-support/guidelines/report-and-renew*](https://www.gavi.org/our-support/guidelines/report-and-renew)*). In addition, the annual data quality desk review exercise is considered an important source of analytics that can be used for populating the Joint Appraisal report.*

*Countries are encouraged to present the information in tables, graphs and maps, and to reference the source of data.*

* 1. **Coverage and equity of immunisation**

*Please provide* ***national and sub-national analysis*** *of the situation related to coverage and equity of immunisation in the country,* ***focusing on newly available data & analysis, trends and changes, including outbreaks and details on outbreak responses observed since the last Joint Appraisal*** *was conducted. For further guidance please refer to the Analysis guidance in the* [*JA Gavi dedicated webpage*](https://www.gavi.org/our-support/joint-appraisals)*.*

* *Provide a summary of the trends in* ***coverage and equity****, across geographical areas, socio-economic status including gender-related barriers, populations and communities, including* ***urban slums, remote rural settings and conflict settings*** *(consider population groups under-served by health systems, such as slum dwellers, nomads, ethnic or religious minorities, refugees, internally displaced populations or other mobile and migrant groups).*
* *Relevant information includes: overview of districts/communities which have the lowest coverage rates, the highest number of zero dose and under-vaccinated children, highest dropout rate, disease burden: number and incidence of vaccine preventable diseases (VPD) cases as reported in surveillance systems in regions/ districts, etc.*
* ***Achievements against agreed targets****, within the country monitoring and evaluation (M&E) framework (and captured in the grant performance framework (GPF). If applicable, reasons why targets have not been achieved, identifying areas of underperformance, bottlenecks and risks.*

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| **Coverage:**  DTP1, DTP3 and MCV1 | *National: Please ensure data is in line with what you reported in the GPF*  *E.g. at sub-national level: 3 of 45 districts have DTP3 coverage less than 80%*  *District 1: DTP3 coverage ~45%*  *District 2: DTP3 coverage ~70%*  *District 3: DTP3 coverage ~70%* |
| **Zero dose and under immunised children:** DTP1, DTP3 and MCV1  Zero-dose children do not receive any routine vaccine. For operational purposes, we measure zero-dose children based on lack of the first dose of diphtheria-tetanus-pertussis containing vaccine (DTP1) | *E.g. at sub-national level:*  *District 1: 5M under-immunised children*  *District 2: 1.2M under-immunised children*  *District 3: 2M under-immunised children* |
| **Equity:**   * Wealth (e.g. high/low quintiles) * Education (e.g. un/educated) * Gender | *National:*  *E.g. DTP3 coverage has shown steady increase for mothers educated at least until primary school*  *E.g. DTP3 coverage of male children is 94% and female children is 92%*  *E.g. DTP3 coverage of urban areas stagnated at 87%, while rural areas increased from 88% in 2010 to 92% in 2019* |
| **Additional analysis:**   * Gender related barriers * Vulnerable groups * **Coverage across other antigens** (whether routine or campaign). * Full immunisation coverage (as defined by country) should be considered if data is available. * Missed opportunities for vaccination. Consider estimation of missed opportunities by comparison of antigens given at the same time, especially for new vaccines. Consider using administrative and survey data. * Districts with MCV1/MCV2 coverage at or above 95%: percentage and mapping * Other analyses available from a recent equity assessment. | *E.g. at sub-national level:*  *Population group 1: Migrant population 5,000 in the region of xxx with low levels of DTP3 coverage (limited data available)*  *Population group 2: Urban area of xxx with the lowest DTP3 coverage of 60%*  *Population group 3: Ethnic minority hardly reached by public health service, with limited data on population and coverage.*  (e.g. MCV1 and YF or Penta3, OPV3 and PCV3) |

*Briefly indicate whether programme targets, according to the country’s multiyear plan (such as the cMYP) have been met in the year under review. To elaborate on the data provided, countries are strongly encouraged to include* ***heat maps*** *or similar to show immunisation coverage trends over time. Examples of such analysis are available in the Analysis Guidance (available via* [*http://www.gavi.org/support/process/apply/report-renew/*](http://www.gavi.org/support/process/apply/report-renew/)*)*

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* 1. **Key drivers of sustainable coverage and equity**

*Briefly summarize the health system and programmatic drivers of the levels of coverage and equity based on the key areas listed below,* ***focusing on the evolution and changes since the last Joint Appraisal****. For those districts/communities identified as lower performing, explain the evolution of key barriers to improving coverage and improving programmatic sustainability.[[6]](#footnote-7) If there are no updates, please indicate and provide rationale.*

*Supply side*

* ***Health Work Force****: availability, skill set and distribution of health work force*
* ***Supply chain****: integration, procurement planning and forecasting, key insights from latest EVMs and implementation of the EVM improvement plan, and progress on the five supply chain strategy fundamentals. This subsection might be informed by available dashboards and tools, for example the Immunisation Supply Chain Management Dashboard that links EVM, Maturity Scorecard and DISC (Dashboards for immunisation Supply Chain) indicators.*
* ***Stock utilisation:*** *Number of vaccines doses issued by higher levels (central, regional and district level distribution centres). Number of doses used by health facilities (calculated using starting balance, closing balance, number of doses received, and number of doses discarded) with trends over time. It is better to present number of vaccine doses rather than number of vaccine vials.*

*Demand side*

* ***Service delivery and demand generation[[7]](#footnote-8)****:**key insights related to service quality improvement and community engagement strategies; access, availability and readiness of primary health care/immunisation services; integration and cost-effectiveness strategies; strategies on demand generation for immunisation services; immunisation schedules, etc.*
* ***Gender-related barriers faced by caregivers[[8]](#footnote-9)****:**Please comment on what barriers caregivers currently face in bringing children to get vaccinated and interventions planned or implemented (through Gavi or other funds) to facilitate access to immunisation services by women for their children. (For example: flexibility of immunisation services to accommodate women’s working schedules, health education for women on the importance of vaccination and social mobilisation targeting fathers, increasing the number of female health workers etc.)*

*Enabling factors*

* ***Data / Information system:*** *Strengths and challenges related to the immunisation data (routine data collection and reporting system, integration within the health information system, regular surveys, targeted surveys, quality of data, use of data. Links with the surveillance system). At national and at sub-national levels*
* ***Leadership, management and coordination****: leveraging the outcomes of the Programme Capacity Assessment and/or other assessments, please describe the key bottlenecks associated with management of the immunisation programme. This includes the performance of the national/regional/district EPI teams/health teams managing immunisation (e.g. challenges related to structure, staffing and capabilities); use of data for analysis, management and supervision of immunisation services; coordination of planning, forecasting and budgeting, coordination related to regulatory aspects; and broader sectoral governance issues.*
* ***Other critical aspects****: any other aspect identified, for example based on the cMYP, EPI review, C&E assessment, PIE, EVM or other country plans, or key findings from available independent evaluations reports[[9]](#footnote-10).*

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* 1. **Immunisation financing[[10]](#footnote-11)**

*Please provide a brief overview of the main issues affecting the planning, budgeting, allocation, disbursement and execution of funds for health and immunisation. Please take the following aspects into account:*

* ***Availability of timely and accurate information for planning/budgeting (e.g. quantification of vaccine needs*** *and pricing data), availability of* ***medium-term*** *and* ***annual immunisation operational plans and budgets****, whether they are integrated into the wider national health plan/budget, their relationship and consistency with microplanning processes and how they are reflected into national health financing frameworks.*
* ***Allocation of sufficient resources in national health budgets for the immunisation programme/services****, including for Gavi and non-Gavi vaccines, as well as operational and service delivery costs. Discuss the extent to which the national health plan/budget incorporates these costs, which partners might be providing funding for traditional vaccines, and any steps being taken to increase domestic resources for immunisation. If any co-financing defaults occurred in the last three years, describe any mitigation measures that have been implemented to avoid future defaults.*
* ***Timely disbursement and execution of resources:*** *the extent to which funds for immunisation-related activities (including vaccines and non-vaccine costs) are made available and executed in a timely fashion at all levels (e.g., national, province, district).*
* ***Adequate reporting*** *on health and immunisation financing and timely availability of reliable financing information to improve decision making.*

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1. **Performance of Gavi support** 
   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 the HSS grant implementation*** *against objectives, budget and workplan, and significant deviations from plans (e.g. implementation delays, low expenditure rates, etc.),* ***using the below table****.*

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| **Objective 1** | |
| **Objective of the HSS grant** (as per the HSS proposal or PSR) |  |
| **Priority geographies / population groups or constraints to C&E addressed by the objective** |  |
| **% activities conducted /**  **budget utilisation** |  |
| **Major activities implemented &**  **Review of implementation progress**  including key successes & outcomes / activities not implemented or delayed / financial absorption |  |
| **Major activities planned for upcoming period**  (mention significant changes / budget reallocations and associated **changes in technical assistance**12 |  |
| **Objective 2:** | |
| **Objective of the HSS grant** (as per the HSS proposal or PSR) |  |
| **Priority geographies / population groups or constraints to C&E addressed by the objective** |  |
| **% activities conducted /**  **budget utilisation** |  |
| **Major activities implemented &**  **Review of implementation progress**  including key successes & outcomes / activities not implemented or delayed / financial absorption |  |
| **Major activities planned for upcoming period**  (mention significant changes / budget reallocations and associated **changes in technical assistance**12 |  |
| **Objective 3:** | |
| **Objective of the HSS grant** (as per the HSS proposal or PSR) |  |
| **Priority geographies / population groups or constraints to C&E addressed by the objective** |  |
| **% activities conducted /**  **budget utilisation** |  |
| **Major activities implemented &**  **Review of implementation progress**  including key successes & outcomes / activities not implemented or delayed / financial absorption |  |
| **Major activities planned for upcoming period**  (mention significant changes / budget reallocations and associated **changes in technical assistance**[[11]](#footnote-12) |  |

*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?*
* *To what extent does the current approach enable to identify, reach and monitor* ***zero-dose children*** *in the country?*
* *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 INFUSE[[12]](#footnote-13) 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).*

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* 1. **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 post-campaign 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.*
* ***Difference in coverage of vaccines*** *that are provided at the same age (e.g. MCV1, MenA, YF).*
* *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 levels[[13]](#footnote-14)) 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 assistance12.***

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* 1. **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.12*

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

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* 1. **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 separately[[14]](#footnote-15);*
* ***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****[[15]](#footnote-16).*

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* 1. **Transition plan monitoring (applicable if 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:*
  + *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.*

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* 1. **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.*

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

*Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal[[16]](#footnote-17) and any additional significant Independent Review Committee (IRC) or High Level Review Panel (HLRP) recommendations (if applicable).*

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| **Prioritised actions from previous Joint Appraisal** | **Current status** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| **Additional significant IRC / HLRP recommendations (if applicable)** | **Current status** |
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*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).*

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1. **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;*
* *Plans to change any vaccine presentation or type;*
* *Plans to use available flexibilities to reallocate budgeted funds to focus on identified priority areas such as zero dose children.*

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| **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 assistance[[17]](#footnote-18).*

|  |  |
| --- | --- |
| Key finding / Action 1 |  |
| Current response |  |
| Agreed country actions |  |
| Expected outputs / results |  |
| Associated timeline |  |
| Required resources / support and TA |  |
| Key finding / Action 2 |  |
| Current response |  |
| Agreed country actions |  |
| Expected outputs / results |  |
| Associated timeline |  |
| Required resources / support and TA |  |
| Key finding / Action 3 |  |
| Current response |  |
| Agreed country actions |  |
| Expected outputs / results |  |
| Associated timeline |  |
| Required resources / support and TA |  |
| Key finding / Action 4 |  |
| Current response |  |
| Agreed country actions |  |
| Expected outputs / results |  |
| Associated timeline |  |
| Required resources / support and TA |  |
| Key finding / Action 5 | |  |
| Current response | |  |
| Agreed country actions | |  |
| Expected outputs / results | |  |
| Associated timeline | |  |
| Required resources / support and TA | |  |

Based on the above action plan, please outline any specific technology or innovation demand that can be fulfilled by private sector entities or new innovative entrepreneurs.

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1. **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.*

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1. **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.***

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|  | **Yes** | **No** | **Not applicable** |
| **End of year stock level report** (due 31 March) **\*** |  |  |  |
| **Grant Performance Framework (GPF)**  ***all country-reported indicators (***due 31 March) |  |  |  |
| **Financial Reports \*** |  |  |  |
| Periodic financial reports |  |  |  |
| Annual financial statement |  |  |  |
| Annual financial audit report |  |  |  |
| **Campaign(s) 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.*

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1. Information on the differentiation between full JA and JA update can be found in the Guidelines on reporting and renewal of Gavi support, https://www.gavi.org/our-support/guidelines/report-and-renew [↑](#footnote-ref-2)
2. If taking too much space, the list of participants may also be provided as an annex. [↑](#footnote-ref-3)
3. If the country reporting period deviates from the fiscal period, please provide a short explanation. [↑](#footnote-ref-4)
4. Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

   Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable. [↑](#footnote-ref-5)
5. For further information refer to <https://www.gavi.org/programmes-impact/programmatic-policies/fragility-emergencies-and-refugees-policy> [↑](#footnote-ref-6)
6. Relevant discussion questions on a number of the strategic areas here can be found in the programming guidance available on the Gavi website: http://www.gavi.org/support/process/apply/additional-guidance/ [↑](#footnote-ref-7)
7. Programmatic guidance on demand generation <https://www.gavi.org/sites/default/files/document/programming-guidance---demand-generationpdf.pdf> [↑](#footnote-ref-8)
8. For additional programmatic guidance refer to <http://www.gavi.org/support/process/apply/additional-guidance/#gender> https://www.gavi.org/our-support/guidelines/additional#gender. Gender-related barriers are obstacles (for access and use of health services) that are related to social and cultural norms about men’s and women’s roles. Women often have limited access to health services and are unable to take their children to get vaccinated. Barriers include lack of education, lack of decision-making power, low socio-economic status, women unable to move freely outside their homes, inaccessibility of health facilities, negative interaction with health workers, lack of father’s involvement in healthcare etc. [↑](#footnote-ref-9)
9. If applicable, such as Full Country Evaluations (relevant for Bangladesh, Mozambique, Uganda and Zambia) and Technical Assistance evaluations (conducted for Gavi Partners’ Engagement Framework tier 1 and tier 2 priority countries). [↑](#footnote-ref-10)
10. Additional information and guidance on immunisation financing is available on the Gavi website <https://www.gavi.org/our-support/guidelines/additional#financing> [↑](#footnote-ref-11)
11. 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 extend 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. [↑](#footnote-ref-12)
12. 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. [↑](#footnote-ref-13)
13. Please refer to the Analysis guidance document for additional information on the expected analyses for measles and rubella. [↑](#footnote-ref-14)
14. If in your country Gavi funds are managed by partners (i.e. UNICEF and WHO), fund utilisation by these agencies should also be reviewed. [↑](#footnote-ref-15)
15. In case any modifications have been made or are planned to the financial management arrangements please indicate them in this section. [↑](#footnote-ref-16)
16. Refer to the section “Prioritised Country Needs” in last year’s Joint Appraisal report [↑](#footnote-ref-17)
17. 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 extend 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. [↑](#footnote-ref-18)