Joint Appraisal Update Report 2019

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 MoHS 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
- **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;
    - Update of the grant performance framework (GPF)
    - 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)
- Post campaign coverage survey reports (only if applicable)
- 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.

Country	Sierra Leone
Full JA or JA update[1]	☐full JA ☑**JA update**
Date and location of Joint Appraisal meeting	8th -11th October, 2019
Participants / affiliation[2]	MoHS, CH/EPI Program, WHO, UNICEF, CHAI, Focus 1000, CDC, ICAP, HED
Reporting period	December 2018 – September 2019
Fiscal period[3]	July 1 – June 30
Comprehensive Multi Year Plan (cMYP) duration	2017 - 2021
GAVI transition / co-financing group	N/A

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	**Yes** ☐ No ☐
Does the vaccine renewal request include a switch request?	Yes ☐ **No** ☐ N/A ☐
HSS renewal request	Yes ☐ **No**☐ N/A ☐
CCEOP renewal request	Yes ☐ **No**☐ N/A ☐

2. GAVI GRANT PORTFOLIO

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

Introduced / Campaign	Date/year of introduction	2018Coverage (WUENIC) by dose	2020 Target		Approx. Value $	Comment
			%	Children		
Yellow Fever	2002	80	86	294,204	217,000	
Penta	2007	90	93	294,204	235,400	
PCV	2011	90	93	294,204	540,000	
ROTA	2014	92	93	294,204	82,000	

[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/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.

IPV	2018	60	93	294,204	0	
MR	June 2019	NA	95	294,204	265,000	
HPV	NA	NA	85	105,446	1,046,000	To be introduced in Oct. 2020
UNICEF managed grants						
HPV introduction grant	2019			105,446	141,245.71	To be introduced in Oct. 2020
PCV switch grant	2018			294,204	71,873.33	Switched in 2018
MR introduction	2018			294,204	193,395.24	Introduced in 2019

Note: the above target number of children is taken from the 2020 forecast

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

Grant	Channel	Period	First disb-ursement	Cumulative financing status @ June 2019				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
HSS	WHO	2019		654,629		127,593	19.5%		
VIG	WHO MR	2019		1,683,992		1,461,453	86.8%		
VIG	WHO MR 2S	2019		200,861		50,215	25%		
HSS	UNICEF Service delivery	2019		1,854,904		1,089,504	58.7%		
HSS	UNICEF Procureme nt	2019		1,546,650		1,409,237	91.1%		
Comments									

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future[4]

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	HPV	2018	2020
	HSS additional funding	2019	2020
	Hep B birth dose	2020	2021
	Performance based funding	2019	2020

Grant Performance Framework – latest reporting, for period 2019*(to be pre-filled by Gavi Secretariat)*

Intermediate results indicator	Target	Actual
Number of surviving infants who received the third recommended dose of pentavalent vaccine (Penta3)	276,940	239,524
Number of surviving infants who received the third recommended dose of PCV vaccine (PCV3)	265,722	236,633
Number of surviving infants who received the first recommended dose of IPV	239,297	164,975
Number of surviving infants who received the first recommended dose of rotavirus containing vaccine (Rota 1)	257,330	241,987
% of PHUs with at least two trained vaccinators	40%	40%
Number of PHUs equipped with cold chain equipment	74%	78%
Number of EPI/DPC quarterly meetings which took place	4	4
Comments		
The above indicators are just a fraction of indicators taken from the GPF. The intermediate results are reported in the above table.		

[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.

PEF Targeted Country Assistance: Core and Expanded Partners at 31 October 2019] ***(to be pre-filled by Gavi Secretariat)***

	Year	Funding (US$)			Staff in-post	Milestones met	Comments
		Appr.	Disb.	Util.			
WHO GAVI 2017 TCA (HPV)	2017	14,595	10,877	74.5%	0		Budget to be utilized for HPV introduction in 2020. End date extended up to June 2020
WHO GAVI 2018 TCA T3	2018	105,200	74,402	71%	0		Ongoing TCA
WHO GAVI 2019 TCA SCH B	2019	118,166	47,996	40.6%	0		Ongoing TCA
UNICEF	2019	357,420	35,923	10%			The remaining balance will be used for salary payment of EPI UNICEF staff and to support on-going TCA activities e.g. Self-EVMA
CDC Foundation	2019	149,332	66,107	5%	1	Draft training plan developed and shared	Ongoing Funds received in March 2018; Project delayed due to contract issues between CDCF and ICAP. As of Sept 2019, contract signed and first tranche of funds disbursed to ICAP
CDC	2019	28,000	15,000	54%	0	Urban SWOT analysis completed KAP-coverage data analysed and report finalized with CDC's technical input	In July 2019, 3 staff visited Sierra Leone to conduct SWOT urban analysis; provided technical assistance in analysing KAP-coverage data; further planning to support trend analysis of admin coverage data for Western Urban and Rural, and support data triangulation efforts in Western Area
CHAI	Jul-Aug 2019		81,777	33,894	3.5		July 2019- June 2020 Funding only confirmed mid-July causing delay in recruitment. The funding to the left represents actual disbursed and spentup to end August 2019. Ongoing TCA

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

Addition of 2 new districts

- By an act of parliament, 2 new districts have been established in the country(Falaba and Karene districts). In order to make these districts functional, the Ministry of Health and its partners have to make a lot of inputs and investments. District Health management Teams (DHMTs) have been established in the districts, and District Operation Officers (DOOs) in charge of immunization services have already been posted to the districts. However, the new districts do not have cold rooms of their own. Therefore, the construction and equipping of new cold rooms is a priority for these new districts.

Addition of health facilities

- District Health Management teams during the course of the year sometimes establish new health facilities as that try to ensure improved access to health facilities especially for deprived communities. As the number of health facilities expand, the EPI program also needs to expand its facilities and capitalize on the opportunity to vaccinate more children.

New vaccine introduction

- The year 2020 is also going to be a very busy year particularly with the planned introduction of the HPV Vaccine. A lot of planning and coordination will be going into that process for a successful implementation. The targeted age cohort for the introduction will be 10year old girls.
- HepB birth dose is planned for 2021, thus, 2020 will require preparations and request to Gavito support this introduction.

Immunization Co-financing and sustainability

- Sierra Leone is committed to meeting co-financing commitments and would like to request that in future co-financing amounts are agreed in Local Currency (Leones). This is due to the fact that Forex is often not available and the country has to buy dollars at significant additional cost in order to meet co-financing commitments increasing the burden.
- Sustainability of co-financing commitment will be increased through local currency agreements.

GAVI Refunds following an programme management audit

- Recent Gavi audits concluded that significant funds will have to be refunded to Gaviby the country. This is likely to put a very serious financial strain on the very weak economy of the country. We however will continue to advocate with the Government for the payment of the country Co-financing and other obligations. The Ministry of Health and Sanitation is also requesting to make the reimbursements in local currency (Leones)
- High human resource turnover: There has been a high turnover of staff at the national and district levels. It may therefore be crucial that training on immunisation be prioritised to ensure new staff are knowledgeable on vaccine management issues.

High human resource turnover

- There has been significant HR turnover at the national level and potential turnover at the district level with plans by MoHS to bring pharmacists into EPI services.

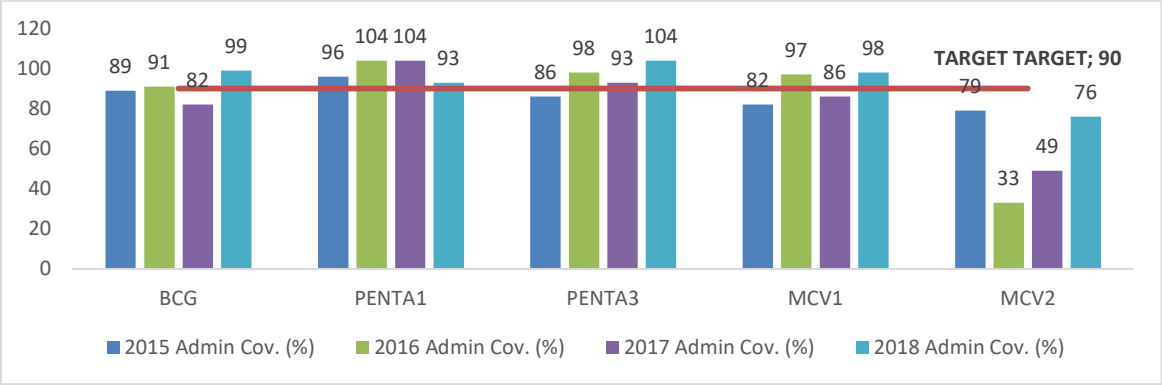
Funding timelines

- The current funding will come to an end in March 2020. EPI would like to request that Gaviaccelerate their internal processes to avoid disruption of critical activities from April 2020 onwards.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

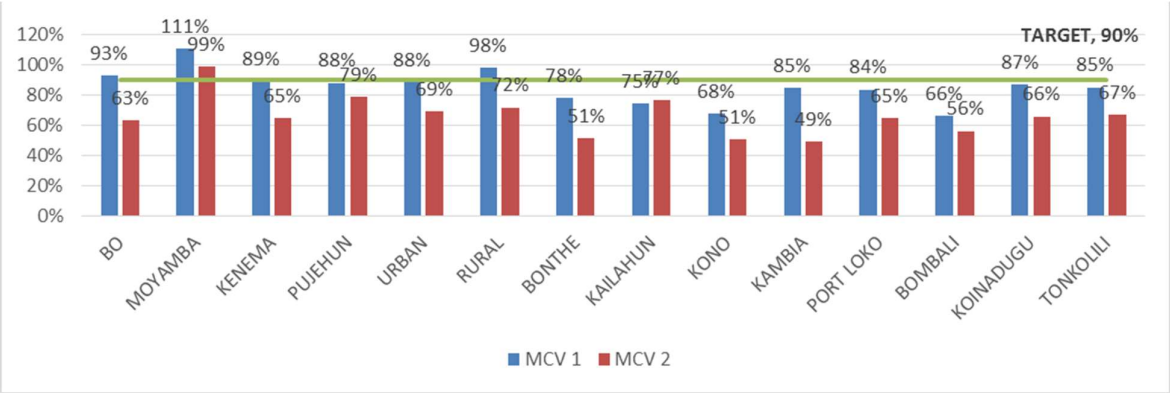
Coverage

Figure 1: Immunisation coverage for key antigens from 2015 to 2018



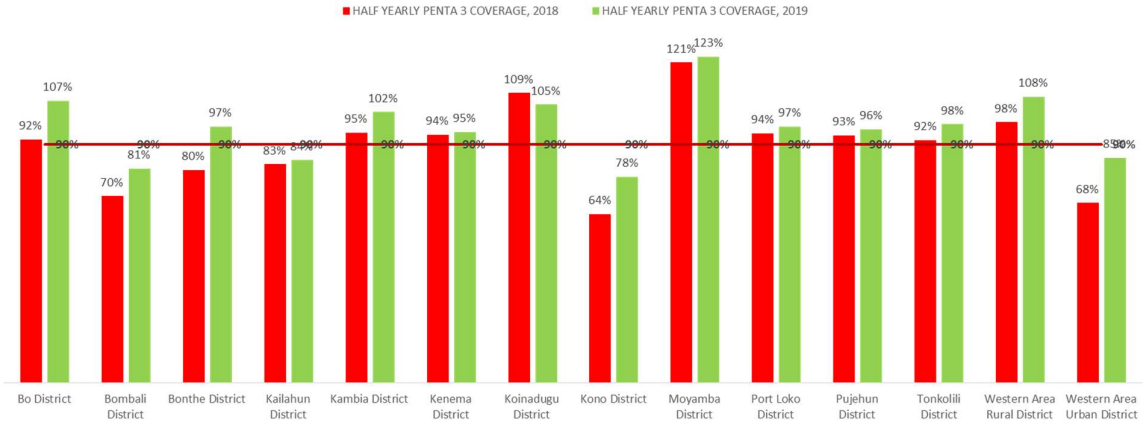
The coverage performance for 2018 has been somewhat mixed for the various antigens. There was an improvement in the coverages for BCG, Penta 3 and MCV 1 relative to 2017. There is however a reduction in coverage observed for Penta 3. The most notable improvement observed is the coverage of MCV 2 which is gradually catching up with MCV1. These coverages should however be interpreted with caution due to the population denominator issues over the years.

Figure 2: Half yearly district coverages for MCV1 and 2 for 2019



The figure above shows the administrative coverages for MCV1 and MCV2. Four (4) districts, Moyamba, Bo, Kenema, Western rural, achieved the target coverage of 90% for MCV1. The lowest coverages of MCV1 are in Kono and Bombali districts. Even though there has been a marked improvement in MCV 2 coverage across most districts, it is still consistently far below the MCV1 coverages.

Figure 3: District half yearly Penta 3 Coverage for 2018 and 2019



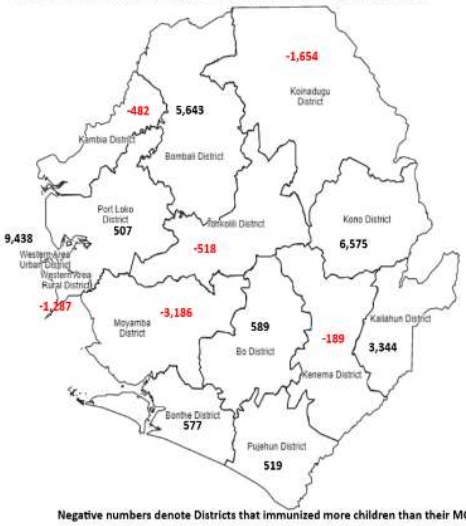
When we look at the half yearly coverages between 2018 and the same period of 2019, coverages of Penta 3 have improved in all the districts. However, the performance of Bombali, Kailahun, Kono and Western Urban still remains below target.

Table 1: Unimmunised children by district in 2018

District	Live Birth	Surviving Infant	MCV 1	MCV1 UN-IMMUNIZED CHILDREN, 2018	MCV 2	MCV2 UN-IMMUNIZED CHILDREN, 2018	Penta 1	PENTA 1 UN-IMMUNIZED CHILDREN 2018	Penta 3	PENTA 3 UN-IMMUNIZED CHILDREN 2018
Bo	25,071	22,764	20,635	2,129	13,382	9,382	22,175	589	21,517	1,247
Bombali	26,348	23,924	17,740	6,184	13,426	10,498	18,281	5,643	17,946	5,978
Bonthe	8,567	7,779	6,158	1,621	3,748	4,031	7,202	577	7,002	777
Kailahun	23,599	21,428	17,035	4,393	13,762	7,666	18,084	3,344	17,869	3,559
Kambia	15,008	13,627	12,860	767	4,840	8,787	14,109	-482	13,771	-144
Kenema	26,165	23,758	22,922	836	16,882	6,876	23,947	-189	22,618	1,140
Koinadugu	17,783	16,147	16,208	-61	13,796	2,351	17,801	-1,654	17,593	-1,446
Kono	21,711	19,714	11,905	7,809	7,323	12,391	13,139	6,575	12,560	7,154
Moyamba	13,879	12,602	14,746	-2,144	13,412	-810	15,788	-3,186	15,155	-2,553
Port Loko	26,732	24,273	22,414	1,859	16,535	7,738	23,766	507	23,212	1,061
Pujehun	15,094	13,705	12,693	1,012	11,686	2,019	13,186	519	13,030	675
Tonkolili	23,085	20,961	18,604	2,357	14,202	6,759	21,479	-518	20,367	594
Western Rural	19,228	17,459	16,756	703	11,225	6,234	18,746	-1,287	17,993	-534
Western Urban	45,777	41,566	28,868	12,698	15,584	25,982	32,128	9,438	30,081	11,485
TOTAL	**308047**	**279707**	**239544**	**40163**	**169803**	**109904**	**259831**	**19876**	**250714**	**28993**

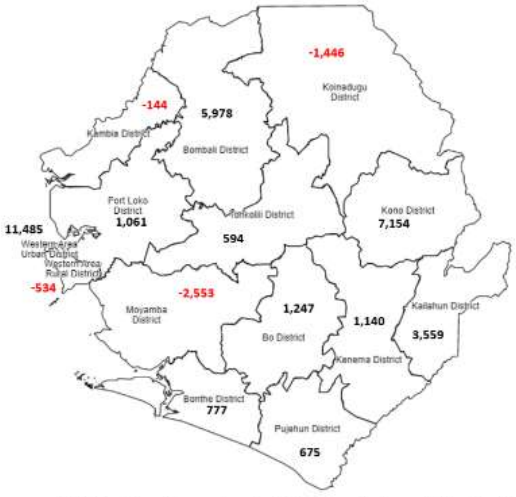
The table above and maps below show that the highest numbers of unimmunised children in Sierra Leone are in Western Urban, Kono, Bombali, Kailahun Districts. These districts have consistently relatively higher numbers of unimmunised children for all the vaccine antigens.

DISTRICTS SHOWING PENTA1 UN-IMMUNIZED CHILDREN, 2018



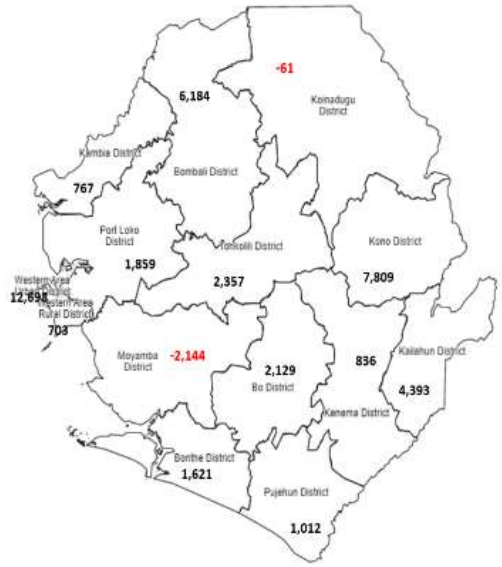
Negative numbers denote Districts that immunized more children than their MCV1 targets

DISTRICT SHOWING NUMBER OF PENTA3 UN-IMMUNIZED CHILDREN, 2018

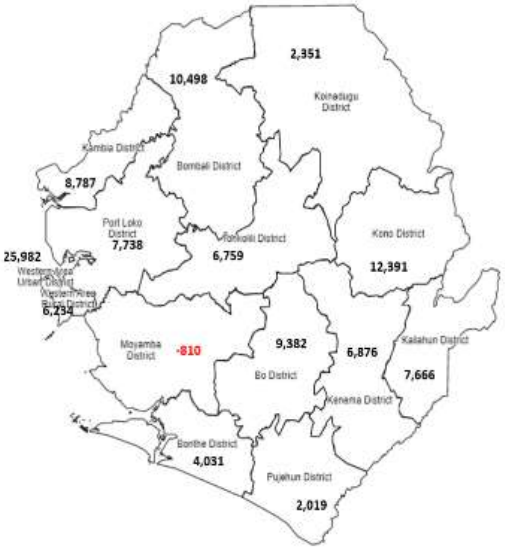


Districts with negative numbers denote they immunized more children than their given target

DISTRICTS SHOWING MCV1 UN-IMMUNIZED CHILDREN, 2018

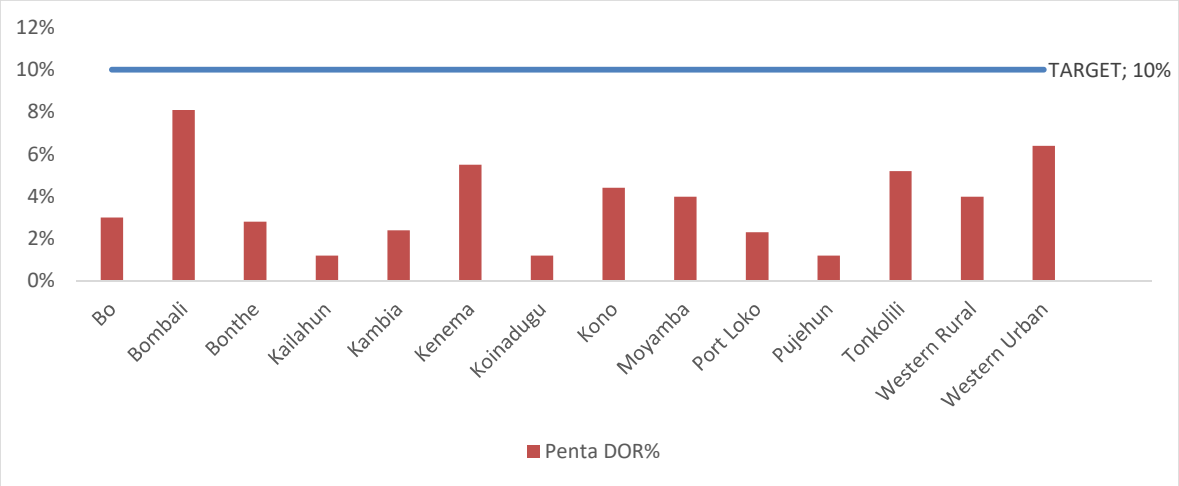


DISTRICTS MCV2 UN-IMMUNIZED CHILDREN, 2018



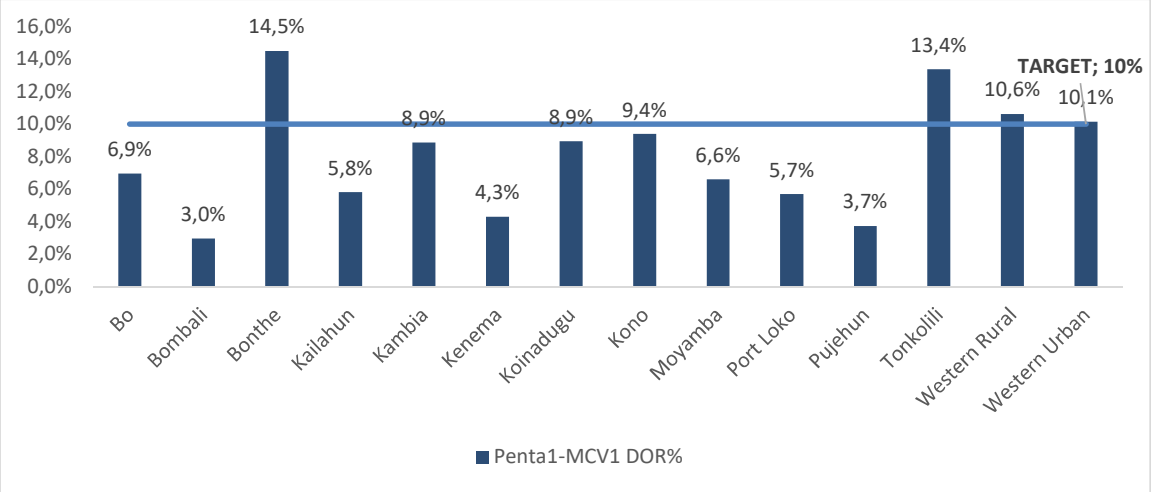
Dropout rates

Figure 4: 2018 drop out rate by district between Penta1 and Penta 3



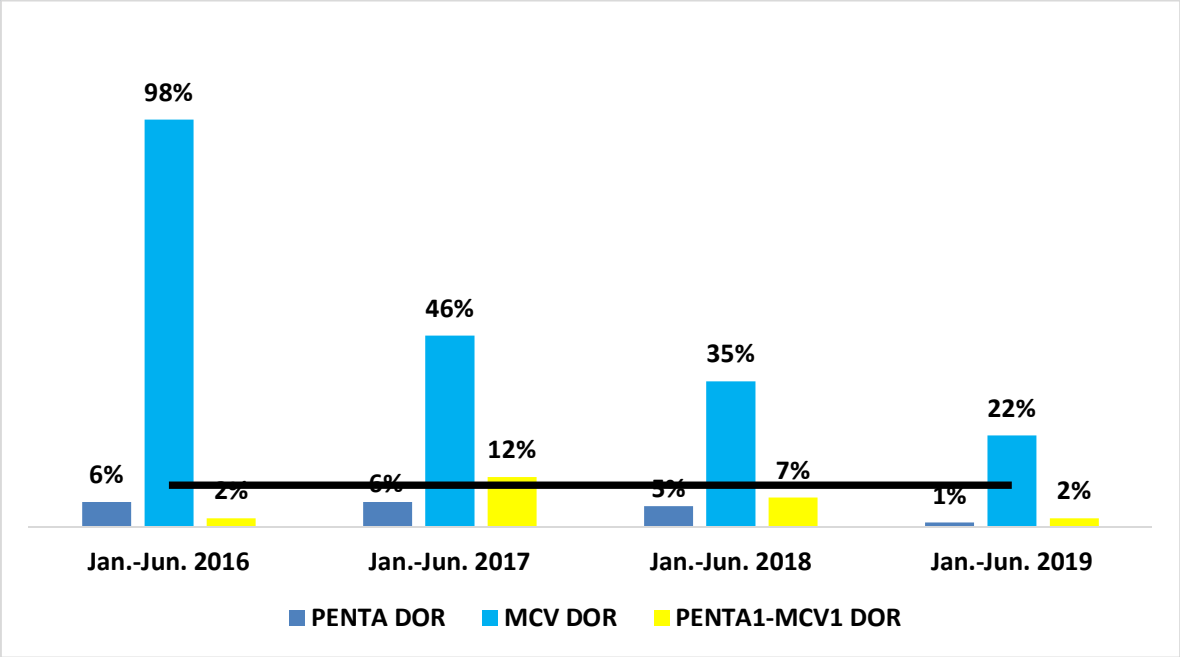
All districts had less than 10% drop outs in 2018, with Kailahun, Koinadugu and Pujehun accounting for the lowest. Bombali and Western Area had the highest dropout rates among the 14 districts.

Figure 5: District dropout rate between Penta 1 and MCV1 in 2018



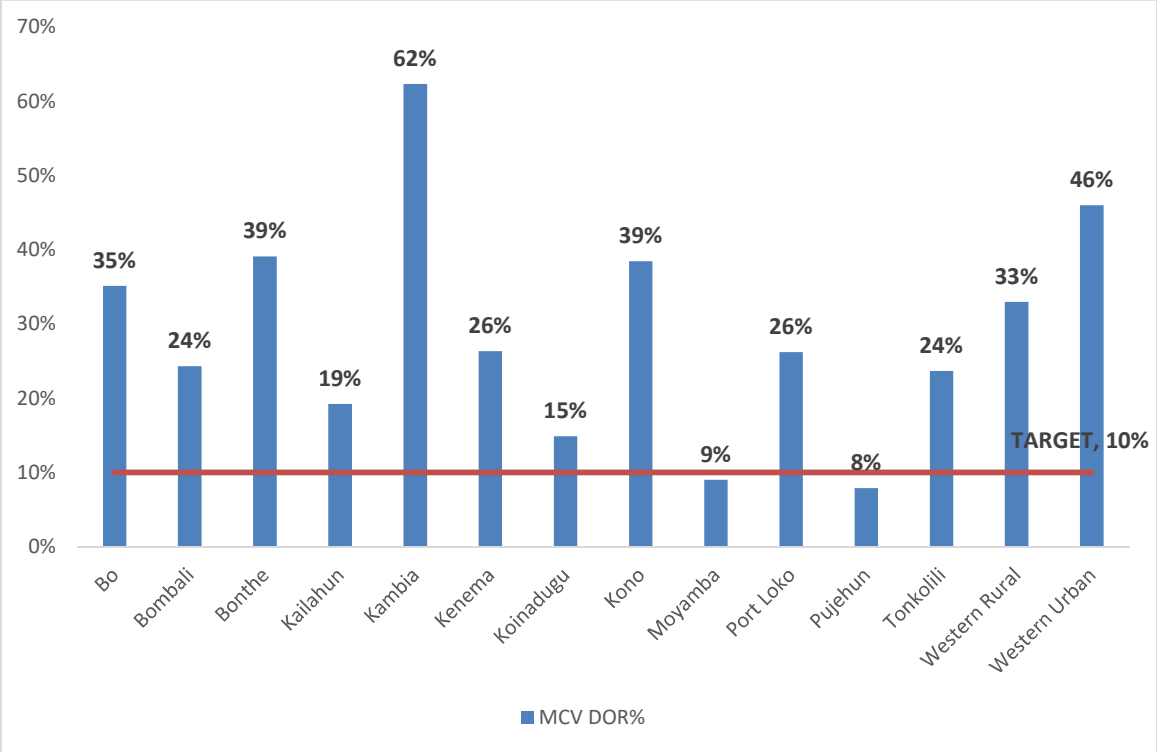
Penta 1 is administered at 6-weeks and MCV1 at 9-months. The above figure illustrates the drop out rates between these two vaccinations by district in 2018. As illustrated, 4 out of 14 districts had higher dropout rates greater than the maximum threshold of 10% dropout from Penta1 to MCV1.

Figure 6: National half yearly (Jan to Jun) dropout rate for Penta to MCV between 2016 and 2019



Dropout rate from MCV 1 to MCV 2 continues to be the highest. However, dropout rate continues to decrease; from 98% in 2016 to 22% in 2019. Penta DOR and Penta 1-MCV1 DOR dropout rates have been less than 10% from 2016 to 2019, except for Penta1-MCV1 DOR that had 12% dropout rate in 2017.

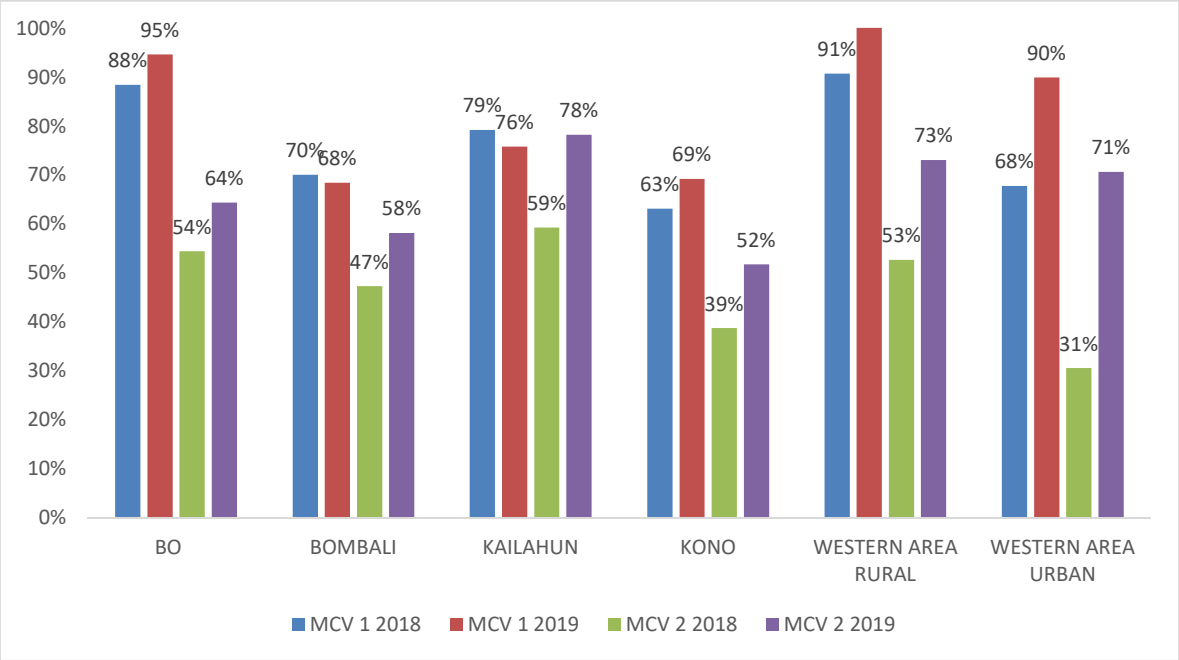
Figure 7: District MCV1 to MCV2 dropout rates for 2018



All except Moyamba and Pujehun districts had MCV1-MCV2 dropout rates above 10%. Kambia had the highest dropout rate with 62%, with the others ranging from 15-46%.

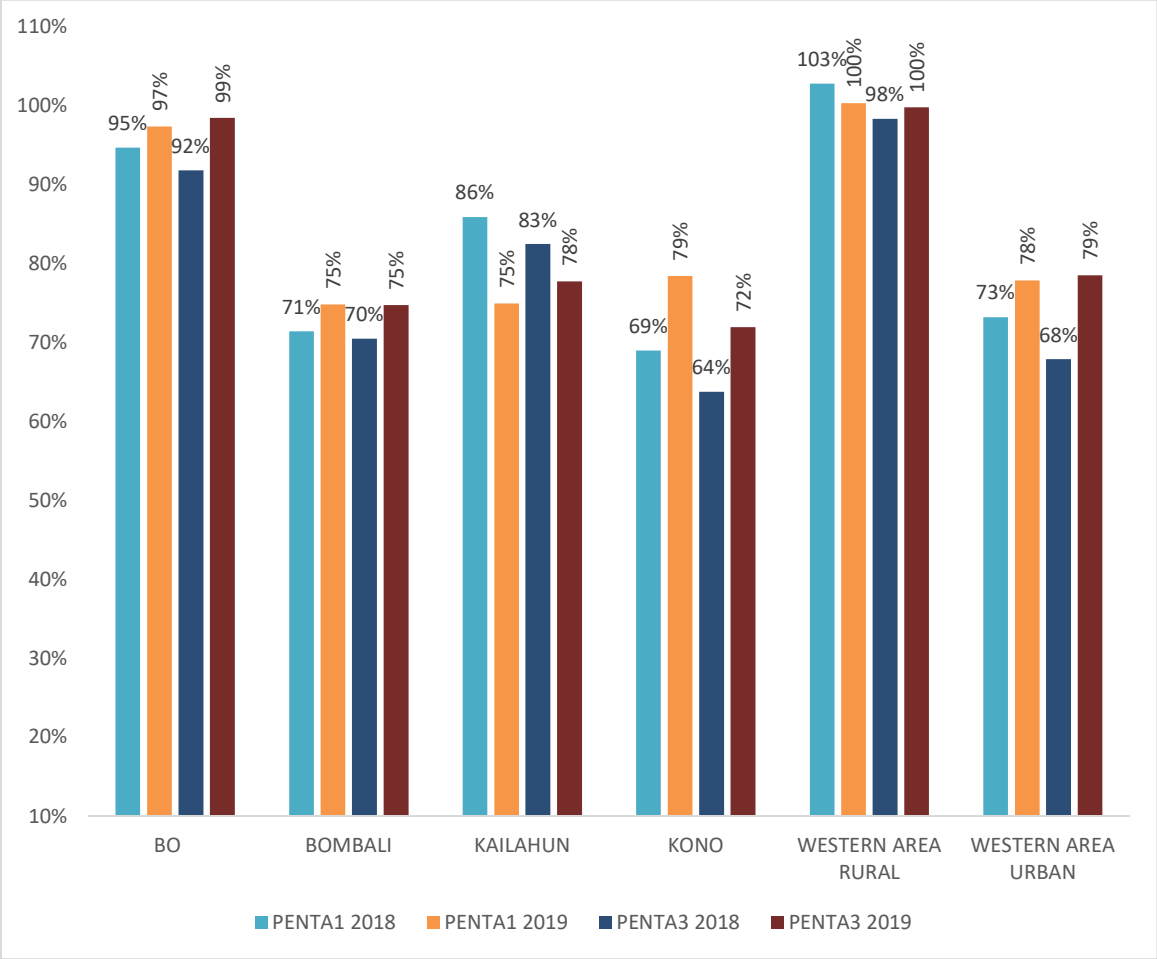
Priority Districts

Figure 8: Half yearly (Jan-Jun) MCV 1, MCV2 coverage performances for 2018 & 2019 in the six priority districts



The graph above shows an improvement of coverage in 2019 for both MCV1 and MCV2 in all the PIRI districts except for Kailahun district, whose MCV1 in 2018 is slightly higher than 2019.

Figure 9: Half yearly (Jan-Jun) Penta 1 and 3 coverage performances for 2018 & 2019 in the six priority districts



The graph above shows that almost all the PIRI districts improved on their Penta 1& 2 coverage in 2019 except for Kailahun whose 2018 coverages are greater than 2019. Western Area Rural's Penta 1 in 2018 slightly greater than 2019.

Major activities completed in 2019:

- Payment of incentives to program staff, DOOs, Solar Technicians
- Response to measles outbreak in Pujehun and Kambia districts in January 2019
- Commissioning and Distribution of 293 motorbikes
- Training for clinicians on AEFI causality assessment and of DOOs and DSOs in AEFI Monitoring
- AMP Supported Leadership and management training in Rwanda for 7 program staff
- Installation including electrical power connection of 3 new walk-in cold rooms and 2 freezer rooms
- Human Resource Capacity Assessment for supply chain was conducted
- Program Manager attended Leadership, Management and Coordination Training in Aspen, USA with support from AMP Health
- Hepatitis B Sero survey ongoing by CDC with the view to informing future HepB birth dose introduction

- Coverage and Equity assessment conducted to identify key drivers of inequity and low immunisation coverage
- MR Micro-planning and Campaign implementation
- Supportive Supervision from national to districts and districts to PHUs
- Surveillance and EPI quarterly review meetings
- EPI KAP survey conducted followed by the development of the routine immunisation communication strategy
- HSSG meeting as proxy for the ICC

Challenges in 2019:

- Non-Functional ICC – HSSG acting in that capacity
- NITAG not fully established
- Inadequate Government funding for immunisation services
- Delays in payment of vaccine co-financing
- Weak linkage with the surveillance program for the surveillance of vaccine preventable diseases.
- Weak supervision capacity at the district level
- Weak financial management capacity at the district level
- High cost for fuel and electricity to the new cold rooms
- Inadequate submission of the SMT especially from the districts
- Non-visibility of vaccine stock at the facility level
- Weak maintenance arrangements for equipment, e.g. remote temperature monitor, cold rooms etc.

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 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**.

Objective 1	
Objective of the HSS grant(as per the HSS proposal or PSR)	**Increase Human Resource Capacity for Quality Service Delivery: Increase equitable access and use of immunization as part of wider MCH services, with focus on communities and areas with low coverage.**

<table>
<tr><td>Priority geographies / population groups or constraints to C&E addressed by the objective</td><td>Countrywide for certain activities and focused on priority districts for others.

6 priority districts:

• WA Urban
• WA Rural
• Bo
• Bombali
• Kono
• Kailahun</td></tr>
<tr><td>% activities conducted /

budget utilization</td><td><table><tr><th></th><th>Budget ($)</th><th>Expended ($)</th><th>Utilised</th></tr><tr><td>WHO</td><td>161,695</td><td>0</td><td>0%</td></tr><tr><td>UNICEF</td><td>2,166,500</td><td>1,287,179</td><td>59%</td></tr></table></td></tr>
<tr><td>Major activities implemented &

Review of implementation progress

including key successes & outcomes / activities not implemented or delayed / financial absorption</td><td>In this HSS grant, funds were provided to health care workers in peripheral health units (PHUs) in areas of poor coverage to support and encourage outreach services and other activities that promote equity in immunisation services. Allowances have been provided for Q4 of 2018 to support vaccinators and other staff for outreach services and payment of Q1 and Q2 of 2019 is at an advanced stage.

Incentives are also provided for Community Health Workers (CHWs) in the selected districts under this objective to support with defaulter tracing and other health related community engagement activities. PIRI was planned to be implemented in 3 rounds, however only one round has been implemented because there was no budget for the national level for the second and third rounds. Another round is planned for December 2019 and another in first quarter of 2020.

District micro-planning was also supposed to be conducted under this objective, however due to fund channelling uncertainties at WHO, this activity could not be taken forward, however plans are underway or this to be completed by December of 2019. There have been challenges in linking the incentives to CHWs and their contribution to immunization services. This is being addressed by updating the HMIS tools to capture data on referrals for vaccination by the CHWs.

DVD-MT training was conducted for 28 DOOs.</td></tr>
<tr><td>Major activities planned for upcoming period

(mention significant changes / budget reallocations and associated changes in technical assistance[12]</td><td>The Major activities planned for the upcoming period include:

1. Training of PHU staff on REC
• Training of Trainers for the training of PHU staff on REC
• Cascade training of PHU staff on REC
• Support to the national supervisors for REC Training
2. Training of PHU staff on IIP
• Training of Trainers
• Cascade Training
3. Supervision of CHWs in the 2 target districts
4. Orientation of the CHWs on their role in immunisation</td></tr>
<tr><td>Objective 2:</td><td></td></tr>
<tr><td>Objective of the HSS grant (as per the HSS proposal or PSR)</td><td>Supply Chain: Ensure timely and efficient availability of safe, adequate, efficacious vaccines and related devices/functional equipment.</td></tr>
</table>

<table>
<tr><td>Priority geographies / population groups or constraints to C&E addressed by the objective</td><td colspan="4">Countrywide for certain activities and focused on priority districts for others.

6 priority districts:

• WA Urban
• WA Rural
• Bo
• Bombali
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• Kailahun</td></tr>
<tr><td>% activities conducted /

budget utilization</td><td></td><td>Budget ($)</td><td><b>Expended ($)</td><td>Utilised</td></tr>
<tr><td></td><td>WHO</td><td>7,493</td><td>7,493</td><td>100%</td></tr>
<tr><td></td><td>UNICEF</td><td>633,631</td><td>517,497</td><td>82%</td></tr>
<tr><td>Major activities implemented &

Review of implementation progress

including key successes & outcomes / activities not implemented or delayed / financial absorption</td><td colspan="4">The Refrigerated trucks have been procured and have arrived in the country, repair kit have also been procured for the DHMTs, the CCEOP equipment have been cleared. Fire extinguishers have been procuredand distributed to the national and district cold rooms.

Power supply has been provided to the national cold room and a priority line has been established. A generator has also been provided for the cold room. Vaccine distribution from the national to the district, and from the district to the PHU level is ongoing. There have been some delays in getting the required specifications for the protective gear. However, UNICEF is temporarily providing some jackets temporarily whilst they continue to try and get the actual specifications required.

28 DOOs and 14 District old Chain Officers and 14 M and E Officers trained in logistics, cold chain and stock management, including training in FT3 (conducted in Western Area) were trained.

Refresher training was also completed for 28 DOOs and 14 DM&Es on DVD-MT, 1 national logistician, dashboard, supervision and feedback of PHUs on supply reporting (in Bombali).</td></tr>
<tr><td>Major activities planned for upcoming period

(mention significant changes / budget reallocations and associated changes in technical assistance[12]</td><td colspan="4">The Major activities planned for the upcoming period include:

1. Distribution of vaccines from National to district, and from district to PHU levels.
2. Licensing and Maintenance of the distribution trucks.
3. Training on the use of the temperature monitoring devices.</td></tr>
<tr><td colspan="5">Objective 3:</td></tr>
<tr><td>Objective of the HSS grant (as per the HSS proposal or PSR)</td><td colspan="4">To improve the accuracy, timeliness of reporting and the use of data for planning and decision making at all levels.</td></tr>
<tr><td>Priority geographies / population groups or constraints to C&E addressed by the objective</td><td colspan="4">Countrywide for certain activitiesand focused on priority districts for others.

6 priority districts:

• WA Urban
• WA Rural
• Bo
• Bombali
• Kono
• Kailahun</td></tr>
<tr><td>% activities conducted /</td><td></td><td>Budget ($)</td><td><b>Expended ($)</td><td>Utilised</td></tr>
</table>

budget utilization	**WHO**	244,758	18,924	8%
	UNICEF	194,253	65,523	33%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	Internet subscription at the national level is delayed. For internet at district level, modems bought but the subscription payment was delayed. The modems bought were not the ones recommended by the EPI programme. According to the Procurement team at WHO, they considered the budget availability to determine the procurement decisions. The joint EPI DPC meetings are being held Q1 and Q2 of 2019. All 15 laptops for the DOOs procured and distributed.			
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**[5]	Completion of the internet subscription for the national level, regular subscription of the internet for the district level. Conduct EPI survey.			
Objective 4:				
Objective of the HSS grant (as per the HSS proposal or PSR)	**Social mobilization and community engagement to enhance demand generation and community engagement for EPI and other MCH services**			
Priority geographies / population groups or constraints to C&E addressed by the objective	Countrywide for certain activities and focused on priority districts for others. 6 priority districts: • WA Urban • WA Rural • Bo • Bombali • Kono • Kailahun			
% activities conducted / budget utilization		**Budget ($)**	**Expended ($)**	**Utilised**
	UNICEF	289,989	174,679	60%
Major activities implemented & Review of implementation progress	Major activities implemented 1. KAP study on routine immunisation completed 2. Review of RI communication strategy completed			

[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 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.

<table>
<tr><td>including key successes & outcomes / activities not implemented or delayed / financial absorption</td><td>3. Development of community action plans ongoing</td></tr>
<tr><td>Major activities planned for upcoming period

(mention significant changes / budget reallocations and associated changes in technical assistance[6]</td><td>• Carry out effective educational campaign for HPV vaccine introduction in collaboration with other MDAs (e.g. Education, Social Welfare and Local Government ministries)
• Joint (EPI/HED) quarterly supportive supervision to 7 under-performing districts
• Development of communication strategy for Hepatitis B vaccine
• Follow-up/ joint supportive supervision on community stakeholder plan (KAP study)
• Update and print flex banners on routine immunisation</td></tr>
<tr><td>Objective 5:</td><td></td></tr>
<tr><td>Objective of the HSS grant (as per the HSS proposal or PSR)</td><td>Ensure appropriate management and coordination at all levels of the health system to enable timely and equitable access to immunization and other RMNCH services, especially in hard to reach populations</td></tr>
<tr><td>Priority geographies / population groups or constraints to C&E addressed by the objective</td><td>Countrywide for certain activities and focused on priority districts for others.</td></tr>
<tr><td>% activities conducted /

budget utilization</td><td>
<table>
<tr><th></th><th>Budget ($)</th><th>Expended ($)</th><th>Utilised</th></tr>
<tr><td>WHO</td><td>587,621</td><td>30,351</td><td>5%</td></tr>
<tr><td>UNICEF</td><td>200,016</td><td>43,541</td><td>22%</td></tr>
</table>
</td></tr>
<tr><td>Major activities implemented &

Review of implementation progress

including key successes & outcomes / activities not implemented or delayed / financial absorption</td><td>Major activities implemented are as follows:

1. NITAG established and one meeting held. However, there is a need to expand the membership for which several persons have been identified.
2. NLWG meetings are being held, 2 meetings so far in 2019.
3. Supportive supervision from the national to the districts ongoing. 1st and 2nd quarter supervisions for 2019 completed. Sofar only one round of supervision conducted from districts to PHUs.
4. The HSSG is acting as the ICC at the moment. However, it has been realized that the HSSG may not adequately serve in that capacity. There is therefore consensus that the ICC has to be established. One HSSG meeting has so far been held in 2019 but WHO has not provided the funds to support that meeting.</td></tr>
</table>

[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 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.

	5. Incentives for EPI Programme management Staff: Incentives for Q4 2018 provided. Incentives for Q1 and Q2 2019 at an advanced stage. 6. EPI Program Operational Costs: Have been utilized for Q4 2018 and Q1 2019. For the WHO component, request have seen sent to WHO and awaiting implementation. 7. MLM Training:Not yet due. **8.** Operational research: Funds have been reallocated.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated **changes in technical assistance**[7]	For the upcoming period, there is a need to assign more resource for the expansion of NITAG taking on board the additional specialties.

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 INFUSE[8] 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'sHSS or other donor funding).

[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 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.

[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.

(Achievements, activity relevance and proposed reallocations)

The year 2019 has generally been a successful year in the Child Health/EPI Program. Funds for the implementation of Gavi HSS activities were made available in October of 2018 which is when implementation of HSS activities actually starts. Implementation was in full gear by January of 2019 and this has reflected in the performance of the program since then. There has been a reasonable increase in the number of children being reached with vaccination services, which has consequently resulted in an increase in the vaccination coverage . For example whiles in the first 6 months of 2018, a total of 121,319 children were vaccinated for Penta 3, this number increased to 135,925 children receiving Penta in a comparable period in 2019 representing a 15% increase from the previous year.

Some of the key activities supported by Gavi that are contributing to an improvement in immunisation coverage include:

- Completion of equity analysis assessment and the results will be used to inform priorities for additional HSS funds
- Support to outreach services: Selected staff in priority districts that are not on payroll are receiving incentives to help with costs involved in undertaking outreach services
- Motorbikes for supportive supervision: Health facilities mainly in the priority district have been provided with motorbikes which could be used for outreach and supervision including accessing hard to reach populations
- PIRI in selected districts: This activity offers an opportunity for reaching the missed children as well as catching up with vaccination defaulters,. One round was conducted in 6 districts and other rounds will be conducted in the same districts.
- Surveillance EPI review meetings
- Support for vaccine distribution, CCEOP: This activity ensures the availability of cold chain equipment and vaccines in hard to reach areas
- Training on vaccine management:DVDMT
- Supply of modems to 14 DOOs for ease of communication.

Most of the activities in the current year of the HSS grant are still relevant, and the program intends to continue with their implementation going forward except for a few activities such as operational research and the meetings with the DPPI on data quality issues.

These activities have not been implemented because of a lack of a clear research agenda at the moment and the fact that there is already a data quality subcommittee meeting being organised by the DPPI of the MoHS. The funds for these activities along with cost savings from other implemented activities are being reallocated for the following priority activities:

- Supporting the national program to conduct PIRI implementation in the districts
- Training on SMT,FT2 at the national and district levels
- Strengthening and supporting NITAG
- Administrative costs such as
    - Repair of cold rooms
    - Vehicle Maintenance
    - Maintenance of generators
    - Modems for the staff at the national level
- Infrastructural corrections to the national cold room

Regarding Performance-based Funding, although the country has been informed about its qualification for PBF by GAVI, the process for the application is yet to start. GAVI has promised to provide the guidelines for accessing these funds

Synergy with Global Fund, World Bank on the CHW program;

- Gavi supports 2 districts.
- As part of the request for support to the World bank, the program has included a request for 50 additional SDDs

- Gavi is supporting CHWs in 2 districts, and this is in agreement/consultation with other partners such as World Bank and Global fund who fund the CHW activities in the remaining districts. However, the Global Fund is conducting a CHWs assessment and the results may be useful in informing future policy or decisions at the level of Ministry of Health

Partners support at district level

- CSO e.g. Focus 1000 supports service delivery through community sensitization and demand generation using Gavi HSS funds.

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 immunization 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.
- 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[9]) 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 assistance[12].**

New vaccine introduction and switches

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

Sierra Leone has experienced repeated measles outbreaks, which can be attributed to low routine immunisation coverage and sub-optimal SIA performance. In addition, due to the occurrence of Rubella infections and the potential for infected pregnant women having their foetuses developing the Congenital Rubella Syndrome, the Ministry of Health and Sanitation decided to introduce the Measles Rubella Vaccine into the routine immunisation schedule in 2019 targeting those children aged 9-24-months. MR introduction took place in mid-2019.

Vaccine switches:

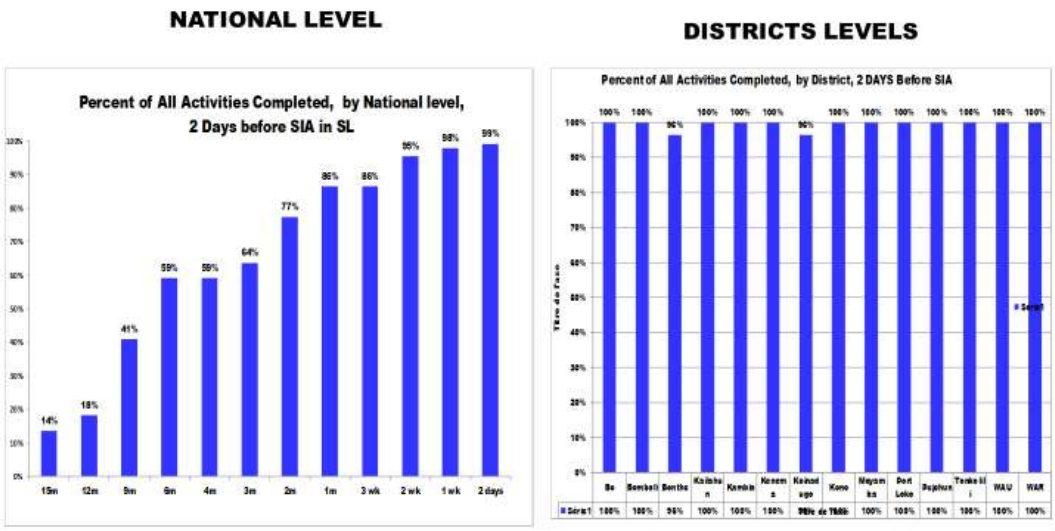
- 24 September 2018, PCV switch took place in from of single dose to four dose vial for PCV
- On 29 May 2019, there was a switch from TT to Td vaccine
- 10 June 2019, Measles to MR switch took place

Measles Rubella Campaign/SIA

MoHS in collaboration with partners conducted nationwide MR catch-up campaign in June 2019 targeting children 9months-14 years (multi aged). The campaign involved establishment of coordination structures at national level, monitoring of preparedness of districts using WHO readiness assessment tools, supportive supervision, deployment of support to hard-to-reach districts, and conducting of a seven days long campaign followed by post campaign coverage survey.

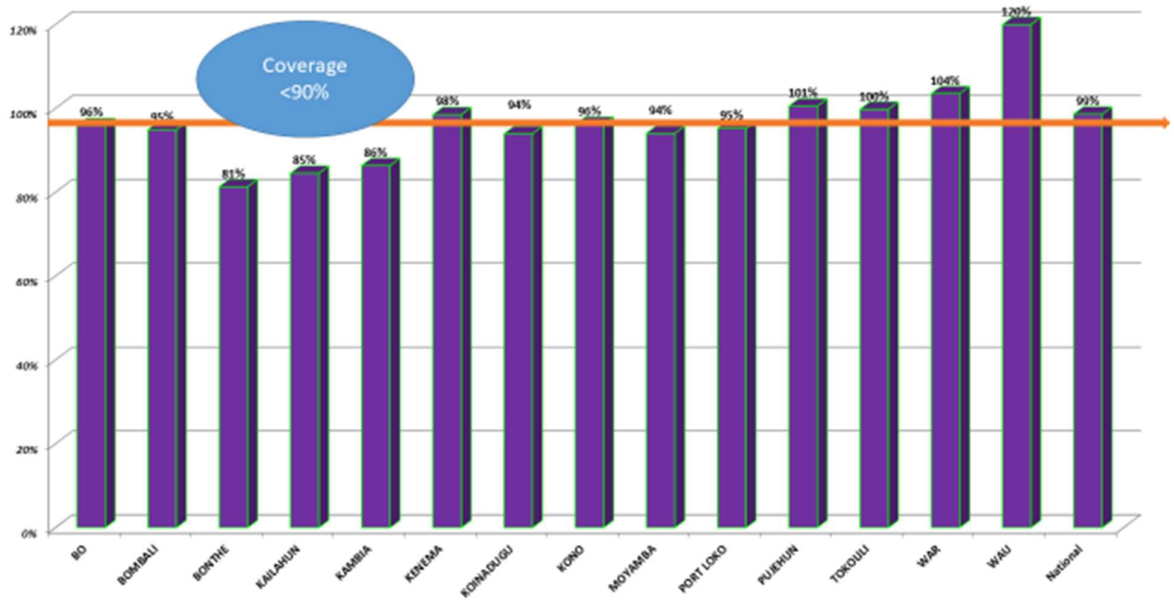
Pre-campaign activities included training of trainers for 60 national level supervisors and 18 zonal supervisors, and the trainings were cascaded to district level for district supervisors, vaccinators and social mobilisers. Readiness was assessed for all districts and level of readiness was above 90% for all districts before the campaign.

Figure 10: Preparedness assessment prior to the campaign



For the implementation, a total of 16,244 vaccinators, 1,181 team supervisors and 4,061 social mobilisers were deployed. The campaign was implemented from 10 to 16 June 2019. The administrative report showed national coverage of 99% ranging from 81% in Bonthe district to 129% in Western Area Urban. Coverage above 100% in WAU could be attributed to migration to schools in WAU from surrounding districts, denominator issues, and data quality issues.

Figure 11: Coverage for 2019 MR campaign for children between 9 months and 15 years



Lessons learnt: MR Campaign

- Early planning and frequent Readiness Assessment missions to national and the districts with feedback provided improved country preparedness for the campaign
- Close collaboration with Ministry of Education increased access to schools and eased vaccination in schools
- Opening of a special WhatsApp group for national, district and partners expedited communication across the country
- Daily coordination meetings in each district provided an opportunity for feedback on SIA implementation, follow up action points and report on action points.
- Daily feedback from districts to National Command Centre provided a better view of SIA implementation
- Remedy action taken by districts (use of GV) to address problem with indelible marker
- Use of temporary fixed posts in addition to static health facilities posts throughout the campaign eased the problem of long queues and non-vaccination of eligible target

Key actions related to Gavi vaccines support in the coming year

- HPV introduction to take place in October 2020

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.[12]

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

In Sierra Leone, 45% of the cold chain equipment waseither not functional or obsolete before 2017; thus, requiring replacement. It is against this background that the country applied for the CCEOP in 2016 with a view to improving and expanding the cold chain system especially at health facility level. The country received a favourable approval and decision letter from Gavi in 2017 detailing the number and types of the cold chain equipment to be installed. Following the Gavi approval, the country developed the 2017 Operational Deployment Plan (ODP) to procure and install 220 cold chain equipment for the first year of CCEOP implementation.

Performance on five mandatory CCEOP indicators

Before the implementation of the CCEOP project in 2017, only about 45% of the health facilities had functional cold chain equipment; thereby affecting the effective delivery of immunization services. Some of the health facilities that did not have cold chain equipment were using cold boxes for vaccine storage to deliver services.

# of HF with CCEOP CCE: The country received 220 new equipment for the implementation of the CCEOP project. These were successfully installed across health facilities in the country. A local service provider was contracted to internally store the equipment, transport and installed the equipment and later train the end users, followed by commissioning of the equipment. This has increased the cold chain coverage to about 58 percent at health facility level.

CCEOP Maintenance: Currently, there are 14 DHMTs across the country and two newly established DHMTs. The 14 DHMTs are all equipped with district stores with cold chain technicians, who provide preventive maintenance to the equipment and respond to urgent cold chain problems within the districts. These technicians have been provided with tool kits to enhance their work. It is expected that the technicians will visit each health facility twice in a year to carry out preventive maintenance.

Number of health facilities provided with functional data logs. Continuous temperature monitoring is critical in maintaining the potency of the vaccines. As part of the CCEOP implementation, 1000 fridge tags have been procured and received. There will be national training of trainers on the use of fridge tags (FT), which will be cascaded at district and health facility levels. Once trainings are completed, the FTs will be distributed to the respective health facilities.

Implementation Status

The national Logistics Technical Working Group, otherwise called the Project Management Team, was responsible for the overall coordination of the CCEOP Project. The PMT provided regular updates to the MOHS on the status of project implementation and provided technical support and guidance to the overall CCEOP implementation.

Under the CCEOP arrangements, a local service provider was identified for the installation of CCEs. The local company was responsible for internal ware-housing, transportation of CCE to various sites, installation of CCEs, training of end-users and commissioning of the CCEs. All these works were done in consultation with DHMT and central MOHS.

All the 220 CCE provided were successfully installed and are all functioning, except one which was burnt in a fire incident in Kono. The equipment included 150 SDD units of TCW 40R SDD and 70 SDD units of TCW 3043 SDD. This has immensely contributed to the expansion of the cold chain system across health facilities.

Key challenges include:

- Sub-optimal use of the B-Medical's real-time monitoring system (to track the operational status of each equipment's i.e. temperature(s), lid opening etc.) through the worldwide remote monitoring & data access over web.
- Health facility staff turn-over – staff who received training at the time of commissioning are no longer there in many facilities.

- Preventive maintenance is not being practiced despite the training at the time of installation and the follow-up training.

Currently, Post Installation Inspection is being conducted, which aims to:

- Detect any potential deviations in Year One implementation so that corrective measures can be undertaken for improved subsequent installations.
- Verify that the equipment has been installed as per the contract between UNICEF and the Supplier
- Ensure that accurate information/training has been provided by Supplier/Local Service Provider to guarantee the correct use and maintenance of the equipment.
- Ensure that the temperature record is adequately managed using the FT/RTMD
- Check that the manufacturer warranty conditions have been correctly explained, as well the mechanism to claim any malfunctioning during the applicable period

Contribution of CCEOP to immunisation performance

The CCEOP Project had helped to replace old and faulty equipment and as well expanded the cold chain system to some (220) health facilities. In the first year of implementation, the project targeted 220 health facilities, and these were identified to benefit from the CCEOP project in consultation with Ministry of Health based on certain criteria. The implementation of the CCEOP project has increased the number of HFs with cold chain equipment thereby increasing access to immunisation services. In these health facilities, the number of immunisation sessions have increased, which has the potential to increase immunisation coverage rates.

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 separately[10];
- **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].

WHO

The WHO received different Gavi grants for strengthening of immunization service delivery which are implemented through collaborative efforts of MOHS and partners. Funds include HSS grants, TCA, MR campaign, MR introduction into routine immunization program and new vaccine introduction grant for HPV introduction.

Financial utilisation status of Gavi grants as at 30 September 2019:

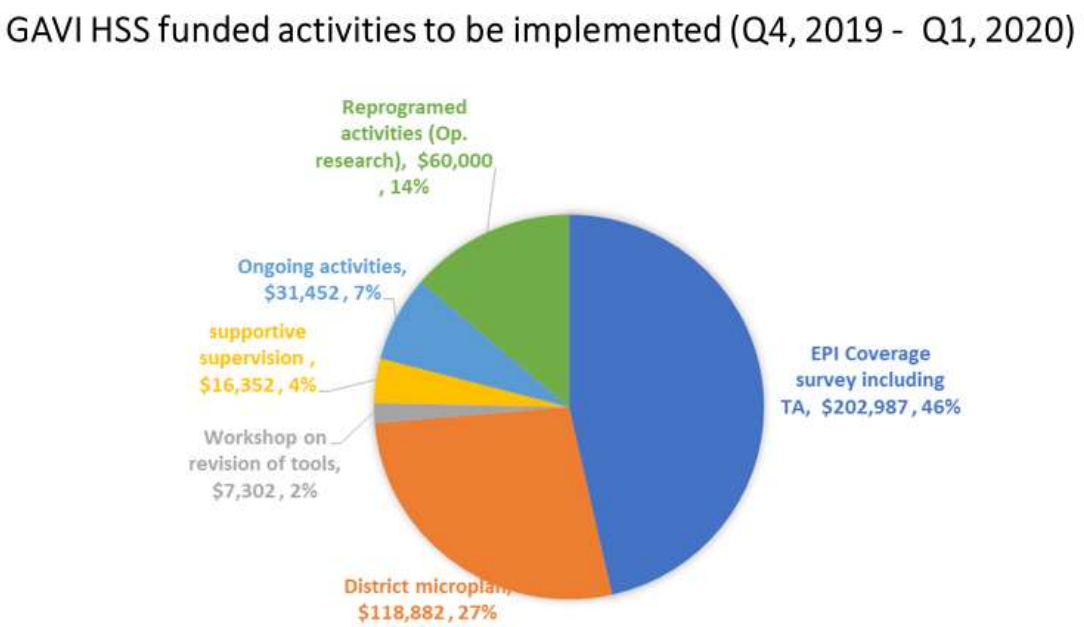
1. HSS grant: this grant encompasses activity and HR components. The utilisation rate for activity component was$127,654 (22.6%). In consultation with MoHS, timeline was agreed for implementation of

[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.

high-ticket cost activities and reallocation of those that will not be implemented within the award valid date (e.g. Operational research)

Based on the revised prioritization and implementation plan, the remaining balance will be utilised before end of March 2020 as shown in the chartbelow.



Regarding HR, 3 National officers and 1 international immunisation technical officer resumed work in first week of September 2019. The staff were expected in November 2018 so there was delay in recruitment. Therefore, fund utilisation of the HR component was low. The officers will continue to provide support;therefore, the fund will be utilised accordingly. The additional manpower is expected to increase capacity to implement planned activities.

2.MR Campaign fund:A total of USD 1,683,992 was budgeted for implementation of nationwide MR campaign targeting children 9month-14 years. Fund utilization status is at 88.8% (equivalent to US$1,481,912.96)) including commitment for post campaign coverage survey. The campaign was implemented in June 2019 and attained a coverage of 99% and post campaign coverage survey data cleaning is ongoing and final report is expected in November 2019.

3.MR introduction grant:MR introduction into the routine campaign was done using the opportunity of the campaign and commenced together with the campaign. A total of USD 200,028 was budgeted for MR introduction and as at 30 September budget utilisation is at 25%. Routinization of MR and ensuring cohorts are vaccinated following the launch and the fund will be used to support routinization efforts including strengthening of 2YL platform.

4. TCA funds: TCA funds were received in 2017 (HPV related) ,2018 and 2019 with disbursed amounts of 14,595, 105,200 and 118,166 respectively. The utilisation rate for 2017 TCA fund was 74.5% and 71% and 41% for 2018 and 2019 respectively. The remaining funds are to be used for HPV introduction (balance from 2017) and ongoing TCA activities.

To ensure compliance WHO continues to administer Gavi funds in accordance with the Financial Regulations and Rules, and any other applicable rules, procedures and practices. WHO maintains accurate accounting records documenting how funds are used and disbursed.

WHO with Gavi HSS funds recruited one finance officer for MOHS to support financial management activities and build capacity of finance team in DHMTs. The TOR of the finance expert to be shared with Gavi.

Following long discussions involving MoHS and AFRO, WHO channelled the SIA implementation portion of MR campaign fund through DFC mechanism. WHO supported supervision of financial management in all districts following the MR campaign.

WHO continues to regularly monitor progress of implementation and provides updates to the Government on the implementation of the activities and collaborates well with the Government to meet all formal reporting requirements.

UNICEF

In close collaboration with MOHS, UNICEF implemented different Gavi grants for improved immunization service delivery, including: HSS grants (for procurement and service delivery), TCA, MR introduction, and PCV switch. The implementation of these grants helped to improve routine immunization services, the PCV13 switch from one to four dose vial, the smooth implementation of 2019 Measles – Rubella campaign and MR vaccine introduction.

As of end September 2019, in close collaboration with MOHS, 58.7% of the HSS service delivery grant channelled through UNICEF was utilized, 91.1% of the procurement grant was spent, 92% of the PCV13 switch grant was spent, 95% of the MR introduction grant was utilized, and 10.1% of the TCA funding was utilised. The remaining Gavi funds under HSS will be used to support the payment of EPI staff and to support the implementation of core activities before the disbursement of the next tranche.

UNICEF continues to administer Gavi funds in accordance with the Financial Regulations and Rules, and any other applicable rules, procedures and practices. UNICEF maintains accurate accounting records documenting how funds are used and disbursed. During the period under review, UNICEF has taken all necessary actions to ensure that all Gavi funds have been used for the sole purpose of implementing the budgeted activities. In cases where reprogramming of activities or changes are needed, written approval was sought from Gavi.

UNICEF continued to provide regular updates to the Government on the implementation of the activities and always collaborate with the Government to meet all formal reporting requirements to Gavi. UNICEF continued to perform spot checks to government both at central level and in the districts, and provide recommendations where gaps are realized.

Following the presentation of Gavi audit findings in 2018, UNICEF took some additional actions to strengthen programme implementation and reduce programme and financial management risks. Some of those actions include:

- UNICEF Sierra Leone organized a workshop for Government partners (Maternal and Child Health (MCH)/EPI Programme staff and District Health Management Teams (DHMT) Western Area Urban and Rural) to build capacity in financial management. A similar workshop is planned for district partners in the last quarter of 2019.

- To strengthen oversight and ownership of the EPI Programme, UNICEF ensured that all communications from the DHMTs, including funding requests and liquidation documents, must be channelled through the EPI Programme to enable coordination, quality reviews and registering of the information.

- UNICEF Sierra Leone diversified the approaches to disburse funds for activity implementation including the use of direct payments to vendors, in addition to direct cash transfers (DCT) to the Government implementing partners.

- UNICEF Sierra Leone uses a mobile technology money transfer platform (Orange Money) to make direct payment of incentives for beneficiaries at the national, district, health facility, and community levels. To ensure the accuracy and transparency of Community Health Worker (CHW) incentive payment, UNICEF has put in place the following measures:

- Development and implementation of standard operating procedures (SOPs) outlining steps and required documents with responsible bodies;
- Joint field visits for pre-payment, intra-payment, and post payment verifications with DHMTs, Directorate of Primary Health Care (DPHC)/CHW hub and EPI/Child Health (CH) Programme;
- Establishment of working group for coordination; and
- Involvement of Chief Medical Officer (CMO), EPI Programme Manager, Primary Health Care (PHC) Director, District Medical Officers (DMOs) and DHMT members at every step of the operation.

The similar measures are being implemented for health workers incentive payment.

- To strengthen the quality of the harmonised approach to cash transfers (HACT), in late 2017, UNICEF Sierra Leone contracted a third-party firm to conduct audit and financial spot checks; and recruited a full-time HACT Officer who is responsible for developing, implementing and monitoring of HACT assurance activities, including associated capacity development plans.

- Between January and August 2019, UNICEF Sierra Leone staff conducted a total of 55 field visits, including 44 programme monitoring visits (PMVs) to DHMTs and MCH/EPI Programme, the primary partners for implementation of Gavi grants**.**

- In 2018 and 2019, the contracted third-party firm completed 1 financial audit for DHMT Bo, and 21 financial spot checks for DHMTs and MCH/EPI programme. Currently, an additional 3 spot checks are underway.

- To strengthen the response to the audit/spot check/PMV findings, UNICEF Sierra Leone introduced a follow-up matrix which tracks the follow-up actions to address the findings and recommendations from different financial assurance activities. For instance, the latest round of financial spot checks shows persistent capacity gaps in financial management at district level. To address this, UNICEF Sierra Leone has started designing and implementing on-the-job training and coaching programme on financial management for DHMTs for the next 4-6 months.

CDC

In April 2019, CDC Foundation received USD 149,332 TCA funds, and a service agreement has been established with ICAP-Columbia University to serve as the implementing partner of the activities. Of the total funds received, USD 133,333 will be used by ICAPto support the CH/EPI Programme to design and implement in-service training for facility in-charges, EPI focal persons, and CHW supervisors on an integrated approach for defaulter-tracking, community outreach, and interpersonal communication using human-centred design principles. In addition to the funds received by CDC Foundation, the Global Immunization Division of CDC directly received $28,000 TCA funds to provide technical guidance. The funds are only used to partially cover technical staff travel costs to Sierra Leone during the implementation of the in-service training of health workers as well as for TA visits made earlier in July 2019 to support an urban SWOT analysis and analytical support for the KAP-coverage data. Both CDC and ICAP have continuously engaged the CH/EPI Programme in all aspects of the conceptualisation, planning and implementation of the TCA support to the country. All TCA activities for the remainder of the 2019 and through June 2020 will be coordinated through the TCC under the guidance of the CH/EPI Manager.

The Program is looking forward to GAVI providing details of the full 5 year grant to assess the relevance of the remaining activities for the subsequent in order to determine the need to any future re-allocations or re-programming.

5.5. 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.

Not applicable

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.

See below table for update on progress and challenges against 2019 TCA plan

Joint Appraisal Update

TCA Plan update

Partner and Programmatic Area (2018)	Activity	Milestones		Expected Outcome	Progress and challenges in implementing the TCA plan	Amendments / changes to the TA currently planned for the remainder of the year
		30-Jun-2019	30-Nov-2019			
UNICEF Supply chain	Support Cold Chain and Logistics management1.Functionality of the NLWG, 2.Installation of the new cold room and operationalization of the new cold store. 3. Installation of central RTMD and Temperature mapping conducted in the walk in cold rooms at the central cold store 4. Support to strengthen preventive maintenance of cold chain equipment	First temperature mapping conducted and results inform location of vaccine in the cold rooms to ensure optimal storage and minimize vaccine wastage	New cold store fully operational with Central RTMD installed and functional. Second temperature mapping conducted in 100% of the working cold room and result informed location of vaccines to optimize storage and minimize vaccine wastage	Improved vaccine storage management at national level reducing wastage	No technicians at central level for the management of cold rooms.	No changes needed
UNICEF Supply chain	Support Immunization supply chain system design (1. Support data analysis and modelling and Workshop for modelling results sharing with SC stakeholders		Data analysis results shared at result sharing workshop with MoHS and stakeholders; and model for implementation/pilot in the country identified by MoHS with support of iSC stakeholders	System design model to improve supply chain efficiency, effectiveness and resilient in the country identified for implementation	Study on going, awaiting findings.	No changes needed

UNICEF Vaccine-Specific Support	Support planning implementation and monitoring of new vaccine introduction - support vaccine, cold chain management and logistics related to MR SIAs and introduction of MR and HPV in routine immunization.	MR SIAs conducted in all districts with more than 95% coverage; and introduced into the RI in all districts	HPV introduced in all districts with not less than 80% coverage of target group (14 year age cohort)	Good coverage of eligible targets with the MR and HPV vaccines		
UNICEF Data	Support Data for management and decision (1. Support vaccine supply planning and strengthening of regular SMT update and use, 2. Support monitoring of vaccine stock by quarterly physical stock take at national level.3) Support decentralization of use of SMT to the districts 4)support to ensure regular cold chain inventory update from all districts,	Two quarterly physical stock take conducted by end of June 2019 with monthly submission of SMT from National level. At least 30% districts reporting monthly on SMT ensuring visibility for vaccine management and informed decisions	Three quarterly physical stock take conducted by the end of Nov 2019 with monthly submission of SMT. At least 35% district reports using SMT ensuring vaccine management visibility and informed decisions	Improved vaccine and supplies stock management at all levels and reporting and use of data for action in 2019	Difficulty in obtaining stock data from lower levels. Limited use of SMT at district level	No changes needed
UNICEF Data	Support the use of RapidPro technology innovation for collection of monthly vaccine stock data from the district level	At least 50% of the districts submit vaccines and devices stock balance data using Rapidpro technology	At least 70% of the districts reporting on monthly vaccines and devices stock balance using Rapidpro technology	Improved vaccine and supplies stock management at all levels and reporting and use of data for action in 2019	Data has been generated but response rate has been low.	No changes needed
UNICEF Supply chain	Support EVM self-assessment at all levels of the country immunization supply chain system including the national cold store, 14 district store and selected PHUs in all districts	Nil	EVM Self-assessment completed; and 80% of recommendations incorporated into the existing comprehensive improvement plan for 2020 implementation with sufficient budget allocated.	Improved vaccine management at all levels of the supply chain in the country	Delay in implementing self – EVMA. ToR has been drafted and the activity is expected in December 2019	No changes needed

UNICEF Demand Promotion	1. Provide support to the development of an HPV communication strategy.	Nil	HPV Communication strategy developed and implemented.	Good uptake of HPV vaccines by eligible targets	Limited funding to kick-start the implementation of the communication plan	No changes needed
WHO Vaccine-Specific Support	Support Country to introduce MR into routine EPI in 2019	Report of MR introduction	1) MR PIE report and 2) Report of MR/New Vaccines uptake by district	MR Post Introduction Evaluation	MR vaccine was introduced in June 2019 along with the catch-up campaign. Post MR introduction evaluation is planned for Q1 2020	No changes needed
WHO Data	Support operationalization of Data Quality Improvement Plan and monitoring ofthe DQIP.	1) Mid-year Immunization Data Validation Report and 2) Immunization Program performance league table of districts	a) Annual Immunization Data Validation Report and b) Immunization Program performance league table of districts	Annual Immunization data reported in JRF is Validated by WCO, UNICEF and MoHS	JRF 2018 report was finalized and submitted after this was validated by WCO, UNICEF and MoHS	No changes needed
WHO Vaccine-Specific Support	Support Country to introduce HPV into routine EPI in 2019		Report of HPV introduction	HPV Post Introduction Evaluation	HPV vaccine introduction is rescheduled to Q4 2020	No changes needed
WHO Leadership Management and Coordination (LMC)	1) Facilitate development of National Immunization operations Plan, 2) Conduct National Immunization Program review meetings and 3) Conduct EPI/Surveillance Review meetings in Priority Districts based on periodic assessment. 4). Support MoHS to coordinate health sector partners	a) National Immunization Operations Plan, and b) Reports of respective EPI/surveillance review meetings. c) Update ToRs for Health Coordination. focusing on one-Health approach.	a)National Immunization Operations Plan and b)Reports of respective EPI/surveillance review meetings c) Availability of minutes of monthly minutes withaction points/recommendations.	Contribute to GAVI HSS investments for improving immunization coverage and Partners coordination.	National immunization plan was developed for the year 2019 Conducted xx (number of EPI surveillance review meetings from xx (month, year) to xx (month, year) Drafted ToR for coordination forum which is under finalization	No changes needed

WHO Data	Support review and performance of new vaccines (Rota, PBM, Influenza) surveillance;	Quarterly Sentinel Surveillance review meeting. Quarterly shared Sentinel surveillance database and Lab materials provided	Annual report on new vaccine Sentinel surveillance performance and BacTec Machine procured and commissioned at the PBM site	Document impact of New and Underused vaccines introduced in Sierra Leone (Rota, PBM, Peumo)	Performance of new vaccines reviewed and data being generated on impact of Rota and PBM (Hib vaccine) through sentinel surveillance	
WHO Data	Support EPI coverage verification survey	Protocol and adapted tools endorsed by the ICC	Field visit and data analysis completed	Verified National Immunization coverage	EPI coverage survey rescheduled to Q1 2020	No changes needed
CDC Programme Implementation/Coverage & Equity	Technical support around planning of interventions to improve coverage/uptake/demand and address equity issues in low performing districts in Sierra Leone based on data generated from CDC's ongoing mixed-methods Urban Needs Assessment and GAVI/EPI KAP survey being planned together with UNICEF and partners	Funding received; CDC technical staff visit to Sierra Leone to meet with EPI manager and partners to use generated data to inform programming	Program improvement plan for targeted interventions drafted and shared with stakeholder	Strategic use of evidence from various ongoing assessments to inform the development of targeted interventions for addressing coverage, equity, and demand gaps in priority districts to be identified by the MoHS/EPI (including to incorporate results from the equity assessment, urban needs assessment, and EPI KAP survey)	SL urban immunization SWOT analysis completed with input from parnters and report being compiled. KAP-coverage survey data fully analysed, which fed into the final report prepared by FOCUS 1000 and UNICEF. Additional multivariate analysis of KAP-coverage data conducted, and results have been shared with partners to inform programmatic decisions	No changes needed

CDC Programme Implementation/Coverage & Equity	Building in-country capacity among EPI staff on how to undertake an integrated model for defaulter-tracking using existing community health workers linked with PHU-level EPI staff during community outreach / demand promotion sessions in two priority districts identified by the EPI programme. In addition, support skills transfer in capturing high quality data needed to demonstrate effectiveness of the integrated-model on identification of defaulters and reduction of drop-out (Penta1-Penta3; MCV1-MCV2;).	(i) Funding received; (ii) Funds transferred from CDC Foundation to ICAP; (iii) Initial intervention activities commenced by ICAP and MoHS/EPI	(i) Completion of all trainings for MoHS/EPI staff at national and district level (ii) completion of trainings for HF-level staff, CHWs, and community mobilizers to support the integrated model in two priority districts	(i) Enhanced capacity and practical skills among EPI staff in two priority districts in undertaking high quality defaulter tracking and outreach sessions using an integrated model with existing community health workers; (ii) Availability of high quality data on feasibility and effectiveness of an integrated model for defaulter tracking combined with community outreach and demand promotion in two priority districts	Implementation of activities was initially delayed due to delay in signing service-level agreement between CDC Foundation and ICAP. CDC and ICAP have held consultation meetings with the CH/EPI program and agreed on outline for the in-service training. Draft implementation plan for the in-service training has been developed. Implementation of the in-service training workshops will commence in January 2020.	
CHAI Data	Provide technical support on data strengthening activities with focus on increasing quality, accuracy, and completeness of information from all levels 1) Identification of key performance indicators 2) review of data tools 3) data workflow mapping and	Key performance indicators for EPI reviewed and documented. Recommendations for data tool revisions and requirements	Central data analysis, triangulation, and feedback system established including summary data dashboards which aggregate available information for decision	Increased access to data of improved quality to inform EPI decision making and enable districts and PHUs to identify	Completed a desk-based review of facility, district and national electronic data reports. Visited Facilities and District Stores in WAR / WAU to document data reports and processes.	No changes needed

	constraint identification 4) review and response system targeting 3-4 districts	submitted to program. Plan for implementation of management review and response feedback system created and agreed with program.	makers to have a snapshot of where challenges are in their districts Management review and response system established in 4 districts with relevant and timely data being provided to PHUs to inform data and delivery improvements	and target problem areas	Process mapped the data flows and data tools. Challenge: Project mobilisation delayed by up to two months due to contracting and recruitment. Project should be back on track by December. Early indications that electronic data reporting is a major challenge.	
CHAI Supply chain	Support program to make use of data on stock and wastages to identify necessary improvements in supply chain performance and key processes (e.g., vaccine stock allocation to districts and PHUs), reinforcing use of data for decision making	Brief submitted to program, derived using data from existing surveys and sources, to identify and highlight potential stock challenges and suggest supply chain improvement priorities	Options identified with program and UNICEF for use of data within key processes targeted for improvement. Stock data reviewed and used to inform those target processes	Data based allocation planning and/or in other supply chain processes to reduce over supply and mitigate stock outs	Reviewed the current Stock Management Information reports and processes. Documented current data fields and KPIs, related to stock and wastages. Challenge: Low availability of timely, electronically recorded stock information for districts (e.g. 1 in 14 using the SMT, June 2019), this will impact the approach we need to take when working with the districts, with more focus on data entry initially.	No changes needed
CHAI Vaccine-Specific Support	Provide support on coordination and accountability of HPV introduction including support on 1) introduction plan 2) HPV TWG and coordination on non	High quality preparations take place, with appropriate coordination of all	Quality HPV introduction takes place	HPV coverage at 80% within 24 months of introduction	Provided analysis to recommend 10-year-old routine cohort for introduction	No changes needed

	immunisation platforms 3) planning for HPV SC requirements 4) progress review 5) Microplanning best practice and quality assurance 6) coordination with lower levels on responsibilities, 7) EPI efforts on training and IEC, 8) AEFI guidance, and 9) monitoring practices	stakeholders' roles/responsibilities			Supported MoHS to establish the TWG for HPV Introduction (September 2019)	
AMP Health - Leadership & management Capacity Building	Building Leadership and Management Capacity of EPI national staff and other soft skills	In-country leadership labs for entire program team	Leadership refresher program in Aspen, CO for Program Manager	Improved leadership and management skills	Time - conflict with major program activity implementation	
		leadership lab In Rwanda for program manager, Deputy program manager and team Leads	Software training for entire program on Microsoft Office – Excel, word, power point; use of Google Drive	Improved knowledge and use of Microsoft Office tools for data management	Use of obsolete computer facilities	
AMP Health - Data Management and Reporting	Support the national program Data Management, sharing, storage and archiving	Introduce the use of cloud services for data storage,	Use of google drive for data management, sharing, storage and archiving	Improved data management, collaboration and archiving	Lack of adequate internet facilities	
AMP Health Program Coordination	Support Programme Management to coordinate national coordination committee meeting meetings (TCC)	Availability of minutes of monthly minutes with action points/recommendations.		Improved program coordination leadership coordination to improve	Program staff workload - Not enough program staff to share workload	

				immunization services		
	Develop practices for human resource development and capacity	Develop roles and responsibilities and workstreams for program	Develop focus workstreams for program management and program activity implementation	Effective team management	Availability of time to review work with program management team	

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Provide the status of the prioritized strategic actions identified in the previous Joint Appraisal[12] and any additional significant Independent Review Committee (IRC) or High Level Review Panel (HLRP) recommendations (if applicable).

Prioritized actions from previous Joint Appraisal	Current status
Supply Chain Management 1. Capacity building of service providers on vaccine management especially on wastage (IIP) 2. Cold chain management - temperature monitoring, mapping of cold room and provision of Fridge Tags 3. Supportive supervision – revision of check list and conduct supervision at all levels 4. Strengthen immunisation waste management 5. Continue immunisation Supply Chain system design process 6. Procurement of cold chain equipment and vehicles for vaccine distribution 7. Conduct comprehensive EVM self-assessment 8. Increase visibility of vaccine utilization at all levels (Supply chain data) and make use of this information in distribution planning 9. Training of National Cold Chain Engineers 10. Repair of Cold Chain Equipment	Supply Chain Management 1. Not part of current plans – planned for 2020 2. Done 3. Checklist revised and supervision on going 4. Immunization Waste Management Strengthen 5. Supply Chain System Design has been done awaiting the final Modeling which will commence on the 4 of November 2019. 6. 220 CCEs and also planned to procured 250 CCEs, 230 Cold Boxes were planned for procure in 2020, and the Vehicle for vaccine Distribution national to district has been procured. 7. This activity was not part of the current grant but it has planned for 2020. 8. It's done, district are sending deliverables in a monthly bases, though we have some issues with timeliness. 9. Not yet done, but already planned for 2020 with the HSS Grant Extension. 10. Ongoing Process.
Service Delivery 1. Intensifying Defaulter tracing and outreach services at facility level 2. Provide incentives and transportation to ensure that outreach services take place and are effective 3. Conduct micro-planning for routine immunisation, MR, and HPV 4. Conduct monitoring & supportive supervision at all levels 5. Enhance the role of CHWs in immunisation activities (defaulter tracing, demand generation, etc.) 6. Introduction of new vaccines (MR and HPV) 7. Institutionalizing monitoring of AEFIs 8. Conduct EPI coverage surveys	Service Delivery 1. Both outreach and defaulter tracing is ongoing. 2. Incentive payments done for last quarter of 2018 and 1st and second quarter of 2019. 3. Micro plan for MR & HPV completed and RI micro planning process is ongoing 4. Conducted two monitoring and supportive supervision. However supportive supervision conducted at district level is without support. 5. CHW immunisation reporting data capture tool developed and HF6 updated to include immunisation indicators 6. MR has been introduced and HPV rescheduled for first quarter of 2020. 7. AEFI committees formed at all levels. District Operations Officers and District Surveillance officers trained on AEFI surveillance and reporting 8. Implemented PIRI for the six priority districts

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

9. Implement innovative strategies from findings of equity assessment in order to provide services with a focus on addressing equity issues 10. Conduct operational research to identify improvements in service delivery	9. Implemented PIRI for the six priority districts 10. Funds reallocated
Social Mobilization/Demand Creation 1. Enhance routine immunisation sensitization messages 2. Bring in service providers as part of the social mobilization process (Community engagement) 3. Integrate messaging with other programs and directorates e.g. child health activities, reproductive health activities 4. Evidence generation on social and cultural norms (Equity in Social Mobilization messaging) 5. Integrate AEFI into social mobilization messaging 6. Provide messages that are tailored to ensure equity and appropriate messages with the most suitable messenger 7. Capacity building of social mobilization officers to improve on communication skills 8. Strengthening community structures on social mobilization (including CHWs, VDCs, SM pillars, etc.).	Social Mobilization/Demand Creation 1. A KAP study was done in first quarter of 2019, which informed the development of a RI Communication Strategy 2. Linked up with the various actors in the education sector for the delivery of the MR vaccine. Relationship building with teachers and the Ministry of Education continues 3. An overall RMNCH Message Guide available. Integrated campaigns conducted nationwide with messages on nutrition, malaria, child health, EPI, etc. 4. KAP survey highlights social and cultural norms practices 5. WHO Consultant currently in country to support integration efforts; AEFI system and guide developed for all health facilities, including private, nationwide. AEFI NITAG and committees established at national and district level. 6. Use of CHWs to disseminate messages, house-to house, from the Message Guide 7. 33 HED Officers were trained in evidence-based communication planning and reporting; and Interpersonal communication skills 8. Linkages were strengthened, and trainings conducted for VDCs, CHWs and FMCs on their roles and responsibilities. Emergency committees were established and trained at district and chiefdom level to develop action plans.
Data Management Systems 1. Migrate DVDMT to DHIS2 tool a. Investigate possibility of development of app to capture immunisation data at facility level 2. Review of required data elements, revision of tools and printing 3. Training of staff on updated tools 4. Supportive Supervision at all levels including routine and provision of appropriate feedback 5. Data Quality Interventions including implementation of data improvement plan 6. Evaluation of VaxTrac for electronic reporting to identify recommendations for continuation and linking to DHIS2 or discontinuation.	Data Management Systems 1. Not started and unbudgeted a. Not started and unbudgeted 2. In progress for HF2, RRIV 3. Not started 4. Checklist revised and supervision on going 5. Plan available; no progress in implementation 6. VaxTrac discontinued

7. Triangulation of data to identify numerator challenges and options to improve denominator, and improve data quality	7. Not started
Leadership, Management, and Coordination 1. Leadership and management capacity building at all levels 2. Coordination of logistic working group 3. Defined roles and responsibilities of all MoHS personnel 4. Partner mapping and areas of scope of work 5. Coordination with CHW Programme 6. Coordination of stakeholders (through TCC, HSCC, and HSSG) 7. Facilitation of NITAG	Leadership, Management, and Coordination 1. Program staff benefited from Leadership and management training both locally and internationally (Kigali, Rwanda from Jan to Feb 2019. The Program Manager also attended a training session in the USA in June 2019. 2. Logistic working group meetings commencedand fully functional 3. Roles and responsibilities of staff have been updated pending review and adoption by program 4. Partners mapping was also done through the details in the TCAs signed with GAVI as well as in the TCC 5. Coordination with CHW Hub needs strengthening especially in the area of immunization 6. The program organizes bi-weekly TCC meetings and was able to organize one HSSG meeting. It was difficult to have more HSSG meetings due to the complexities in organizing such meetings due to the fact that the program is not responsible for the secretariat of this body 7. NITAG committee was put together. One NITAG meeting was conducted. Program management has determined that there is a need to strengthen the NITAG. Need for review of NITAG composition to ensure that the relevant professional capacities are included.
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 prioritized in the new action plan (section 7 below).

As a result in leadership transition the Management Partner model is no longer accurately aligned with the current country needs and priorities. The new EPI leadership has sufficient capabilities to manage the programme, as they have significant experience in donor programme management.

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

Briefly summarize 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.

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[13].

Key finding / Action 1
 	
Leadership and Coordination
	Leadership and coordination gaps exist in the following areas
	
	• Re-establishment of ICC required
	• Expansion of NITAG required
	• Irregular NLWG Coordination
	• Finance Management
	  o District Capacity
	  o Irregular Financial Supervision
	• Delayed and Inadequate Government Allocation
	  o Co-Financing/
	  o Traditional Vaccine Procurement
	• Weak Coordination: EPI and Surveillance
	• Co-Finance Payment
	• Weak Supportive Supervision
	  o District Level
	• Asset Management

Current response	The EPI programme has currently responded by: • Identifying the need to re-establish an ICC within the Ministry. A draft TOR for the ICC already developed • Launching NITAG, which now needs to be subsequently expanded. Some of the required members already identified and meeting held. However, there is still a need to incorporate more specialities • Identifying that NLTWG coordination needs some additional support from partners initially to get these meetings performance review meetings regularly occurring

[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 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.

	• Reviewing the outcome of the audit report in 2019 and addressing the gaps • A finance specialist has been recruited and deployed to the program by WHO
Agreed country actions	• Re-establish ICC • Strengthen NITAG • Coordinate monthly meetings • Trainings & Supervision • Consider payment in Leones • Timely budgeting & Forecasting • Develop plan for payments for traditional vaccines • Quarterly Supervision • Surveillance to attend TCC Meetings; EPI to attend EPRRG Meetings • Strengthen supportive supervision: Districts to PHU • Strengthen Asset Management
Expected outputs / results	• Immunization as a priority agenda item at ICC with adequate support from MOHS leadership and heads of partners • Strengthen evidence-based decision-making on vaccines and vaccine-related items at NITAG • A regularly occurring National Logistics Working Group for EPI, which discusses performance and resolves issues • Increased financial management capacity at Central and District level • Creation of a budget line for EPI / immunization and movement toward increased vaccine financing from government • Both EPI and Surveillance representation at key management meetings • An agreement reached that the Government can pay in Leones as part of their co-financing agreement
Associated timeline	2020-21
Required resources / support and TA	UNICEF and WHO
Key finding / Action 2 Service Delivery	Service Delivery gaps exist in the following areas: • Knowledge gap and skills in provision of an effective immunization services at all levels • Low immunization coverage • Inadequate staff at PHU level • Inadequate reporting tools Weak linkage with community on immunization
Current response	The EPI programme has currently responded by: • Undertaking a coverage and Equity assessment study. The findings from the study are being used to prioritize interventions for support. • The program also a implementingseveral interventions to address the coverage and equity issues such as PIRI, support to health facilities for outreach services, supportive supervision and expansion of the cold chain access ensuring access to vaccines. • Community engagement to improve on immunisation services.
Agreed country actions	• Training of health staff on effective immunization services. • Regular Supportive supervision and mentoring of health staff. • Pre and in-service training of health staff on Immunization in practices (On the job training).

	• Support PHU staff to strengthen outreach services and conduct regular defaulter tracing. • Increase number of days for immunization services • Advocacy at district and national for equitable distribution of health staff based on Basic package of essential health services. • Printing and distribution of adequate reporting tools. • Intensify Community engagement in the planning and implementation of immunization activities. • Intensify male involvement in child care and immunization. • Improve the linkage between the CHW and health workers. • Involvement of stakeholders in formulation of by-laws that will enhance immunization services. • Strengthen monthly PHU meetings with CHW
Expected outputs / results	• Improved immunization services • Improved coverage and reduce missed opportunities • Reduced workload • Improved services • Improved reporting • Improved involvement of community and Increased demand for immunization • Increased demand • Improved immunization services (Defaulter tracing and increased demand) • Improved linkage and enhanced cooperation between CHW
Associated timeline	2020-21
Required resources / support and TA	CDC, WHO, UNICEF
Key finding / Action 3 Demand Generation	Demand Generation gaps exist in the following areas • Inadequate IPC training for HW including CHWs • Insufficient knowledge on RI for primary caregivers, including slum dwellers • Lack of male participation on RI • Inadequate mobilization of communities • Inadequate monitoring / supervision on RI demand generation activities • Inadequate skills of partners to promote RI
Current response	The EPI programme has currently responded by: • Implementation of demand generation activities such as radio programs on routine immunisation, community engagement with community stakeholders, providing guidance to communities to develop community action plans on immunisation and to implement them
Agreed country actions	• Training for HW including CHWs • Engage primary caregivers, including market women on RI • Establishment of men's clubs for RI uptake Follow up on implementation of CAPs • Regular monitoring and supervision on RI activities • Capacity development of CBOs, local community structures and HP Officers
Expected outputs / results	• Increased skills for IPC • Increased knowledge on vPDs • Increased male involvement / participation on RI • Community social norms and bottlenecks on RI addressed

	• Timely address or response to challenges in the field • Enhanced capacity of partners for RI demand generation
Associated timeline	2020-21
Required resources / support and TA	UNICEF
Key finding / Action 4 Data	Data gaps exist in the following areas • Low capacity to use data for decision-making in districts Low availability of timely and complete datasets • Some immunization reporting is currently duplicated by District M&E and EPI Ops teams in DHIS2 and DVD-MT. DVD-MT is not a unified, national data reporting system • Weak capacity on data analysis and interpretation at district and facility level to make use of data for action • Inadequate time allocated for EPI and Surveillance to discuss shared issues • There is currently no report compiled and shared from the national EPI team • There are concerns about immunization data and population forecast accuracy in EPI • There is no national, unified, electronic system for stock management in EPI • LMIS data is currently of low availability and completeness by districts nationwide
Current response	The EPI programme has currently responded by: • Completing SMT training of district officers, however more training and compliance interventions needs to be done. • Reviewing with DDMS to standardise EPI's stock requisition reporting processes for stock issued to facilities by districts with the reporting used for drugs and consumables, which would enable stock use data by facilities to be entered directly into DHIS2 (HMIS) at districts. • Completing DVD-MT refresher training with District Officers • Planning to establish a quarterly Data TWG to between coordinate co-ordinate activities between EPI and partners.
Agreed country actions	• Conduct on job trainings/retraining in data management including on tools, databases, archiving practices and use of data for action to 6 DHMT staff (DOO, DSO, M&E) in each district and 3 staff from each of the health facility • National level to analyze and provide monthly feedback on quality, timeliness and completeness of EPI and surveillance reports (DVD MT, DHIS2, FT-2, Cold chain Inventory etc) to districts, while districts provide feedback to HF. • National level to conduct Annual Data Quality self-assessment and make recommendations in order to improve data quality • District level to conduct quarterly Data Quality self-assessment and make recommendations in order to improve data quality • Develop DVD-MT and DHIS2 inter-operable platform for data management in Sierra Leone • Build capacity of health facility and district EPI and records staff on data analysis and visualization of results including use of infographics - charts (RED), graphs, maps and tables • Strengthen monthly in-charges meetings to include EPI and surveillance data review, and regular feedback from M&E, DOOs, and DSOs • Developed and disseminated a quarterly routine EPI and VPD surveillance performance bulletin

	• Triangulate immunization data with surveillance and logistics data on a quarterly basis to identify gaps and set strategies for improvements • Conduct monthly validation of immunization coverage data at all levels • Training surveillance sites on sentinel data surveillance management • Identify options to improve LMIS reporting through use of eLMIS and other stock reporting improvements • Improve LMIS data availability and quality
Expected outputs / results	• Improved capacity in use of data for decision-making in districts • Higher availability of timely and completed datasets • Reduced duplication in reporting and data present in a unified system whereby more data analysis can be completed • Correct and updated RED chart within facilities and districts and improving interpretation of data skills • EPI and Surveillance data discussed and problems identified • Quantified variance and abnormalities between different EPI-related datasets leading to a more informed plan to improve quality and reduce the reporting gaps • Higher use of electronic systems (Excel or e-LMIS) for vaccine stock and logistics data records. Informed decision on whether to proceed toward an electronic Logistics Management Information System (e-LMIS) and when • Improved stock data reporting
Associated timeline	2020-21
Requiredresources / support and TA	CHAI, UNICEF, WHO
Key finding / Action 5 Supply Chain and Cold Chain	Supply Chain and Cold Chain Equipment gaps/concerns: • Frequent Breakdown of Equipment • Absence of Cold Chain Technicians at National Level • Visibility of stock at district / PHUs • Last Mile Supply Delivery • Inadequate equipment in the cold chain (fridges / cold boxes) • Inadequate Space in District Stores • Training of management staff in Supply Chain • Hard to reach communities in rural • Inadequate electricity power from national grid Not enough vehicles (cars) at national / district for supervision / vaccine distribution
Current response	The EPI Programme's current response has included: • Installation of the new national cold rooms and other CCEOP equipment across the distribution network. • Completing SMT training of districts offices and some districts already sending monthly SMT reports • Updating of the RRIVs at the DDMS to adequately capture EPI commodities and attempts at incorporating the LMIS into the DHIS • Use of Rapid Pro technology to get information on stock balances at the district level and plans to expand this innovation to the facility level in future • Procurement of two refrigerated trucks to support vaccine distribution from central stores to district stores from Q1 2020.
Agreed country actions	Equipment breakdown: • Purchase of spare parts • Repair existing equipment

	• Cold chain monitoring • Support district cold chain technicians with incentives / allowances and conduct on the job training for technicians Absence of cold chain technicians to repair at national level: • Recruit and train two national cold room technicians Visibility of stock at district and PHU level: • Integrate request forms into national RRIV form and monitor complianceImprove systems use for logistics management information capture at Districts • Assessment and prototype of mobile systems for data capture at facility / district level (e.g. RRIV / HF2 into eIDSR / DHIS2) Last mile delivery: • Districts need route distribution plans based on mileage Inadequate equipment in the cold chain (fridges / cold boxes) • Procure and install new cold chain equipment Inadequate electricity power from national grid at District stores: • Procurement of back-up generators for district stores Additional vehicles for supervision • Procurement of vehicles (cars) for supervision / vaccine distribution purposes
Expected outputs / results	Equipment breakdown: • Higher % of functioning fridges in Sierra Leone • Better visibility of cold chain problems to support quicker repairs • Higher rates of retention of staff and greater functionality of refrigerators within the cold chain Absence of cold chain technicians to repair at national level: • Fully resourced cold chain capacity at the national cold stores Visibility of stock at district and PHU level: • A unified requisition system for all medical supplies, drugs and vaccines leading to increased data entry of requisition information electronically in DHIS2. • Higher use of electronic systems (Excel or e-LMIS) for vaccine stock and logistics data records. Informed decision on whether to proceed toward an electronic Logistics Management Information System (e-LMIS) and when. • EPI is fully informed on whether it is viable and feasible for facilities and districts to record data directly into electronic systems themselves (e.g. mobile phone or tablet) from facilities Last Mile Supply Delivery: • Effective last mile distributions Cold chain Equipment (fridges / cold boxes): • No. of additional cold chain equipment at facilities Storage Space: • Adequate additional storage space found for dry consumables • A select number of District cold stores expanded to include additional space for dry storage

	Training of management staff in Supply Chain: • Higher trained workforce with greater capacity to influence positive change in supply chain Electricity at District Stores: • Less electricity shortages impacting the cold chain and therefore higher potency of vaccines and less wastage Vehicles for Supervision: • Higher number of supervision trips per annum, leading to an improvement in District performance
Associated timeline	2020-21
Requiredresources / support and TA	UNICEF, CHAI, WHO

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.

N/A

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 Ministry of the Health & Sanitation and the Gavi Secretariat agreed and scheduled the 2019 Joint Appraisal meeting from the 7th – 11h October 2019. The Expanded Programme on Immunisation Technical Co-ordination Committee (TCC) convened a meeting on the 10th September 2019 and established a writing team and these included officials from the Ministry of Health, WHO, UNICEF, CHAI and AMP. During the meeting, roles and responsibilities were assigned to individuals for the drafting of the 2019 JA report.

During the Joint Appraisal workshop, the country team made several presentations on the physical implementation of activities, financial consumption rates, challenges, way forward and the proposed activities for 2020 TCA. The Gavi Senior Country manager on the other hand, made presentations on the need to complete the JA report on time and the one country TCA plan and the focus of Gavi in the coming years.

The actual writing of the JA Report started soon after the workshop. The writing of the JA report was very participatory and consultative. At the end of each week's work, drafts were shared for members to review and made inputs, and this took for about a month. Having incorporated all the inputs, the final draft was shared with Gavi for review and comments. The comments from Gavi were later addressed. Since the ICC

is being fully constituted in the contry,the Joint Appraisal Report was presented to the TCC for review and endorsement.

- *The endorsement TCC meeting was held on the 19th November 2019, Chaired by the Director of the Reproductive and Child Health Program of the Ministry of Health & Sanitation. In attendance were also the UNICEF, WHO, CHAI, and CDC. The EPI manager presented sections of the JA Report and the report was finally endorsed by the TCC* Proposed dates for the next JA is 19th – 22nd October 2020.

Signed: .....The Minister of Health and Sanitation

Signed: .....The Ag. Chief Medical Officer Ministry Of health and Sanitation

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) *	Yes		
Grant Performance Framework (GPF) * reporting against all due indicators	Yes		
Financial Reports *		No	
Periodic financial reports			
Annual financial statement		No	
Annual financial audit report		No	
Campaign reports *	Yes		
Supplementary Immunisation Activity technical report	Yes		
Campaign coverage survey report		No	
Immunisation financing and expenditure information	Yes		
Data quality and survey reporting		No	
Annual data quality desk review		No	
Data improvement plan (DIP)	Yes		
Progress report on data improvement plan implementation	Yes		
In-depth data assessment (conducted in the last five years)	Yes		
Nationally representative coverage survey (conducted in the last five years)	Yes		
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	Yes		
CCEOP: updated CCE inventory	Yes		
Post Introduction Evaluation (PIE) (specify vaccines):	Yes		
Measles & rubella situation analysis and 5 year plan		No	
Operational plan for the immunisation programme	Yes		
HSS end of grant evaluation report		NA	
HPV demonstration programme evaluations	Yes		
Coverage Survey		No	

Costing analysis		No	
Adolescent Health Assessment report		No	
Reporting by partners on TCA	Yes		

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.
