

## Joint Appraisal Update report 2019

Country	United republic of Tanzania
Full JA or JA update <sup>1</sup>	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	
Participants / affiliation <sup>2</sup>	Ministry of Health, MoF, PORALG, Gavi, KfW, UNICEF, CHAI, WHO, USAID, PATH, AMREF, CDC, MCSP/JSI, Gates Foundation, TFDA, MSD RIVO, DIVO
Reporting period	1 <sup>st</sup> July 2017 – 30 <sup>th</sup> June, 2019
Fiscal period <sup>3</sup>	1 <sup>st</sup> July 2017 – 30 <sup>th</sup> June, 2019
Comprehensive Multi Year Plan (cMYP) duration	2016-2020
Gavi transition / co-financing group	Initial self-financing

### 1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

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

### 2. GAVI GRANT PORTFOLIO

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

Introduced / Campaign	Date	2018 Coverage (WUENIC) by dose	2020 Target		Approx. Value \$
			%	Children	
Penta-3	2009	98%	100%	2,116,379	6,333,300
PCV13-3	2012	98%	99%	2,095,658	
Rota-2	2012	98%	95%	2,013,630	4,828,500
MCV-1	2014	99%	97%	2,061,343	3,506,900
HPV-1	2018	56%	99%	648,040	1,669,100
IPV-1	2018	75%	95%	2,013,630	2,794,000

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

Grant	Channel	Period	1 <sup>st</sup> disbursement	Cumulative Financial status		compliance	
				Disb. US\$.	Util. US\$	Fin.	Audit
HSS1	UNICEF SD = CCEOP country payment Y2	2012-2017	2018	942,558	\$0	NA	NA
	UNICEF		2017	6,965,406	6,636,907	NA	NA
	Government		2014	5 589 259	5 589 259		
HSS 1 PBF	UNICEF SD (= CCEOP	2015-2016	2018	1,359,070	1,359,070		

	country payment year 1 + 60K for CCEOP Y2)						
	CHAI (IVD warehouse)		2017	800.000	Awaiting report		
HSS 2	UNICEF (Y1)	2019- 2023	2019	3,558,516	US\$289.770	NA	N/A
CCEOP Y1	UNICEF SD (gavi share)	2018- 2019	2018	4,836,819	4,836,819	NA	NA
HPV VIG	WHO	2018	2017	1,719,890	1,428,272		n/a
HPV demo	Government	2014- 2015	2014	205 484	195 840,04		
IPV VIG	Government	2015	2014	1 599 000	1 599 000,00		
MRfu ops	WHO	2019	2019	4,599,470	4,149,076		N/A
MR ops	Government	2014	2014	11,544,485	11,291,072		
MR VIG	Government	2014	2014	1,534,239	1,310,587		
Measles VIG	Government	2014	2014	1,617,709	1,325,601		

**Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future<sup>4</sup>**

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year

<sup>1</sup> 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/>

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

<sup>3</sup> If the country reporting period deviates from the fiscal period, please provide a short explanation.

<sup>4</sup> 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.

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

Intermediate results indicator	Target	Actual
Insert		
Insert		
<b>Comments</b>		
See section 5		

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

	Year	Funding (US\$m)			Staff in-post	Milestones met
		Appr.	Disb.	Util.		
<b><u>TOTAL CORE</u></b>	<b>2018</b>	<b>0.51</b>	<b>0.51</b>	<b>0.49</b>	<b>NA</b>	<b>29/36</b>
	<b>2019</b>	<b>0.52</b>	<b>0.39</b>	<b>0.07</b>	<b>4/4</b>	<b>8/12</b>
<b>UNICEF</b>	2018	0.29	0.29	0.29	NA	21/27
	2019	0.28	0.21	0.0	3/3	5/8
<b>WHO</b>	2018	0.22	0.22	0.20	NA	8/9
	2019	0.24	0.18	0.06	1/1	3/4
<b><u>TOTAL EXPAND</u></b>	<b>2018</b>	<b>0.74</b>	<b>1.64</b>	<b>0.64</b>	<b>NA</b>	<b>17/24</b>
	<b>2019</b>	<b>1.69</b>	<b>0.3</b>	<b>0.3</b>	<b>NA</b>	<b>12/18</b>
<b>Dev Partners Consulting</b>	2019	0.17	0	0	NA	0/1
<b>Jhpiego</b>	2018	0.42	0.35	0.35	NA	9/13
	2019	0.21	0.07	0.07	NA	4/5
<b>JSI</b>	2018	0.08	0.1	0.1	NA	6/8
	2019	0.71	0.19	0.19	NA	7/9
<b>PATH</b>	2018	0.24	1.19	0.19	NA	2/3
	2019	0.39	0	0	NA	0/1
<b>Roque Advisory</b>	2019	0.09	0.04	0.04	NA	1/1
<b>Soft Tech</b>	2019	0.12	0	0	NA	NA

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

The JA update does not include this section.

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### 4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

#### Background information

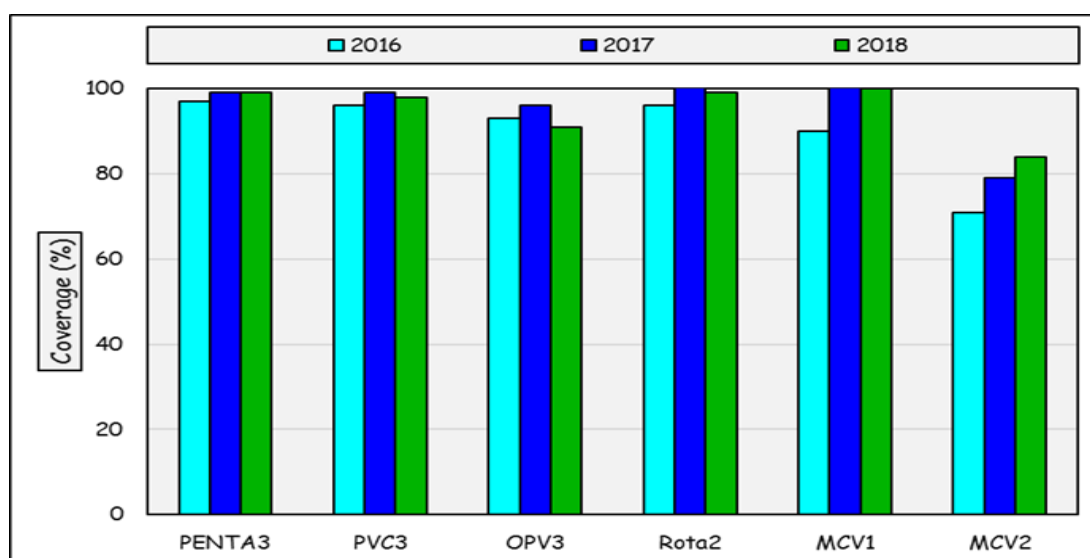
All activities implemented in reporting year were in line with 2017 and 2018 Annual Plans which are derived from the Country comprehensive Multi-year plan (cMYP) 2016-2020. The focus was mainly to maintain high immunization coverage of all antigens, to achieve the global and regional goals of disease eradication and elimination, expand immunization service to life course approach, reducing vaccine preventable diseases through new vaccine introductions, adopting and updating new technology in cold chain, and data management.

The number of Councils in 2018 was 194, this increase necessitating increase of new council/district vaccine stores that require additional resources (human resources, finances, infrastructures, vehicles, cold chain equipment, etc). The number of health facilities providing immunization services has also increased from 6027 in 2017 to 6,387 in 2018 aiming at reaching to every child equitably.

One of the major challenges in health services is unrealistic distribution of projected target population across regions and districts from NBS. One of the efforts of the Government and immunization partners to address this challenge is scaling up of electronic registry and immunization systems that will help accurately project and distribute the population in regions and districts.

#### Coverage and equity of immunization

The country has managed to maintain high immunization coverage of over 90% of all antigens in the three consecutive years at national level except newly introduced MCV2, IPV and HPV vaccines. This is due to low community awareness of vaccination services beyond one year of life. Ongoing advocacy and communication are essential in attaining the desired routine immunization coverage for all antigens. The chart below shows the trend of national vaccination coverage from 2016 to 2018 of selected antigens.

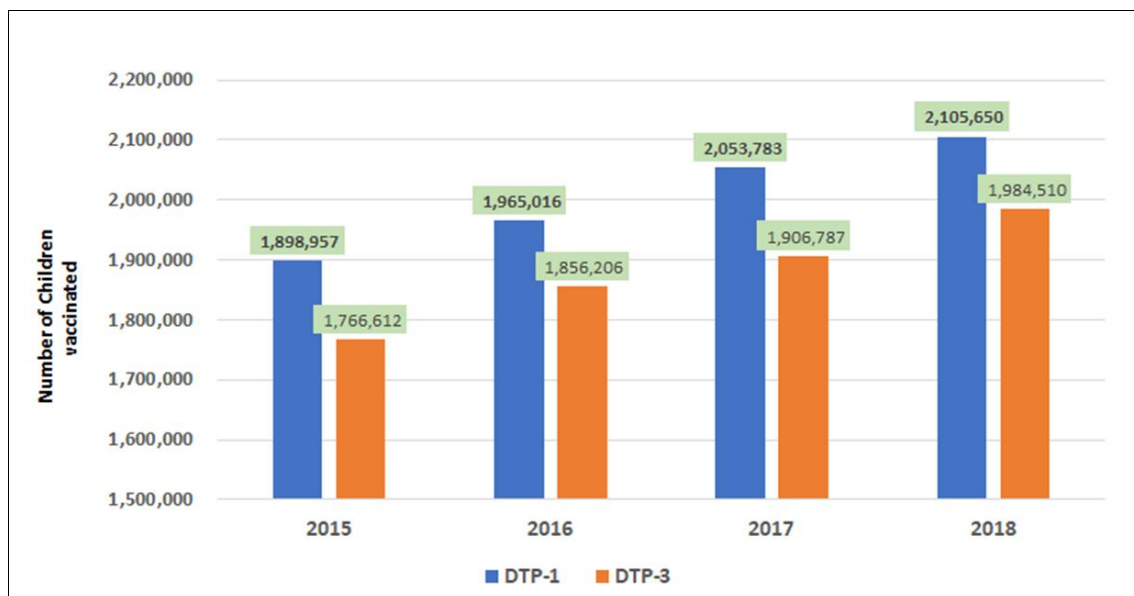


In 2018, the national target was to reach 2,013,744 surviving infants of which;

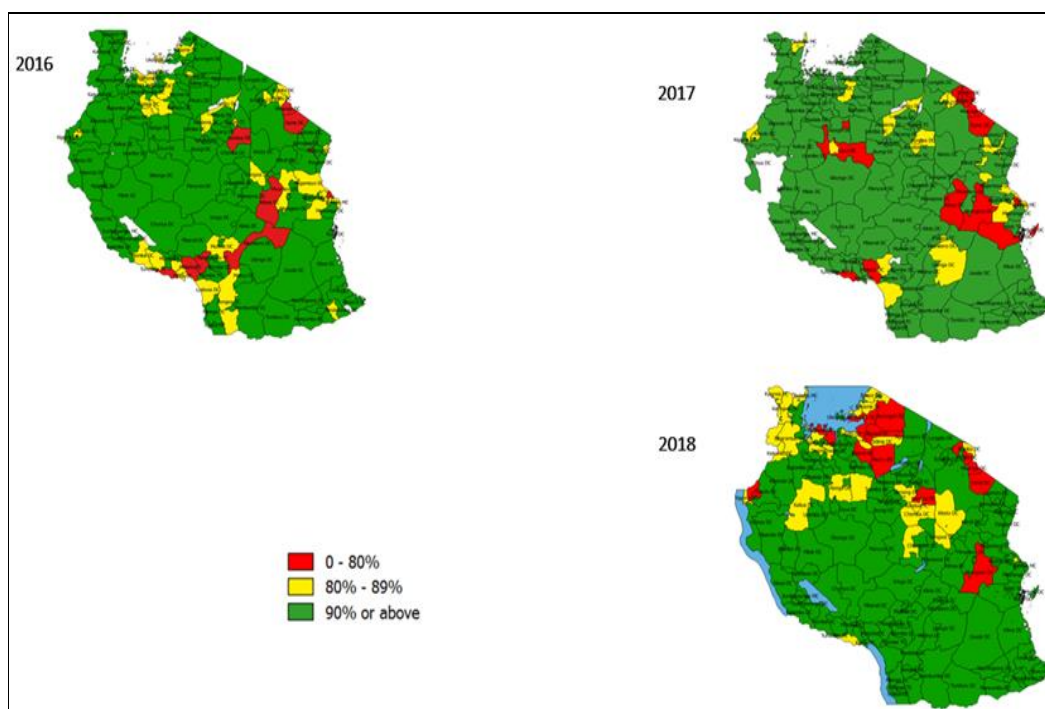
- DPT3 coverage was 99% with drop out of 6%
- PCV13 3 coverage was 98% with drop out of 6%
- Rotavirus 2 coverage was 99% with drop out of 7%
- Measles Containing Vaccines 1st dose coverage was 100%
- Measles Containing Vaccines 2nd dose coverage was 84%

HPV Vaccine coverage for girls aged 14 years old (643,383) was 84% for HPV 1st dose and 40% HPV 2nd dose with drop out of 11%.

The detailed analysis has shown that the absolute figures of the children vaccinated have been increasing in the past four years using DPT1 and DPT 3 as it shown in the chart below.

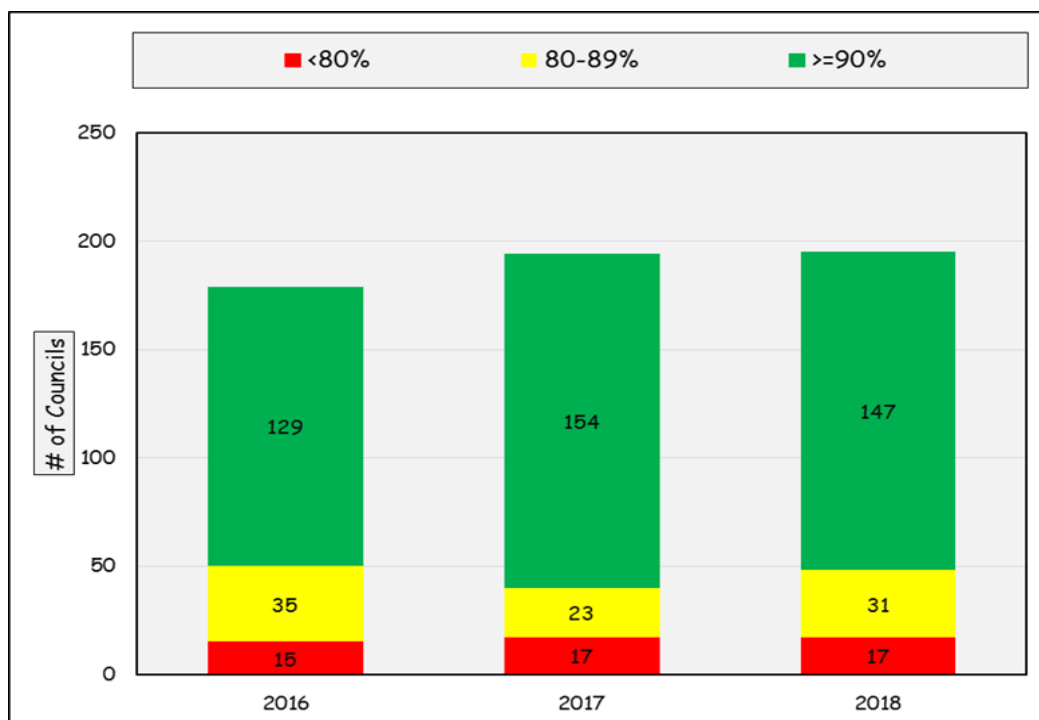


The maps below show the trend of DPT3 coverage by councils for the period between 2016 and 2018 respectively, which shows significant progress of Tanzania's efforts to enhance equity in immunization coverage.

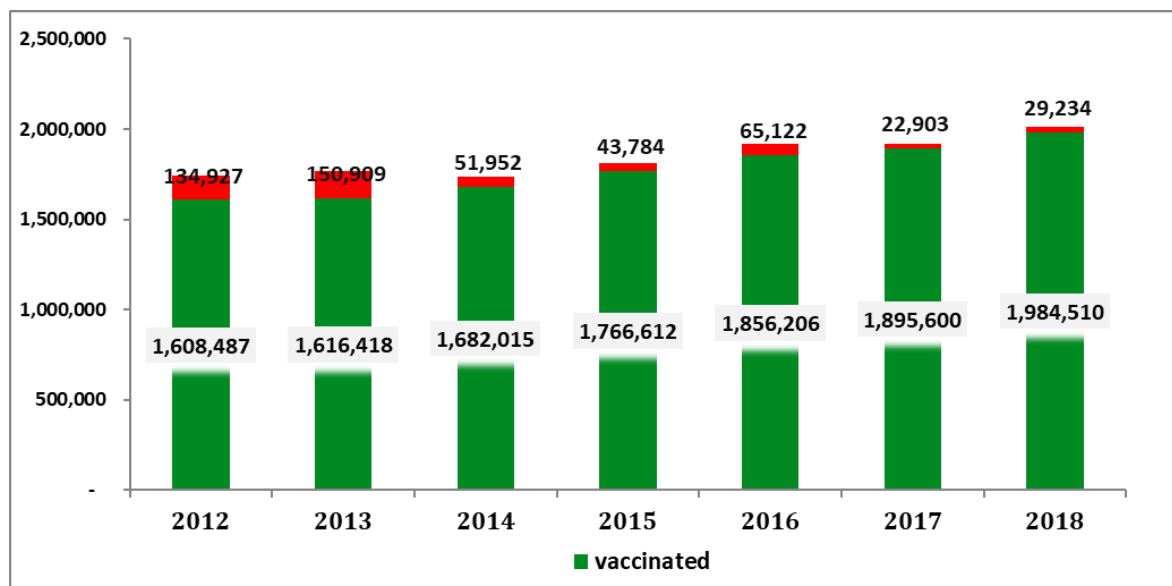


The number of councils with administrative coverage above 90% has increased by 3% from 2016 to 2018, while the number of councils with DTP3 coverage below 80% increased by 1% from 2016 to 2018. The low performing districts are being prioritized to increase their coverage, eg through REC support.

The chart below shows the trend of number of councils in the coverage categories of above 90%, 80 to 89% and those below 80%.



The Graph below shows the trend of unvaccinated children using the DPT1 by districts from 2016-2018.



#### Preventable diseases' cases:

- Polio

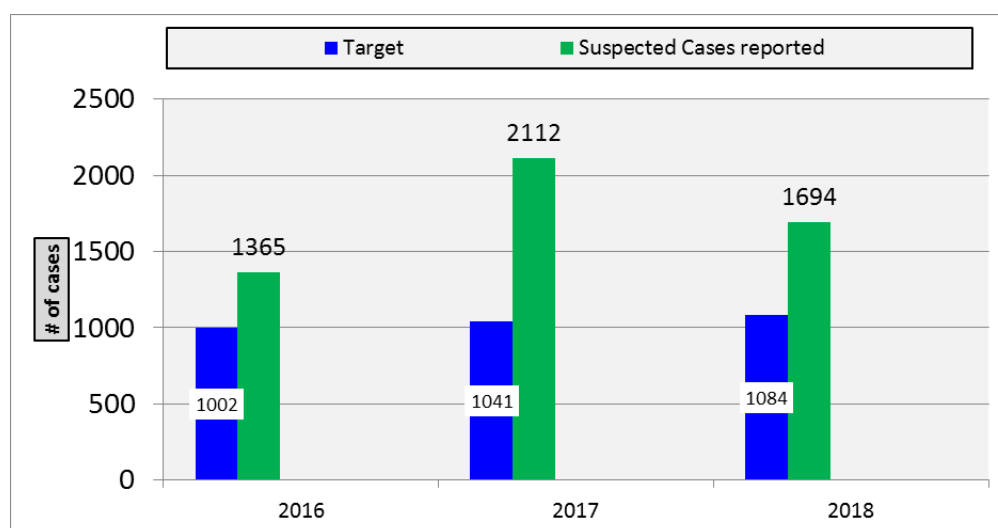
The last polio case was seen in 1996. The Country has been implementing polio eradication initiative activities by maintaining high national coverage of routine OPV 3 above 90% for the past ten years. Tanzania was accepted as Polio- Free country in December 2015. The country has achieved and maintained standard AFP surveillance performance indicators.

Region Name	Expected AFP Cases	Reported AFP cases	AFP Detection Rate	Non-Polio Detection AFP Rate	Stool Adequacy	N-PENT Rate	Cases Investigated within 7 days of Onset	Compatibles	Unclassified cases beyond 90 days
ARUSHA	9	18	3.8	3.2	94.4	0.0	16	0	0
DAR ES SALAAM	22	23	2.1	1.9	95.7	4.3	19	0	0
DODOMA	13	11	1.7	0.9	100.0	0.0	9	0	0
GEITA	14	13	1.9	1.9	100.0	7.7	12	0	0
IRINGA	5	6	2.4	2.4	100.0	0.0	4	0	0
KAGERA	17	26	3.0	2.9	96.2	11.5	23	0	0
KASKAZINI PEMBA	2	8	10.0	8.7	100.0	0.0	8	0	0
KASKAZINI UNGUJA	1	1	1.8	1.8	100.0	0.0	1	0	0
KATAVI	5	9	3.9	2.6	77.8	11.1	8	1	0
KIGOMA	15	20	2.6	2.1	90.0	10.0	13	0	1
KILIMANJARO	8	5	1.3	1.3	80.0	20.0	4	0	1
KUSINI PEMBA	1	2	2.7	2.7	100.0	50.0	2	0	0
KUSINI UNGUJA	1	1	3.4	3.4	100.0	0.0	0	0	0
LINDI	4	5	2.3	0.9	100.0	0.0	5	0	0
MANYARA	10	15	3.1	2.7	100.0	6.7	11	0	0
MARA	13	14	2.1	1.7	100.0	0.0	13	0	0
MBEYA	10	15	2.9	2.9	100.0	6.7	13	0	0
MJINI MAGHARIBI	3	7	4.3	4.3	100.0	28.6	6	0	0
MOROGORO	13	30	4.8	4.2	100.0	0.0	28	0	0
MTWARA	6	27	8.7	8.4	100.0	14.8	25	0	0
MWANZA	21	33	3.2	2.5	97.0	21.2	32	0	0
NJOMBE	4	15	8.4	6.7	100.0	6.7	13	0	0
PWANI	6	23	7.7	4.3	87.0	4.3	19	0	1
RUKWA	7	19	5.7	5.1	100.0	5.3	17	0	0
RUVUMA	7	14	3.8	2.2	92.9	7.1	12	0	0
SHINYANGA	10	11	2.1	2.1	100.0	27.3	8	0	0
SIMUYU	14	13	1.9	1.6	100.0	7.7	13	0	0
SINGIDA	9	15	3.5	3.0	100.0	6.7	14	0	0
SONGWE	6	15	4.7	4.1	100.0	0.0	13	0	0
TABORA	17	17	2.0	1.7	100.0	0.0	14	0	0
TANGA	11	21	3.9	3.1	90.5	19.0	15	1	1
URT	284	452	3.2	2.7	96.7	8.4	390	2	4

## Measles

Tanzania has intensified measles elimination efforts through active surveillance district monitoring, intensification of routine immunization and implementation of SIAs. In the period of 2016 to 2018, Measles case-based surveillance indicators have been on track to achieve target. In 2018 about 92% (178) of districts reported at least one case of Non-Measles Febrile Rash Illness (NM FRI). A total of 1665 suspected cases were reported, of which 27 were confirmed positive for measles. Negative measles cases when tested for Rubella, 37 were positive.

The table below summaries the number of suspected non measles febrile illness cases by regions in 2018.



- Rotavirus

Rotavirus vaccine was introduced in 2013. Diarrhea gastroenteritis surveillance is done in 13 hospitals from all geographical areas in the country to assess the disease burden and impact of vaccine.

The following have been found

- A notable reduction of 40% infants' hospitalization related to diarrhoea gastroenteritis has been observed.
- Vaccine effectiveness is 57% and with the high coverage of more than 95% for the two doses;
- There is reported reduction on the use of Antibiotics among clinicians
- G1P [8] and G2P [4] still predominates among the circulating genotypes as it was before vax introduction.
- 2018 data show 18% of hospitalizations due to Rotavirus but there is no information what the causes for the other 82% are.

Generally, the surveillance has been complementing GHSA through strengthening of Laboratory services and Human resources capacity both at the National and sub-national levels

## 5. PERFORMANCE OF GAVI SUPPORT

Tanzania has achieved in most of the agreed grant performance framework indicators as indicated on the table below:

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

	Indicator	Agreed Target	Achievement	Bottlenecks	Actions
1	National vaccination Coverage DTP 3  PCV 13-3  Rota 2  MCV 1  MCV 2	91%  91%  91%  100%  81%	99%  98%  99%  99%  84%	Cancellation of outreach services, -	-Implementation of outreach services using HSS-1 in poorly performing districts.
2	Dropout rate DTP 1 – DTP 3  PCV 1 – PCV 3  Rota 1 – Rota 2  MCV 1 – MCV 2	1%  1%  1%  18%	6%  7%  7%  1%	Low awareness among caretakers, community and health care workers on when the last MCV dose should be given. Inadequate defaulters tracing mechanism in some health facilities in second year of life.	REC training was conducted with a focus of increase community demand for immunization
3	% District with Penta 3> 95% % District with Penta 3> 80% % District with Penta3 50%-80%	- 87% -	67% 90% 10%		

4	Occurrence of Stock out at National or district level	No	No		
5	Timely fulfilment of co-Financing commitment for all Gavi supported vaccine	Yes	Yes	No delay	Timely disbursement of funds for co-financing
6	% of District received at least one supervision by IVD TWG	90%	95%		
7	% of planned outreach conducted	80%	82%	delayed disbursement of basket funds	Advocacy to regional and district executive directors to allocate funds from different sources
8	Timeliness of district reporting	80%	89%		To be improved with roll-out VIMS
9	Completeness of district reporting	85%	100%		To be improved with roll-out VIMS
10	% of district with DTP1 to DTP3 dropout rate >10%	10%	17%	In adequate defaulter tracing mechanism, missed opportunity in some district due seasonal inaccessibility, Staff turnover, Cold chain break down	Institutionalize defaulter tracing mechanism
11	% of District reporting wastage rate < 10%	100%	93%	Cold chain failure, Knowledge gap on vaccine management	Capacity building was done on vaccine management
13	% of health facility equipped with functional refrigerators	85%	83%	Formation of new health facility. Some of health facilities have outdated refrigerators contributing to frequent breakdown.	Consideration was made to these facility during application of CCEOP and HSS2

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-1 proposal or PSR)	Improved immunization outcomes (coverage & quality) in the context of integrated health services
Priority geographies / population groups or constraints to C&E addressed by the objective	National wide
% activities conducted / budget utilisation	100%
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not	HSS-1 budget was reviewed in 2017 and included other activities. Following this review, the following were activities implemented and with details of each activities

<p>Implemented or delayed / financial absorption</p>	<p><b>Activities Implemented:</b></p> <ol style="list-style-type: none"> <li>1. RHMTs/CHMTs Microplanning training (at zonal level) Strategically selected Regional and Council Health Management Teams (R/CHMT) in Low Performing Regions and Councils were trained and Implement Reach Every Child (REC) Microplanning. A total of 8 regions with 62 council conducted REC training. The REC strategy involved component of Integration with RMNCH services, to improve not only immunization but also maternal, newborn and child health.</li> <li>2. New-comer, Refresher and BID training to health care workers (at zonal level - combined with regional/district level trainings) All 30 regions and councils are trained on Immunization services as part of refresher trainings. RMOs, RIVOs and RCHO across the country were trained on Immunization services</li> <li>3. Provide Technical Assistant internal for Audit</li> <li>4. Provide Technical Assistant external for Audit Strengthening of internal control of finance and vaccine through the implementation of Internal and External Auditing exercises. These exercises were important to identify gaps and address them to ensure smooth implementation of Gavi grants and vaccination services. Following these exercises, Internal and External Auditing reports were produced.</li> <li>5. Support Operational activities of Immunization program Support national level IVD program day to day operational activities such as fuel for vehicles, electricity bills and office stationaries and maintenance of vehicles. This ensure smooth operation of the program and achieve results</li> <li>6. Support immunization committees Meetings (ICC, NITAG, AEFI, JA, NPEC and Technical Working Groups etc.) Improvement of program governance through the implementation of committee meetings. During the period of implementation four (4) TWG meetings were held, One (1) NITAG meeting and one (2) ICC meeting were held</li> <li>7. In country Meetings Support in country meetings for IVD staff particularly for preparation of proposal for HSS2 grant. Several in country meetings were held and ultimately HSS2 proposal was accepted and the country was awarded UDS\$39 mil for the period of 2019-2023</li> <li>8. Procurement of Facility Immunization Data collection and analysis tools (TABLETS) Support for the improvement of data quality through procurement of data collection tools (Tablets) that will support ongoing data improvement strategy of the MoHCDGEC which is Electronic Immunization System (EIS) initiative.</li> <li>9. Support roll out of Vaccine Information management system (VIMS) and BID initiative (to be done at zonal level) Ten (10) regions that were yet to implement the Vaccine Information Management System (VIMS) have implemented it following training which involved the RIVOs, DIVOs, Assistant RIVOs and Assistant DIVOs. Also, six (6) other Regions were trained on the Electronic Immunization System.</li> </ol>
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	<p>10. Supervision Regions to districts/facilities (moving modality to zonal level)</p> <p>Strengthen delivery of immunization services through support supervision to region, councils and health facilities. Supervision was conducted in 17 regions using this support. Further supervision will be conducted in 13 regions. During the implementation of HSS 1, supervision was conducted in 19 regions This supervision was targeting improvement of coverage of newly introduced HPV vaccine and resulted in coverage of 68 % from 58%.</p> <p>11. Conduct annual EPI Implementation review meetings</p> <p>Sustain high coverage of 97%, raise the coverage for MR2 to 79% and reach every child equitably through appropriate annual review meeting that aim at reviewing the performance in all regions. This meeting was held in April involving RMOs and RIVOs from all regions. In this meeting, recommendations were made for future implementation</p> <p>1. Print and disseminate data tools and guidelines communication strategy document</p> <p>A total of 14,000 IVD tally sheets, 14,000 monthly report sheets and 90,000 performance monitoring charts have already printed and distributed countrywide</p> <p>Activities not done</p> <p>2. Support sentinel Surveillance activities (review meetings and strengthen laboratory capacity)</p> <p>3. Conduct EPI data quality assessment harmonization and review (National and Regional level)</p> <p>Changes occurred in implementation of HSS 1 whereby reprogramming was done for 2 activities that were not implemented The mentioned activities were reprogramed for:</p> <p>4. Procurement of servers</p> <p>5. Support human resource for IVD program</p>
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<b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b> <sup>5</sup> )	For the upcoming period, Tanzania is implementing HSS 2
<b>Objective 2:</b>	
<b>Objective of the HSS grant</b> (as per the HSS proposal or PSR)	Increased community participation in the provision of immunization services, particularly in rural and hard to reach areas.
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	Rural and hard to reach areas
<b>% activities conducted / budget utilisation</b>	100%
<b>Major activities implemented &amp; Review of implementation progress</b> including key successes & outcomes / activities not implemented or delayed / financial absorption	<p>1. Conduct Immunization week</p> <p>Support advocacy for routine vaccines and newly introduce two (2) vaccines (HPV and IPV). This was done during the launching of these vaccines using funds for Immunization week and communication to the public by producing TV and radio spot. This resulted in successful introduction of these vaccines in Tanzania</p> <p>2. Conduct PHC meeting</p> <p>PHC meetings were conducted to all regions and districts</p>
<b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b> <sup>5</sup> )	For the upcoming period, Tanzania is implementing HSS 2
<b>Objective 3:</b>	
<b>Objective of the HSS grant</b> (as per the HSS proposal or PSR)	Improved cold chain capacity and management
<b>Priority geographies / population groups or constraints to C&amp;E addressed by the objective</b>	Nationwide
<b>% activities conducted / budget utilisation</b>	100%

<b>Major activities implemented &amp; Review of implementation progress</b> including key successes & outcomes / activities not implemented or delayed / financial absorption	<ol style="list-style-type: none"> <li>1. Procurement of vehicles A total of 73 vehicles were procured to support immunization services in the country, of which 61 were for district councils and 12 were for national level. These will support distribution of vaccines as well as support supervision in councils. The procured vehicles will assist in carrying out supervision to district and health facilities and ensuring quality immunization services are provided.</li> <li>2. Procurement and installation of cold chain storage equipment for IVD/MSD transition IVD is in the process of shifting vaccine handling from Medical Stores Department to IVD head office in Mabibo. The process involves renovation of warehouse and installation of Walk-in Cold-room among other activities. HSS grant supported Procurement of Generators and Fork Lifts for this new warehouse. Moreover, HSS will also procure remote temperature monitoring devices for newly supply chain to ensure efficient temperature monitoring system from National level to facility level. Funds for this activity come from MoHCDGEC in country balance of HSS that is expected to be that has been disbursed to SD</li> </ol>
	<ol style="list-style-type: none"> <li>3. Procurement of spare parts for cold chain equipment Under this intervention HSS grant, spare parts and tool kits for equipment maintenance and repair of cold rooms, refrigerators and freezers to maintain cold chain equipment functionality. Spare parts were procured to enable technicians carry out maintenance and timely repairs to ensure CCE are maintained and are in a well-functioning state. Procurement was done by UNICEF SD and funds for this activity came from MHCDGEC in country balance of HSS-1</li> </ol>
<b>Major activities planned for upcoming period</b> (mention significant changes / budget reallocations and associated <b>changes in technical assistance</b> <sup>5</sup> )	For the upcoming period, Tanzania is implementing HSS 2

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

## 5.2. Performance of vaccine support

### 1. HPV and IPV introduction

HPV and IPV vaccines were introduced countrywide in April 2018 targeting girls aged 14 years old for HPV and children aged 14 weeks for IPV. The coverage for IPV was 75% and for HPV1 and HPV2 were 59% and 34% respectively by December 2018.

#### Key Lessons Learnt:

- Clear registration of eligible girls before introduction of HPV vaccine is very crucial, make the delivery of vaccine easy and enable to trace those who missed their first dose and those due for second dose.
- Strong advocacy and sensitization with different target audiences is highly needed at different levels; should aim to clarify added value for introduction of HPV vaccine and address any possible myths which may be encountered during the course of introduction of HPV vaccine.
- Strong collaboration and coordination between health facilities and schools is mandatory for timely and sustainably reaching eligible girls with HPV vaccination in schools.
- Strong intersectoral collaboration between Ministry of health and Ministry of education is crucial for operationalizing interventions intersecting two sectors like HPV vaccination.
- Outreach at schools'/Vaccinating girls at schools saves time and brings much impact rather than teachers bringing eligible girls from schools to health facilities for HPV vaccination.
- Use of existing local Stakeholders such as NGOs, CSOs and FBOs in implementing outreach and mobile services helps to optimize available few resources to reaching missed girls in schools and out of school girls in community.
- Integration of HPV vaccination with other RMNCH, youth and School health Programmes during static and outreach services can helps to leverage available little resources with much impact.
- A strong and coordinated Technical Working Group with key stakeholders and all Donors and Immunization implementing Partners is very crucial from the design phase, pre-introduction preparations, during introduction and Post introduction operations of HPV vaccine introduction related interventions.
- Advocacy, Communication and Social Mobilization (ACSM) sub-technical working play a very significant role in designing effective advocacy communication and social mobilization strategies to reach different target audiences from National to lowest level
- High level political commitment before, during and after HPV vaccine introduction is very crucial for the success of HPV vaccination and sustainability.
- Community Health workers and community leaders should closely be used as platforms for reaching out of school girls during registration and delivery of HPV vaccination services in community.

#### Challenges:

- Inadequate coordination between health facilities and schools to ensure eligible girls are identified, followed up and get vaccinated on time for both first and second doses at health facilities, at schools and in community.

- Inadequate coordination and collaboration between health facilities and Community Health Workers (CHWs) to enable identification, registering and following up of out of school eligible girls for HPV vaccination.
- Inadequate time for training of Health facility workers and teachers on HPV vaccination; this has resulted into;
  - Poor documentation and data management at health facilities; example loose girls' registration sheets easy for misplacement, improper recording writing in the vaccination registers i.e. recording HPV2 vaccination status while HPV1 vaccination status is blank etc.
  - Inadequate knowledge among health facility workers on some key issues related to HPV vaccination in general during introduction including eligibility criteria, delivery strategy i.e. Campaign Vs Routine, registrations of eligible girls etc.
  - Microplanning and registration of eligible girls not done according to National Directives Some health facilities left registers/registrations of eligible girls at schools without having a copy at health facilities hence necessitating them to re-register the girls again once they come for vaccination at health facilities.
- In some areas, school outreach plans and budgets were not included into comprehensive HF plans for incorporation into Comprehensive Council Health Plans (CCHP).
- At the beginning some health facilities were depending on teachers to bring eligible girls to health facilities for vaccination instead of Health Care Workers going to schools to vaccinate eligible girls on routine bases as per the directives.
- Some health facility workers not knowing exact number of girls to be vaccinated at schools on a particular school outreach visit since they don't have copy of previous/original registrations of eligible girls at health facilities for reference.
- In some areas Vaccine Ledgers not effectively used to document received and used vaccines and other related supplies.

## **2. Measles Rubella Follow-up campaign**

The GoT was awarded a total of USD 4,599,470 to support operation activities for integrated Measles Rubella follow-up campaign, targeting children aged 9 – 59 months. The campaign was conducted in October 2019. The coverage survey will be available by December.

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

<sup>6</sup> 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.

<sup>7</sup> Please refer to the JA analysis guidance document for additional information on the expected analyses for measles and rubella.

- **CCEOP Implementation status**

A total of 195 ice line vest-frost refrigerators and 1190 Solar Direct Drive (SDD) refrigerators from Sundazer were procured under CCEOP in year. Installation and commissioning of vest frost refrigerators completed as well as 55% of Sundazer SDD. The country is finalizing the procurement of SDD from CCEOP year two, brands selection is still under discussion for year two.

### 5.4. Financial management performance

*Provide a succinct review of the performance in terms of financial management of Gavi's cash grants (for all*

#### **HSS Grant**

UNICEF managed the remaining HSS funds of \$6,965,406 on behalf of the government in 2018. The Gavi health system strengthening (HSS) grant has a broad aim of supporting countries to achieve the goals of immunization services. In 2013, Tanzania was awarded US\$13,512,765 HSS grant for implementation up to 2017 however, the absorption rate was minimal after which, the country was then given an extension of 1 year. Following audit findings and weaknesses in the financial control system in the Ministry of Health, Community Development, Gender, Elderly and Children, UNICEF was then given mandate to manage the remaining HSS funds of US\$ 6,965,406 on behalf of the government, until the shortfall in financial management were addressed as highlighted in the Gavi audit and Programme Capacity Assessment (PCA). The HSS budget has been revised in consultation with MOHCDGEC and DPs to prioritize expenditure activities before the grant expiry in end of December 2018. UNICEF has received a total US\$ 6,714,539 for the project during the said implementation period in two tranches of US\$ 5,017,336 in January and US\$ 1,619,570 in October 2018. A total of US\$ 6,636,907 is utilized equivalent to 100% expenditure. A summary of financial expenditure per activity is attached as annexure

Gavi HSS grant was used to implement operational activities of Immunization program at national level, trainings at sub-national level and procurements of several items. These activities are summarized below

1. Trainings:

- RHMT/CHMT Microplanning training
- New comer/Refresher training
- EIS/VIMS training

2. Operational Activities of Immunization Program at national level:

- Provision of Technical Assistant for Internal and External Auditing
- Operational costs for IVD activities (Fuel, electricity, vehicle maintenance)
- Immunization committee meetings (TWG, NITAG, NPEC, ICC)
- Provide support to attend International and in country meetings
- Supportive supervision
- Annual Immunization review meetings
- Production of TV and Radio spot (airtime) for immunization week

3. Procurement:

- Procurement of vehicles
- Printing and dissemination of data collection tools

- Procurement of tablets, laptops and desktops
- Procurement of barcode scanners

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

<sup>N</sup>

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#### **5.6. Technical Assistance (TA) (progress on ongoing TCA plan)**

<sup>8</sup> If in your country Gavi funds are managed by partners (i.e. UNICEF and WHO), fund utilisation by these agencies should also be reviewed.

<sup>9</sup> In case any modifications have been made or are planned to the financial management arrangements please indicate

- Specify any amendments/ changes to the TA currently planned for the remainder of the year.

### TA UNICEF

#### Immunization equity

Orientation of the National technical working group on immunization equity assessment was conducted in December 2016 and the concept was introduced in 22 UNICEF supported Districts in Mbeya, Iringa, Njombe and Songwe regions. That initial assessment revealed that there are hidden gender and economic barriers which prevent women from taking their children for vaccination. These include engagement of women in petty trade, working in the paddy fields and mines. The equity assessment tools have been revised and adapted to Tanzanian context and a consultant has been hired to provide technical support in finalizing micro-plans developed to address the barriers/bottlenecks. The micro-plans will inform development of future joint work plans with UNICEF support.

Based on the work that had already been started in southern highlands Districts, a workshop was conducted to review the existing Interpersonal Communication (IPC) training package. Both UNICEF and IVD staff used the revised guideline to conduct more training with the aim of improving communication skills among immunization service providers but at the same time testing the guideline. Nine training sessions have been conducted in six districts covering 362 health workers. Currently the training package is undergoing final revision and will be submitted to MOHCDGEC for endorsement. The package will be used to conduct more training. It is hoped that these training will help in reducing high dropout rate in some of the districts and communities.

#### Cold chain

In addressing cold chain storage problems, 33 districts technicians were trained and equipped with knowledge and skills of conducting repair of cold chain equipment in their respective districts. This has resulted into reduction of non-functional cold chain equipment by 60% in the respective districts.

Activity: Facilitate the Cold Chain biannual inventory and update the replacement plan using the CCIT. Build capacity of vaccine management at all levels. Facilitate the application process for CCOEP.

- Account Books for Gavi funded programmes have been rearranged and completed. Cash books are now maintained and balanced. Ledgers have been updated and maintained with clear relevant reference supporting documents.
- Gavi funds will be reflected accurately in an annual budget of the Government of Tanzania through Ministry of Finance. In order to ensure disbursements are according to the annual plan and schedules, Ministry will frequently ensure that once funds are disbursed from Gavi, follow up to Bank of Tanzania and Ministry of Finance will be done immediately by official writing communication and a copy it will be sent to Gavi.
- The Ministry of Health is expecting to introduce format which will be used for sharing information with Gavi. This Format will include all relevant information's including: Budgets; Funds received; and Expenditures. Period of reporting is proposed to be quarterly.
- In order to ensure accuracy, and as a step towards achieving and improving good governance, transparency and accountability, in the management of Gavi grants, Ministry will ensure that the annual audit plans of the Office of Internal Audit, include periodic and timely reviews of the Gavi grants, this will be in line with the duty of pre-examination activity of the Examination section to test and check reliability of documents. In doing so Gavi provided budget in HSS2 Grant for the internal audit and pre examinations of Gavi documents.

## 6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritized actions from previous Joint Appraisal	Current status
1. Data quality improvement activities at all levels to ensure the data provided are of high quality, available on time so as to be used in making decisions	<ul style="list-style-type: none"> <li>Vaccine Information and management systems has been implemented countrywide while electronic immunization registry system was implemented in 5 regions.</li> <li>Data collection tools were printed and distributed to all health facilities</li> <li>Review meeting were conducted to selected regions in Dodoma, Ruvuma, Lindi, Geita and Arusha</li> </ul>
2. Activities related to equity so as to reach unreached children at last mile (Equity assessment and REC activities)	<ul style="list-style-type: none"> <li>Reach Every Child Strategy (REC) training was conducted to 8 regions with 62 council that involved component of Integration with RMNCH services, to improve not only immunization but also maternal, newborn and child health.</li> </ul>
3. The country will also implement activities related to new vaccine introduction. All activities related to HPV introduction, Introduction of IPV	<ul style="list-style-type: none"> <li>HPV and IPV vaccines were introduced countrywide in April 2018 targeting girls aged 14 years old for HPV and children aged 14 weeks for IPV.</li> <li>Activities related to introduction of new vaccines included procurement of vaccines, cascaded trainings at regional, district and facility levels, advocacy, communication and sensitization activities, printing and distribution of IEC materials and data tools.</li> </ul>
4. Improvement of Cold chain and logistic related activities such as shift the handling, storage and distribution of vaccine and related commodities from central store (MSD) to IVD at Mabibo	<ul style="list-style-type: none"> <li>Vaccines warehouses have been renovated</li> <li>Folk lifts, Refrigerated and dry trucks, were procured,</li> <li>Installation and commissioning of walk In cold rooms was conducted</li> <li>1385 CCE were procured through CCEOP in year one.</li> </ul>
5. Capacity building at all levels which include newcomers and refresher trainings	<ul style="list-style-type: none"> <li>Refresher and new comers training was conducted in all regions (30) and districts (194) in Tanzania, covering cold chain and logistics, surveillance, demand creation and data quality improvement strategies.</li> </ul>

<p>6. Activities related to Surveillance to ensure there is close follow up of vaccine preventable diseases</p>	<ul style="list-style-type: none"> <li>• Deployment of NSTOP teams in May 2018 and November 2018 to strengthen surveillance activities in regions bordering DRC Congo (Kigoma, Katavi, Rukwa and Kagera).</li> <li>• Establishment of Measles Verification Committee as a milestone to Measles elimination.</li> <li>• Polio Outbreak Preparedness and Responses workshop was conducted</li> <li>• Environmental surveillance for Polio was established in April 2019</li> <li>• Receipt and shipment of stools and environmental samples was conducted</li> <li>• 3 meetings for new vaccines surveillance (Rotavirus) and 4 NPEC, 1-NCC and 1 NTF meetings were conducted.</li> </ul>
<p>7. Activities related to advocacy, communication and social mobilization – supported by impact and RI evidence.</p>	<ul style="list-style-type: none"> <li>• 2 meetings for African Immunization weeks were conducted</li> <li>• High level stakeholders (Government Ministers, Senior Officials and Parliamentarians, Country Directors from different NGO and development partners) meeting was conducted</li> <li>• Religious Leaders, Media Seminar and PHC meetings were conducted for new vaccines introduction</li> <li>• National launching of IPV and HPV was conducted in Dar es Salaam</li> <li>• Production and airing of TV and Radio SPOTS for HPV2 uptake</li> </ul>
<p>8. National scale up of electronic immunization of systems (EIS)</p>	<ul style="list-style-type: none"> <li>• The electronic Immunization Systems (VIMS + TimR) was implemented in 10 regions by June 2019 (Arusha, Tanga, Kilimanjaro, Morogoro, Dodoma, Mwanza, Geita, Njombe, Lindi and Dar es Salaam)</li> </ul>
<p>9. Preparation for the next HSS grant through the CEF (2019-2023)</p>	<ul style="list-style-type: none"> <li>• HSS-2 proposal for 2019-2023 was developed and approved by Gavi.</li> </ul>
<p>10. Procurement of vehicles and cold chain equipment's to support low performing districts and increase outreach</p>	<ul style="list-style-type: none"> <li>• A total of 61 vehicles were procured and distributed to respective Councils to support immunization activities.</li> <li>• 1385 refrigerators and various spare parts were procured to strengthen the cold chain systems</li> </ul>

11. Support immunization committee's meetings such as NITAG, TWG, ICC and AEFI.	<ul style="list-style-type: none"> <li>Five HSS-2 meeting for proposal development was conducted, that included various partners including UNICEF, WHO, JSI, PATH, CHAI, USAID/MCSP and Gavi personnel</li> <li>Two (2) Inter-Agency Coordination Committee (ICC), 4 TWG meetings and one (1) National Immunization Technical Advisory Group (NITAG) meetings were conducted.</li> </ul>
12. Conduct targeted supportive supervision at region, council and Health facilities.	<ul style="list-style-type: none"> <li>Supportive supervision was conducted in two phases, whereby phase one supervision was conducted in 19 regions (July-August 2018) and in phase 2 supervision was conducted in 13 regions (December 2018). The supportive supervision was conducted at region level, 3-districts per regions and 3-5 health facilities to each selected district. The supervision aimed to sensitize health care workers to increase HPV uptake. By June 2019 the HPV-1 and HPV-2 uptake increased to 85% and 40% respectively from 59% to 34% by December 2018</li> </ul>
<b>Additional significant IRC / HLRP recommendations (if applicable)</b>	<b>Current status</b>

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

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

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

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

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

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

1. Conduct REC training to ensure Equity in Immunization services
  - Conduct REC TOT Training
  - Conduct REC Regional and Council Training
  - Conduct REC HF with community microplanning
  - Conduct baseline assessment to identify existing drivers of low coverages in urban
2. Strengthen Community Health System
  - Recruit CHW to support community immunization activities
  - Develop/Update package for community health workers defaulters tracing
  - Support orientation of CHW training package to regional and district TOTs
  - Orientation of Defaulter tracking package to community health workers (CHW)
3. Capacity building for Immunization services
  - Conduct immunization newcomers training to immunization supervisors and managers at all levels
  - Conduct training to CCE Technicians on repair and maintenance new CCE technologies - DSA
  - Conduct training to immunization officers to meet new roles for warehousing distribution and upgraded temperature monitoring systems
4. Improve data management at all levels
  - Review and update EIS user and facilitation guides
  - Orientation of Warehouse Management Information System for central vaccines store management as part of EIS for end to end visibility
  - Conduct immunization data reviews and verification including desk reviews for root cause analysis and action planning to increase accountability and data driven solution and feedback at all levels
  - Provide in-depth mentorship to regions, councils and Health Facilities especially those demonstrate low EIS usage
  - Conduct Orientation of supportive supervision checklist through ODK platform
5. Support program management
  - Integrate Gavi grant into EPICOR system
  - Conduct Immunization committee meetings (ICC, NITAG, TWG MEASLES, NPEC, NPC)
  - To conduct annual immunization evaluation meetings (National, RMO and RIVO, RCHCOs)
  - Conduct Supportive supervision on Immunization Services.
6. Advocacy, communication and social mobilization
  - Support African Immunization weeks
  - Dissemination of immunization information through community local radio/Tvspots (airtimes)
  - Incorporate, update and disseminate comprehensive immunization messages in m-health application
  - Engagement of CSOs, RED Cross, Lions Clubs, religious leaders and other NGO'S in identification and support of CHVs in implementation of immunization services.
  - Conduct national media seminar.
  - Conduct zonal media seminar.

*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<sup>11</sup>.*

<sup>10</sup> Refer to the section "Prioritised Country Needs" in last year's Joint Appraisal report

<sup>11</sup> he 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

<b>Key finding / Action 1</b>	Maintain and sustain high coverage and attain equity in provision of immunizations services with safe vaccines
Current response	<ul style="list-style-type: none"> <li>• <b>Suboptimal coverage at subnational level:</b></li> <li>• <b>Urban immunisation coverage</b> <ul style="list-style-type: none"> <li>- Tool kit for urban immunization available</li> <li>- Analysis of administrative data with geographical inequity which shows some of the urban councils have poor coverage</li> <li>- Initial meeting with urban councils in Dar es Salaam has been conducted to identify the bottleneck</li> <li>- Protocol for detailed urban immunization assessment have been developed</li> </ul> </li> <li>• <b>Strengthen routine immunization</b> <ul style="list-style-type: none"> <li>- Lesson learned from IMR campaign to be collected to strengthen routine immunisation</li> <li>- Collected data on zero-dose children during IMR campaign</li> <li>- Updated micro-plans during the MR Campaign can be used to strengthen routine immunization</li> <li>- Possible vaccine hesitance group to be identified during MR Campaign</li> <li>- Availability of e-Learning platform</li> <li>- Revised community health workers strategies</li> <li>- Availability defaulter tracing tools and CHW who worked on defaulter tracing</li> </ul> </li> </ul>
Agreed country actions	<p><b>Urban immunisation coverage</b></p> <ul style="list-style-type: none"> <li>- Conduct baseline assessment to identify existing drivers of low coverages in urban areas</li> <li>- Develop high impact interventions to address the identified bottleneck</li> <li>- Implementation of targeted intervention in urban areas with low performance</li> </ul> <p><b>Strengthen routine immunization</b></p> <ul style="list-style-type: none"> <li>- Conduct REC TOT Training</li> <li>- Conduct REC Regional and Council Training</li> <li>- Operationalization of REC strategies at HF with community microplanning.</li> <li>- Using the data for MR zero dose collected during MR Campaign to guide the prioritization of geographical areas</li> <li>- Conduct PIRI in identified areas with high number of unvaccinated children</li> <li>- Maintain/update the e-learning platform and rollout of the e-learning platform to all regions</li> <li>- Mentorship and supportive supervision</li> <li>- Develop package for defaulter tracing and support training on defaulter tracing</li> </ul>
Expected outputs / results	<ul style="list-style-type: none"> <li>- Sustaining coverage and reaching every child equitably</li> <li>- At least 80% of the councils achieved MCV2 coverage of 90% and above.</li> <li>- Urban baseline assessment conducted and report developed</li> <li>- Urban tailored interventions implemented in at least 80% of poor performing urban council</li> <li>- E-Learning platform rollout in all regions</li> </ul>
Associated timeline	12 months
Required resources / support and TA	<ul style="list-style-type: none"> <li>- TA on conducting assessment and implementation of high impact interventions on urban immunization</li> <li>- TA for capacity building on e-Learning</li> <li>- TA on capacity building for HCWs on IPC</li> </ul>
<b>Key finding / Action 2</b>	Conduct activities to improve data management at all levels
Current response	<ul style="list-style-type: none"> <li>• Minimal data use at all levels</li> <li>• EIS roll-out in 10 regions and one region switched into paperless</li> <li>• Data Quality Improvement Plan not developed</li> </ul>

Agreed country actions	<ul style="list-style-type: none"> <li>Review and update EIS user and facilitation guides</li> <li>Orientation of Warehouse Management Information System for central vaccines store management as part of EIS for end to end visibility</li> <li>Conduct immunization data reviews and verification including desk reviews for root cause analysis and action planning to increase accountability and data driven solution and feedback at all levels</li> <li>Provide in-depth mentorship to regions, councils and Health Facilities especially those demonstrate low EIS usage</li> <li>Conduct Orientation of supportive supervision checklist through ODK platform</li> <li>Develop, disseminate and implement DQIP countrywide</li> <li>Strengthen integration of TImR-VIMS-DHIS2 to support roll out</li> <li>Integration of EIS and CRVS to improve target population</li> <li>Scale up of EIS in remained 16 regions</li> <li>Switch two (2) regions implementing EIS into paperless</li> </ul>
Expected outputs / results	Improved data quality and use at all levels
Associated timeline	continuous
Required resources / support and TA	<ul style="list-style-type: none"> <li>TA for development and implementation of Warehouse management information system</li> <li>DQIP development and dissemination</li> <li>Integration of EIS and CRVS</li> <li>Scale up of EIS countrywide</li> </ul>
<b>Key finding / Action 3</b>	Improve Advocacy, communication and social mobilization activities to increase uptake of vaccines (e.g. HPV and MCV2)
Current response	Low uptake of new vaccines (HPV and MCV2)
Agreed country actions	<ul style="list-style-type: none"> <li>Support African Immunization weeks</li> <li>Engage Health Education and Promotion to develop, pre-test and Airt TV and radio spots to increase demand for MCV2 and HPV coverage improvement.</li> <li>Incorporate, update and disseminate comprehensive immunization messages in m-health application (mama na mwana)</li> <li>Review, update, finalize and disseminate ACSM HPV strategy Utilise best practices/lessons learnt from best performing regions/councils to poor performing regions/councils</li> <li>Enhance collaboration between health and education sectors at different levels for increased HPV 1 and 2 uptake</li> <li>Include HPV indicators into EIS and utilise to monitor and track HPV defaulters and leverage CHWs in the defaulter tracing.</li> <li>Institutionalise and scale up Interpersonal Communication and social dialogue for promoting MCV2 and HPV uptake</li> <li>Integrate HPV vaccination into existing platforms (HIV, ASRH) to promote accessibility of comprehensive health care in lower performing councils.</li> </ul>
Expected outputs / results	Increased uptake of new and underused vaccines (MCV2 and HPV)
Associated timeline	Continuous
Required resources / support and TA	<ul style="list-style-type: none"> <li>TA to support existing HPV program; by JSI, CHAI, Jhpiego, and IPC by UNICEF</li> </ul>
<b>Key finding / Action 4</b>	Capacity building for immunization services
Current response	<ul style="list-style-type: none"> <li>Conduct immunization newcomers training to immunization supervisors and managers at all levels</li> </ul>
Agreed country actions	<ul style="list-style-type: none"> <li>Conduct training to CCE Technicians on repair and maintenance new CCE technologies – DSA</li> <li>Conduct training to immunization officers to meet new roles for warehousing distribution and upgraded temperature monitoring systems</li> </ul>

Expected outputs / results	<ul style="list-style-type: none"> <li>• New comers and CCE technician training conducted</li> <li>• Repaired of non-functional CCE</li> </ul>
Associated timeline	Continuous
Required resources / support and TA	NIL
<b>Key finding / Action 5</b>	Support program management for smooth implementation of immunization activities and Gavi funds (financial management)
Current response	<ul style="list-style-type: none"> <li>• Gavi funds managed by UNICEF until GoT implement the GMR</li> <li>• The country is due for cMYP, EPI review and EVMA</li> </ul>
Agreed country actions	<ul style="list-style-type: none"> <li>• Integrate Gavi grant into EPICOR system</li> <li>• Conduct Immunization committee meetings (ICC, NITAG, TWG MEASLES, NPEC, NPC)</li> <li>• To conduct annual immunization evaluation meetings (National, RMO and RIVO, RCHCOs)</li> <li>• Conduct Supportive supervision on Immunization Services</li> <li>• Conduct EVMA (April- May 2020) and EPI review (June-July 2020) to support CMYP development</li> <li>• Develop sustainability roadmap/plan for immunization services delivery (Feb-June 2020)</li> <li>• To develop 2021 - 2025 CMYP (Aug-Nov. 2020)</li> <li>• Develop high level advocacy package from the immunization costing studies</li> </ul>
Expected outputs / results	<ul style="list-style-type: none"> <li>• Improve program management at all levels</li> <li>• GMRs implemented and Gavi funds management returned into GoT systems</li> <li>• cMYP 2021-2025 developed</li> <li>• EPI review and EVMA conducted</li> </ul>
Associated timeline	12 – 24 months
Required resources / support and TA	TA required for the agreed activities <ul style="list-style-type: none"> <li>• EVMA,</li> <li>• EPI review,</li> <li>• cMYP and</li> <li>• Sustainability plan for immunization costing studies</li> </ul>
<b>Key finding / Action 6</b>	Improve vaccine logistics, cold chain and immunization supply chain across all levels
Current response	<ul style="list-style-type: none"> <li>• Availability of nonfunctional and obsolete CCE</li> <li>• Shortage of CCE to new established facilities</li> <li>• Installation of SDD ongoing with 55% of SDD under CCEOP-1 installed</li> <li>• ODP and CCEOP-2 submitted to Unicef SD for procurement of CCE</li> </ul>
Agreed country actions	<ul style="list-style-type: none"> <li>• Deploy CCE by Q3 2020</li> <li>• Develop decommission plan for outdated and obsolete CCE</li> <li>• Decommissioning of the outdated and obsolete CCE</li> <li>• Implement CCEOP-2 by Q3 in 2020</li> </ul>
Expected outputs / results	<ul style="list-style-type: none"> <li>• Completion of installation and commissioning of CCEOP-1</li> <li>• Delivery and installation of SDD under CCEOP-2</li> <li>• Decommissioning plan developed.</li> </ul>
Associated timeline	Continuous

Required resources / support and TA	<ul style="list-style-type: none"> <li>TA for decommissioning of obsolete SDD</li> </ul>
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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.

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

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.

## Joint Appraisal Update

- *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.*

First opportunity for the ICC to review is February 2020. The members of the ICC have participated in the JA discussions and drafting of the report, as such their approval is very likely

## 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
<b>End of year stock level report</b> (due 31 March) *	X		
<b>Grant Performance Framework (GPF) *</b> reporting against all due indicators	X		
<b>Financial Reports *</b>			
Periodic financial reports	X		
Annual financial statement	X		
Annual financial audit report			X
<b>Campaign reports *</b>			
Supplementary Immunisation Activity technical report			X
Campaign coverage survey report			Due in Dec (MR)
<b>Immunisation financing and expenditure information</b>			
<b>Data quality and survey reporting</b>			
Annual data quality desk review			
Data improvement plan (DIP)		X	
Progress report on data improvement plan implementation		X	
In-depth data assessment (conducted in the last five years)			
Nationally representative coverage survey (conducted in the last five years)			
<b>Annual progress update on the Effective Vaccine Management (EVM) improvement plan</b>			
<b>CCEOP: updated CCE inventory</b>			X
<b>Post Introduction Evaluation (PIE) (specify vaccines):</b>		X (HPV PIE due Q2 2020)	
<b>Measles &amp; rubella situation analysis and 5 year plan</b>			X
<b>Operational plan for the immunisation programme</b>	X		
<b>HSS end of grant evaluation report</b>			X
<b>HPV demonstration programme evaluations</b>			
Coverage Survey			X
Costing analysis			X
Adolescent Health Assessment report			X
<b>Reporting by partners on TCA</b>	X		

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

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