Joint Appraisal report 2017

Country	Timor-Leste
Full Joint Appraisal or Joint Appraisal update	Joint Appraisal Update
Date and location of Joint Appraisal meeting	Please refer to section 7
Participants / affiliation[1]	Please refer to section 7
Reporting period	July 2016 to June 2017
Fiscal period[2]	January – December
Comprehensive Multi Year Plan (cMYP) duration	2016-2020

1. SUMMARY OF RENEWAL AND EXTENSION REQUESTS

1.1. New and Underused Vaccines Support (NVS) renewal request(s)

Type of support (routine or campaign)	Vaccine	End year of support	Year of requested support	Target (population to be vaccinated)	Indicative amount to be paid by country	Indicative amount to be paid by Gavi
Routine	Inactivated polio vaccine	2018	2018	34,635	US$ N/A	US$100,000

1.2. New and Underused Vaccines Support (NVS) extension request(s)

Type of Support	Vaccine	Starting year	Ending year
Not applicable			

1.3. Health System Strengthening (HSS) renewal request

Total amount of HSS grant	Not applicable
Duration of HSS grant (from…to…)	
Year / period for which the HSS renewal (next tranche) is requested	
Amount of HSS renewal request (next tranche)	

1.4. Cold Chain Equipment Optimisation Platform (CCEOP) renewal request

Total amount of CCEOP grant	Not applicable	
Duration of CCEOP grant (from…to…)		
Year / period for which the CCEOP renewal (next tranche) is requested		
Amount of Gavi CCEOP renewal request		
Country joint investment	Country resources	
	Partner resources	

[1] If taking too much space, the list of participants may also be provided as an annex.
[2] If the country reporting period deviates from the fiscal period, please provide a short explanation.

	Gavi HSS resources[3]	

1.5. 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
	Not applicable		

[3] This amount must be included either in an earlier HSS approval or else in the current HSS renewal request in section 1.4 above.
[4] Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

2. CHANGES IN COUNTRY CONTEXT SINCE LAST JOINT APPRAISAL

Leadership, governance and programme management

The EPI programme, headed by the EPI manager, is part of the Department of Maternal and Child Health. During the reporting period two additional staff has been deployed by MoH to work in the EPI unit and their capacity building is on-going.

Nationally, health services are administered under 13 Municipality Health Service (MHS) offices. Under these municipalities there are 70 health centres, 313 health posts and more than 400 SISCa (Integrated Community Health Services) and mobile clinic posts. As most immunisation focal persons at the municipality level have additional responsibilities with programmes such as MCH and Communicable Disease control, the recruitment of 13 additional EPI officers (done for each municipality) has been approved by the Minister of Health. The recruitment process has been started. First two years salaries for these 13 offices available through GAVI TP funds and there after government will absorbed them to the MoH permanent carder.

Government of Timor-Leste has moved forward with the decentralization agenda and has adopted an output based budgeting approach, giving more financial autonomy and prioritisation to the municipality level. The decentralization may have significant impacts on health service delivery, including immunisation and also Gavi Transition Plan implementation. Since the targeted children and the budget allocation for health is under the control of decentralized municipalities, advocacy with them will be a critical issue to be considered. To mitigate this risk and to build capacity of district managers in planning and budgeting, MoH (in collaboration with Ministry of Finance and UNICEF) conducted training on results based planning and budgeting for 140 health managers and MoH plans to conduct trainings to cover all municipalities.

Coverage, equity and other system components

From administrative reports, geographic inequity in immunisation coverage is seen within some municipalities, such as those with dispersed populations having lower coverage. A Demographic and Health Survey (DHS) has been completed and is expected to provide data to better understand equity issues and to guide broader systems performance improvement efforts.

During the reporting period EVM self-assessments and associated improvement plan was completed for SAMES (Timor-Leste's Medical and Pharmaceutical Supply Agency) and two municipalities. SAMES' self-assessment reported that the vaccine store met EVM certification standards in five out of eight categories assessed (an increase from three out of eight in the 2015 assessment). Another accomplishment during the reporting period was that 320 vaccine managers and handlers nationwide were trained on the EVM Standard Operating Procedures.

Immunisation financing

Fiscal space for health continues to be tight in the coming years. Government allocation to health in nominal terms more than doubled between 2008 and 2015 but in 2016 saw a significant drop. Between 2016 and 2020 the government budget for health is forecasted to grow only moderately and for 2020 is expected to be still lower than the 2015 budget. Government expenditure for health as a share of general government expenditure has been decreasing but has stabilised in the recent years at about 2-3%, considered to be low compared to other LMICs. At the same time ODA to Timor Leste in general is falling, also affecting spending in the health sector1.

Immunisation planning, budgeting, execution and reporting is fully integrated with other health programmes and therefore budget and expenditure tracking is complex. Procurement of vaccines is carried out by SAMES, a central procurement agency/store, which has a separate budget directly from MOF. There is concern over a decreasing trend in this budget in the recent years (in particular considering increasing expenses with higher co-financing obligations due to transition and possible planned new vaccine introductions). Public Financial Management challenges persist and are being

given specific attention to improve the efficiency and effectiveness of spending in the health sector (and beyond). The main donors to immunisation are Gavi, WHO and UNICEF. No other donors support immunisation directly but some, such as DFAT and USAID support other initiatives within the maternal and child health area with beneficial impact on immunisation.

After the 2017 election a new minority government was formed. Their work plan and budget was rejected by the majority position in parliament. One reason cited for the rejection was the inadequacy of funds allocated for social sectors such as health and education.

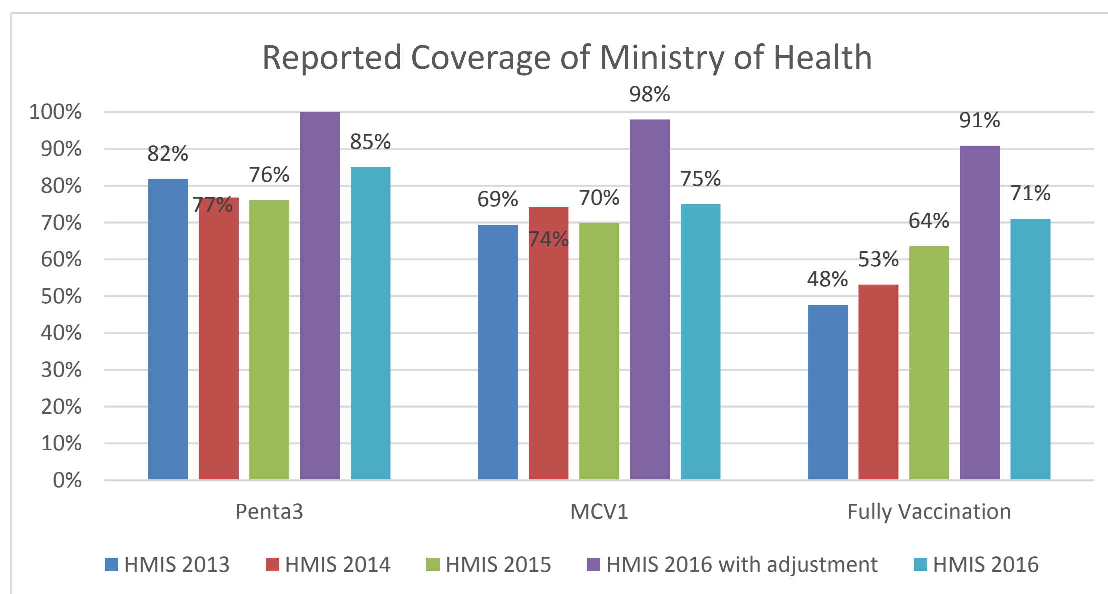
Other relevant events

A NITAG was established in late 2015. The NITAG consists of 11 members, of whom 7 are core members. NITAG has only formally met twice since 2017, Three year workplan and budget endorsed by the Minister of Health MoH appointed medical doctor as fulltime secretary to NITAG and office space was provided in the MoH. US $ 6000/= was allocated in the MoH budget in 2017 for NITAG work (please refer to TA for further details). NITAG-TLS established three technical committees to provide recommendations on Introduction of Rotavirus Vaccine, Conduct of MR keep up campaign in 2018 and strengthening of Routine EPI and VPD surveillance. Three subcommittees met three times during the year under review and made its recommendations to NITAG at the NITAG meeting held in October 2017. NITAG-TLS is planned to present its recommendations to MoH based on subcommittee recommendations in early 2018.

3. PERFORMANCE OF THE IMMUNISATION SYSTEM IN THE REPORTING PERIOD

3.1. Coverage and equity of immunisation

MCV1, Penta3 and full immunisation coverage



Number of unimmunized children by districts by Penta3

The below table shows that the number of unimmunized children against Penta3 is over 2,958. Municipalities with the highest number of unimmunized children are Bobonaro (431), Ainaro (366) and Lautem (308).

Municipality	Under 1	Penta3 Coverage	# of Unimmunized Children
Aileu	1,334	1,688	-354
Ainaro	1,961	1,595	366
Baucau	3,320	3,488	-168
Bobonaro	2,774	2,343	431
Covalima	1,717	1,426	291
Dili	7,831	10,973	-3,142
Ermera	3,829	4,459	-630
Lautem	1,905	1,597	308
Liquica	2,125	2,452	-327
Manatuto	1,307	1,193	114
Manufahi	1,457	1,486	-29
Oecusse	1,920	1,662	258
Viqueque	2,067	2,143	-76
Timor-Leste	**33,547**	**36,505**	**-2,958**

The reason for administration of Penta 3 doses more than Penta 1 doses is due to catchup vaccination of over one year children where intensification of routine immunization services were conducted in districts supported by stop consultants. The difference between Penta 3 coverage and OPV 3 coverage may be most probably due to data quality issues.

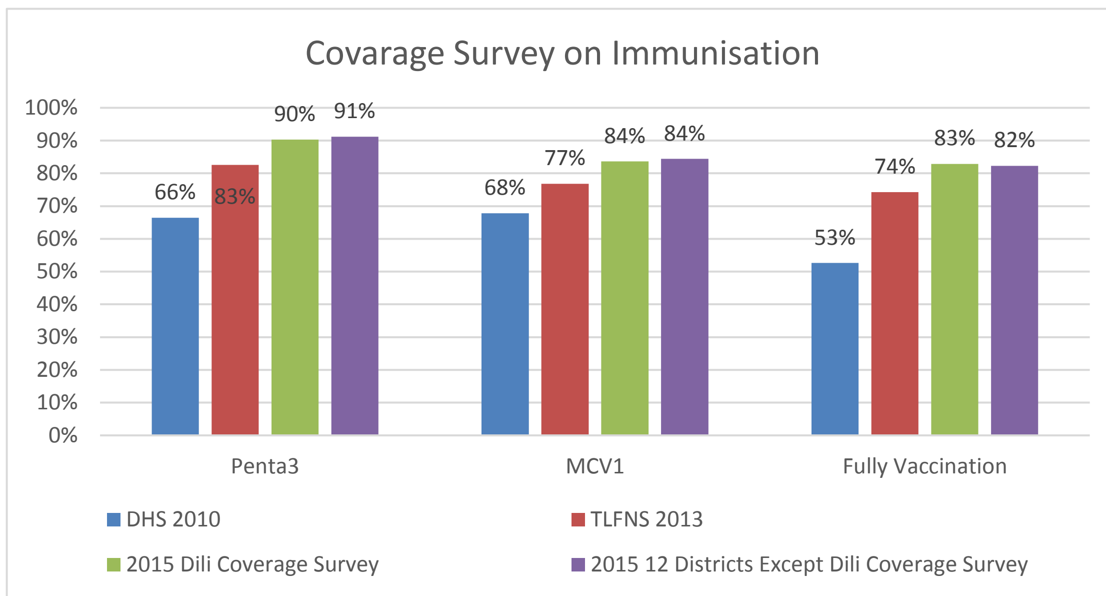
Missed opportunity for vaccination

The table below compares two antigens (Penta3 and OPV3) which are provided at the same time. The data is from 170 health posts with functioning cold chain infrastructure:

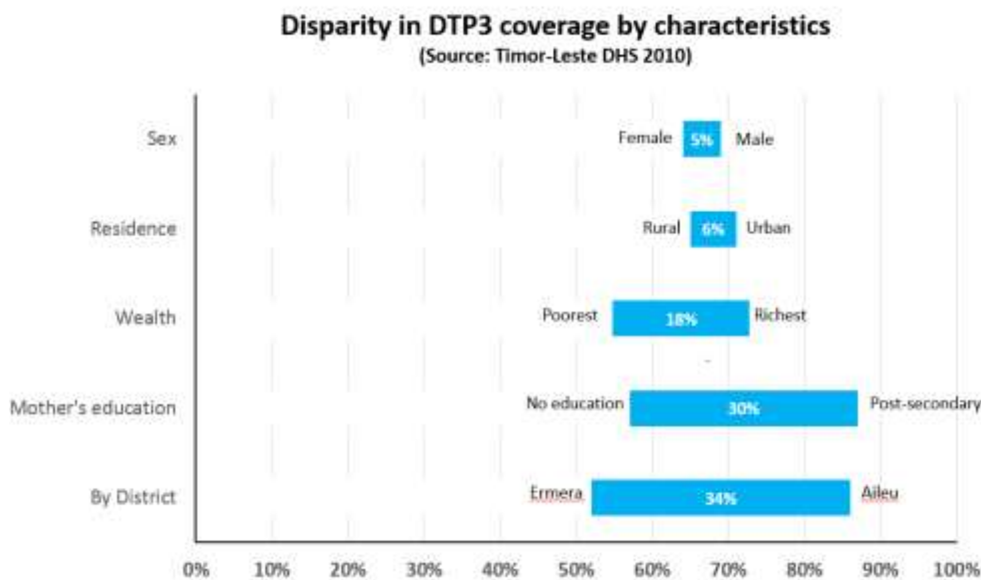
Municipality	Penta 3 Coverage	OPV3 Coverage	Difference
Aileu	1,688	1,688	0
Ainaro	1,595	1,537	58
Baucau	3,488	3,511	-23
Bobonaro	2,343	2,339	4
Covalima	1,426	1,259	167
Dili	10,973	10,909	64
Ermera	4,459	4,459	0
Lautem	1,597	1,591	6
Liquica	2,452	2,284	168
Manatuto	1,193	1,193	0
Manufahi	1,486	1,486	0
Oecusse	1,662	1,608	54
Viqueque	2,143	2,134	9
Timor-Leste	**36,505**	**35,998**	**507**

Coverage data by 2010 DHS, 2013 Nutrition survey, 2015 Dili Municipality survey and 2015 survey

of other 12 municipalities except Dili



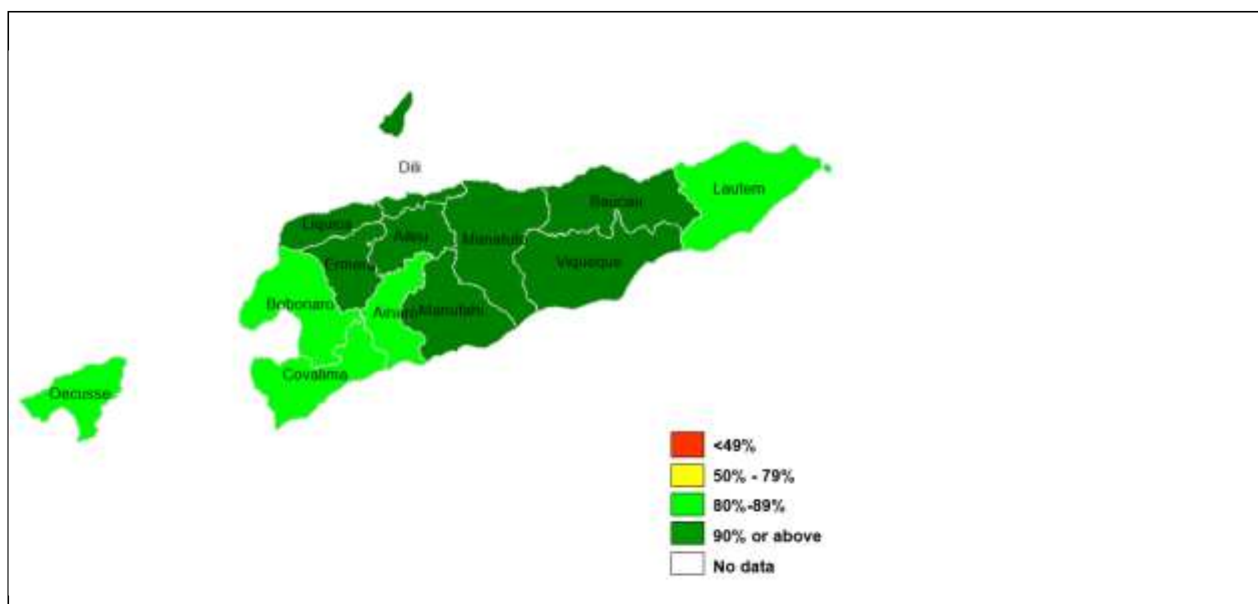
Equity Analysis



The above graph shows the disparity in DPT3 coverage in the Demographic and Health Survey (DHS) 2010. According to the DHS, there is no significant differences in coverage between male and female or between rural and urban populations. However, there are inequities in coverage between districts, mother's education level and wealth quintiles.

The 2016 administrative coverage of MoH showed similar inequities. It reported that the disparity in DPT3 coverage was only 4% between males (105.7%) and females (109%) but 59% by district.

Dili Municipality has the highest coverage for Penta3 (140%) and Ainaro Municipality has the lowest coverage (81%). There are seven out of 13 municipalities with coverage over 100%. The map and table below shows the disparities in Penta3 coverage by municipality:



Municipality	Under 1	Coverage of Penta 3	
		#	%
Aileu	1334	1688	127%
Ainaro	1961	1595	81%
Baucau	3320	3488	105%
Bobonaro	2774	2343	84%
Covalima	1717	1426	83%
Dili	7831	10973	140%
Ermera	3829	4459	116%
Lautem	1905	1597	84%
Liquica	2125	2452	115%
Manatuto	1307	1193	91%
Manufahi	1457	1486	102%
Oecusse	1920	1662	87%
Viqueque	2067	2143	104%
Timor-Leste	33547	36505	109%

For the calculation of administrative immunization coverage, MoH used new denominator based on 2015 census data and which was significantly lower than previously used 2015 census projected denominator quarrying the accuracy of 2015 census data. Further with intensification of EPI services in 2015 and 2016 may lead to catch up immunization of children over one year of age and reported together.

Denominator issue

It should be noted, however, that due to the denominator issue it is difficult to analyse the trends by geographical area.

VPD Surveillance and reported VPD trends

Number of Fever Rash Cases by Health Facility and Lab Result 2016-2017, in Timor-Leste

Health Facility	Fever Rash cases		Lab Result			
	2016	2017	(+) Measles, 2016	(+) Measles, 2017	(+) Rubella, 2016	(+) Rubella, 2017
Klinik Maternidade Fatumeta	27	7	1	0	1	0
CHC Comoro	38	24	0	0	3	1
CHC Vera Cruz	7	4	0	0	1	0
CHC Becora	14	26	0	0	0	2
CHC Formosa	0	11	0	0	0	0
Ospital Referal Maubisse/Ainaro	3	0	0	0	0	0
Ospital Referal Suai/Covalima	8	0	0	0	1	0
Ospital Referal Maliana/Bobonaro	7	3	0	0	2	0
Ospital Referal Baucau	1	3	0	0	0	0
CHC Luro	24	3	1	0	1	0
Ospital Rejiuan Oecusse	3	0	0	0	0	0
HNGV Dili	0	0	0	0	0	0
Total Cases	**132**	**81**	**2**	**0**	**9**	**3**

Number of AFP by Health Facility and Lab Result 2016-2017, in Timor-Leste				
Health Facility	AFP		Lab Result	
	2016	2017	2016	2017
Klinik Maternidade Fatumeta	7	2	0	0
Ospital Referal Maubisse/Ainaro	0	0	0	0
Ospital Referal Suai/Covalima	0	0	0	0
Ospital Referal Maliana/Bobonaro	0	0	0	0
Ospital Referal Baucau	0	0	0	0
Ospital Rejiuan Oecusse	0	0	0	0
HNGV Dili	3	0	0	0
Total Cases	**10**	**2**	**0**	**0**

Number of AES by Health Facility and Lab Result

2016-2017, in Timor-Leste				
Health Facility	**AES**		**Lab Result JE**	
	2016	**2017**	**2016**	**2017**
Klinik Maternidade Fatumeta	0	0	0	0
Ospital Referal Maubisse/Ainaro	0	0	0	0
Ospital Referal Suai/Covalima	0	0	0	0
Ospital Referal Maliana/Bobonaro	0	1	0	0
Ospital Referal Baucau	0	2	0	0
Ospital Rejiuan Oecusse	0	8	0	1
HNGV Dili	7	5	1	0
Total Cases	**10**	**2**	**0**	**0**

The following achievements were made on VPD surveillance:

- Integrated Disease Surveillance and Response (IDSR) guidelines are in place and surveillance system is functional.
- Refresher training on IDSR and VPD surveillance for health staff in Municipality Level is ongoing
- Training on VPDs for medical doctors and other health staff in Municipalities, Regional Hospitals and National Hospital are continuing.
- Integrated supervision on IDSR and VPDs have commenced.
- National Guidelines for MR/CRS control have been developed.
- Sentinel site on MR/CRS control has been established in Regional Hospital and National Hospital.
- Joint Review of EPI and VPDs are taking place by trimester, semester and annually at Municipal and National Level.
- Sentinel sites on Severe Acute Respiratory Infection (SARI) and Influenza like Illness (ILI) have been established at five CHCs in Dili Municipality and National Hospital HNGV.
- Measles and Rubella Serology Laboratory in NHL is fully functional and Molecular Laboratory work for Measles and Rubella just commenced.

Several challenges with VPD surveillance remain:

- Inadequate technical staff, capacity and resources at National and Municipality levels for well-functioning surveillance system.
- Sub-optimal rapport and coordination between national surveillance department and national hospital.
- Sub-optimal rapport and coordination between municipality surveillance focal points and referral hospitals.
- Staff at the health facilities still not adequately trained on case detection based on case definitions.
- Poor capacity and logistics at municipality and CHC levels for sample collection, storage and

transport to the National Laboratory.
- Awareness on Vaccine Preventable Diseases and importance of surveillance is not optimal at health facility level.
- National Laboratory is fully dependent on WHO technical assistance, reagents and equipment for laboratory surveillance.

The following are recommendations for further strengthening EPI and VPD surveillance:

- Minimum of two medical doctors should be assigned to the Surveillance Department and one medical doctor should be appointed to each municipality as surveillance focal points.
- EPI Unit of the MCH department should be upgraded as separate department under National Director Public Health and minimum of two medical doctors should be assigned to the new EPI Department with clear organogram and division of responsibility.
- With help of WHO and other partners a time bound programme for technical capacity development should be instituted.
- Adequate funds should be allocated to EPI Unit and Surveillance Department and Municipal Surveillance Focal Points for quarterly supportive supervision visits to Regional Hospitals and Municipalities and CHCs.
- MoH should gradually start allocation of training budget to Surveillance and EPI Departments without fully dependence on partners.
- Scholarship should be awarded to a medical doctor to specialized in Medical Microbiology to take over microbiology section of the National laboratory.

AEFI cases
MoH Timor-Leste has developed the AEFI guidelines in 2011. The socialisation of the guidelines to the community and health workers were limited. This resulted in limited cases being reported. The guidelines were recently revised and are awaiting endorsement by MoH. The latest revision was done to make it more comprehensive and include death case reporting and investigation.

There was no case reported in 2016, however two cases were reported in 2017. These two cases of 2017 are death cases.

There are a few reasons for the limited cases of AEFI in Timor-Leste:
- Limited awareness of AEFI cases by caregivers
- Many new health workers were deployed before being trained on AEFI case identification and reporting
- No active surveillance

3.2. Key drivers of low coverage/ equity

Health work force

- The health work force in Timor-Leste (HMIS Report of 2016) reported that there were 822 medical doctors, 829 nurses and 640 midwives are working in the health facilities including hospitals.
- Key gaps which contribute to missed opportunity and low coverage:
  - There is an inequitable distribution of health staff at health facilities level. The distribution of health work force favors more urban locations leaving rural areas not as well covered. According to MoH Human Resource department 42% of Health Posts do not have midwives.
  - Many new health workers haven’t received training yet on Immunisation in Practice.
  - Supportive supervision is lacking and funding allocated is inadequate.

- Current activities to strengthen health workforce:
  - Standard Operating Procedures (SOP) training
    16 batches of Effective Vaccine Management training were conducted with participation by 307 health workers from national level to health post level.
  - Immunisation in Practice (IIP) training
    INS training institute conducted four batches of IIP training in 2017 using funds from Gavi HSS grant, Human Capital Development Fund Grant to Government as well as UNICEF. The four batches of training were provided to approximately 90 new health workers.
  - In addition to the above training, WHO provided capacity building on immunisation and VPDs surveillance through three STOP consultants. The trainings were done to address the issues identified during the supportive supervision visits. Six batches of the training were conducted at the municipality level. Each training batch was attended by approximately 25 health workers.
  - With regards to capacity building of new staff at central level, UNICEF and WHO provided day-to-day technical assistance. New MOH staff also participated in the IIP and SOP trainings conducted at the municipality level.
  - In 2016 missed opportunity study was conducted in Dili Municipality to understand the reasons for missed opportunities for vaccination. The recommendations are currently under implementation in health facilities in Dili municipality.
  - A performance based reward scheme to improve quality of immunization was introduced in Dili Municipality health service in early 2017 and 1st reward ceremony was conducted in December 2017 and outcome is promising.

- Areas which need further improvement:
  - There are limited immunisation training facilitators at the national level, and there is a need to do training of trainers (ToT) for immunisation training.
  - There is a need to translate immunisation material into the local language.

Supply chain

- With regards to the improvement of Effective Vaccine Management in Timor-Leste, MOH has conducted cold chain inventory updates. It was identified that there are 254 health facilities, including 170 health posts, equipped with cold chain equipment. The expansion of the cold chain functionality down to health post level contributes to the improvement of access to immunisation service delivery.

- The main activities in relation to the EVM improvement plan were nationwide Standard Operating Procedures (SOP) training, revision of immunisation tools and self-assessments of EVM at national and municipality levels.

- The EVM self-assessment at national cold stores revealed that there were improvements made in the central store. In the 2015 EVM assessment, there were only 3 categories that scored over 80%. However during a later assessment it was found that 5 out of 7 categories showed improvement.

- Challenges in stock data beyond the national store
  - Timor-Leste has multiple logistics management systems including vaccine and other immunisation related supplies. SAMES uses mSupply software, but it has not been fully rolled out across the country especially to lower level stores and facilities.
  - The new Timor-Leste Health Information Management System (TLHMIS) also has a supply information module and is being rolled-out country-wide with support of various partners.
  - The Gavi Transition Plan, which extended the HSS grant to the Government, identified supplies logistic information management improvement but there is yet no decision if mSupply will be

scaled up country-wide or if there will be shift to TLMIS. There are also discussions going on within the Government to bring all ICT-based information system onto one platform.
  - Both of these systems were recently introduced down to the lower level but are not yet being fully utilized by most health workers in these health facilities. Further training and close monitoring and supervision are needed to increase access and utilization of these systems.

Demand Creation

- In partnership with UNICEF and WHO, MoH Timor-Leste conducted an advocacy meeting in close collaboration with the Ministry of Education. The meeting aimed to provide teachers at national level, municipality health services and health centers with information on the value of immunisation and DT vaccination in schools.

- The involvement of the Prime Minister in advocacy for immunisation campaigns and also routine immunisation has also been a key success factor of the immunisation programme in Timor-Leste. The Prime Minister has given speeches and announcements in the media on the importance of immunisation for children. He also highlights that investments in immunisation generate some of the highest rates of return.

- With Gavi HSS funds, MoH has conducted quarterly meetings with community leaders at every community health center.

- MoH has also developed communication materials such as billboards, posters and flyers. These communication materials were distributed to health facilities and currently are being used by health workers to create demand for immunisation.

- An advocacy meeting was held by Ministry of Health, UNICEF, GAVI and WHO with religious leaders to know their opinion on the immunisation and how they can contribute. As a follow up of the meeting, immunisation communication fliers has been printed and distributed through their regular meeting.

- Besides that, recently with the UNICEF assistance, Ministry of Health has developed an integrated communication package including interpersonal communication training curriculum and guidelines, guidelines for establishing and working with mother support groups to promote desired behavior and practices and audio-visual materials for primary health care workers and mother support groups in communities. The communication materials were launched by first lady and vice minister of health and currently is using in the health facility level. As of date mother support groups have been established in all Suco of five municipalities, and over 400 PHC workers of these five municipalities have been trained on interpersonal communication.

Leadership, Management and Coordination

- To improve the coordination among the Ministry of Health with Partners, there are regular meetings of the Immunisation Working Group. The meetings are done on a bi-monthly basis and also as needed. This working group monitors current immunisation activities and follow-up actions.

- Above the Immunisation Working Group, there is the National Immunisation Technical Advisory Group (NITAG). The NITAG advises on the introduction of new vaccines and advocates to the key decision-makers in the MoH.

- Review meetings are also conducted at the municipality level every six months. With the support of Gavi, MoH has conducted these regular meeting with the community leaders at village levels. These meeting are intended to mobilize support of the key influencers in the community to bring more

children for vaccination and identify the most critical issues on the health service delivery, including immunisation.

3.3. Data

Issue related to data remain a major challenge in Timor-Leste. The challenges include:

- The denominator used by MoH for 2017 is not based on real data but is a projection based on the latest 2015 census. The latest figure for under-one children according to the 2015 census shows a large gap of over 9,000 children compared to the 2010 census. The new denominator resulted in the coverage being more than 100% for many antigens including BCG.
- There is also a discrepancy between data recorded at the field level and the reported data. There is a different number of children registered in register forms, tally sheets and monthly reports.
- The MoH is in transition from a paper-based system to a digital platform (TLHIS). The paper-based system is vulnerable to many errors due to repeated data entry at different levels.

Denominator related issue
As mentioned earlier in section 3.1, the below table shows that there are seven out of 13 municipalities with coverage over 100%. This is further evidence that there might be some issues with the denominator.

Municipality	Under 1	Coverage of Penta 3	
		#	%
Aileu	1334	1688	127%
Ainaro	1961	1595	81%
Baucau	3320	3488	105%
Bobonaro	2774	2343	84%
Covalima	1717	1426	83%
Dili	7831	10973	140%
Ermera	3829	4459	116%
Lautem	1905	1597	84%
Liquica	2125	2452	115%
Manatuto	1307	1193	91%
Manufahi	1457	1486	102%
Oecusse	1920	1662	87%
Viqueque	2067	2143	104%
Timor-Leste	33547	36505	109%

Timor-Leste Health Information System (TLHIS)
MoH has made several efforts to improve the reporting and recording system. One of these efforts was to introduce the digital TLHIS platform. Currently, MoH is conducting training on the implementation of the TLHIS, and nation-wide scale-up is envisioned by the end of 2017. With the close follow-up and monitoring, the TLHIS will contribute to provide quality immunisation data. The TLHIS will also reduce workload due to data entry at different levels and will contribute to minimize the gap between different levels of administration in the MoH. TLHIS is also expected to contribute to timelines and completeness of

data that is more easily accessible to key decision-makers and stakeholders.

Need for support to the use of mSupply and/or TLHIS.

As mentioned above, Timor-Leste is using multiple systems to record and manage logistics information on supply related matters, including vaccines. SAMES as an autonomous institution which manages all supplies and logistic functions uses mSupply software, but this has not yet been fully rolled out across the country to lower level stores and facilities. The new DHIS2 based health information system TLHIS also has a supply information module and yet to be roll-out of the country wide. The transition plan which has extension of the HSS grant to the government identifies supplies logistic information management improvement but there is yet no decision if mSupply will be scaled up country-wide or there will be shift to TLHIS. There is also discussions going on within the government to bring all ICT based information system to one platform. There is a need to conduct close monitoring to ensure the proper functioning and utilization of these systems.

Analysis on the stock out of vaccine in relation to coverage for MCV1 and Penta3.

Since 2015, there has been no stock out of MCV and pentavalent vaccine at national level. However, no data is available on the stock position at lower levels such as municipality and health facility levels. Stock management in at lower level is still not performed through mSupply and Timor-Leste Health Information System (TLHIS). However these databases are in the process of scaling up to all municipalities.

Routine Data Quality Assessment and Data Quality Improvement Planning

Timor-Leste is planning to conduct a Routine Data Quality Assessment (RDQA) and Data Quality Improvement Planning (DQIP) in 2018 under the Gavi Transition Plan. An EPI Coverage Survey is also planned to be conducted in 2018 using the new WHO methodology to verify the routine immunisation coverage and contribute to improve the reporting and recording system of the MoH. With the help of STOP consultants quality of EPI data entry at CHC and Municipality level is regularly assessed and discrepancy observed make corrections in timely manner.

3.4. Role and engagement of different stakeholders in the immunisation system

National Coordination Forum

The national coordination forums for immunisation in Timor- Leste are the EPI working Group (EWG) and the National Immunisation Technical Advisory Group (NITAG). Both of these forums play a crucial role in overseeing the entire immunisation programme in-country. Each of these forums has its own structure and term of references to guide the work on immunisation related activities and policy and strategy development. The forums collaborate to research vaccine preventable diseases prevalence, advocate for new vaccine introductions (e.g. exploring need for MR campaign) and improve routine immunisation coverage. The NITAG is composed of scientists, researchers, epidemiologists, surveillance experts, the EPI Manager and immunisation experts from WHO and UNICEF. It is headed by a Chairperson and a Secretariat. It also has one core and one non-core group which has specific tasks to implement and present in the sub-group meetings. Each sub-group sits four times a year while the NITAG sits twice a year with its sub-groups to finalize immunisation related draft recommendations, policies and strategies and to present to the council of directors to get endorsement and approval from the Honorable Health Minister.

The NITAG has recently concluded its clinical research on the Rotavirus prevalence rate in Timor-Leste and concluded that 32% of the severe gastro-enteritis is caused by Rotavirus infection which can easily be prevented through the introduction of 3 doses of RotaTeq oral vaccine. The NITAG is currently in the process of presenting their research findings to the council of directors to obtain endorsement and approval of Rota vaccine introduction into the routine immunisation program in 2018.

The other forum, called the EPI Working Group (EPIWG) is a group of technical, management, logistics and training experts from EPI Programme, National Medicine Procurement Agency (SAMES), National Institute of Health (INS). WHO and UNICEF which routinely oversees the immunisation programme implementation, identifies bottlenecks and finds solutions. Discussions are held on a quarterly basis in the immunisation review meeting at district level and annually at the national level. In case of any emergency interventions required, the chairperson of the EWG convenes an emergency meeting and takes action accordingly. The EPIWG is led by the EPI Manager who usually calls meetings usually on a monthly basis or when required. The agenda and meeting minutes are shared to all EPI Working Group members.

Civil society

School teachers, religious leaders, community-based organizations, mother support groups and local community leaders have played a particularly crucial role in the successful implementation of EPI programme and DT vaccination at schools. DT vaccine was introduced to the national EPI Programme in April 2016 in all primary schools and to all the new students of grade 1 irrespective of age. DT is also being integrated into the routine immunisation schedule. These civil society groups are also involved in immunisation demand creation and strengthening EPI service delivery in their catchment areas for both routine immunisation as well first-time national immunisation campaigns.

MOH, with the support of WHO and UNICEF, involve many national and international NGOs in health and maternal and child health (MCH) related activities in Timor-Leste. All health, MCH and immunisation related work is shared, discussed and coordinated through regular monthly health development partner meetings.

Other donors

Government is committed to enhance and sustain immunisation financing after the Gavi Transition Plan implementation support is finished in mid-2019. Other partners who support overall HSS include DFAT, JICA, KOICA, USAID, EU, UNFPA, WHO, UNICEF and WBG.

Private sector

At present there are mainly three private health partners who provide immunisation services in collaboration with MoH. MoH provides vaccines, EPI supplies and technical support to ensure safe immunisation services. The private sector provides vaccination services to approximately 5-10% of children and they send immunisation reports to HMIS on a monthly basis.

Cross-sectoral collaboration

Ministry of Education (MoE) is an integral part of the immunisation programme and works closely with MoH on demand creation for routine immunisation including DT vaccination at schools. MoE also actively participated in national immunisation campaigns in the past and will be engaged in the measles and rubella campaign tentatively planned for 2018-2019.

Activities with professional health associations

MoH and Partners have engaged with professional health associations to strengthen the immunisation programme and increase awareness and capacity of health workers on immunisation and vaccine preventable disease and surveillance. Associations include the Timor-Leste Midwifery Association, Timor-Leste Nurse Association, Timor-Leste Medical Association and Public Health Association.

4. PERFORMANCE OF GAVI GRANTS IN THE REPORTING PERIOD

4.1. Programmatic performance

Performance achievements of Health Systems Strengthening (HSS) grant and linkage to Transition Plan

Addressing the drop-out, wastage and cold chain breakdown

To address the drop-out of immunized children, MoH and Partners have put in place the following strategies:

- Tracking defaulters using aldeia (hamlet)-wise immunisation registers
- Conducting outreach activities in hard-to-reach areas
- Using Saude na Familia (home visit) by health professionals to mobilize caregivers to bring their child to health centers and/or to provide health services including immunisation during the visit.

To address wastage related issues, MoH and Partners have oriented all EPI focal persons in the field to apply the Multi Dose Vial Policy (MDVP) for both outreach and fixed sites. Therefore, the wastage for vaccines that applied MDVP are expected to decrease gradually. The wastage rates for BCG and MR remain high because of the policy of MoH to provide vaccination even if only one child comes for immunisation and also because of the increased number of EPI sessions in field. Newly established Health Posts. Due to the reliable 24 hour electricity supply and new cold chain infrastructure cold chain breakdowns are minimal. Under GAVI TP five MoH staff, Two WHO staff and one UNICEF Staff is planned to attend refrigerator and cold chain maintenance course in Pune India in December 2017.

Staff in SAMES, EPI

During the reporting period two additional staff have been deployed by MoH to work in the national EPI unit and their capacity building is on-going.

SAMES has two dedicated staff for vaccine and immunisation supplies at the national level. In addition, INS has recently provided training to another 10 warehouse staff on Standard Operating Procedures for Effective Vaccine Management (SOP-EVM). Currently, SAMES also has five volunteers and it is planned to also build their capacity on the SOP-EVM.

INS training capacity

In 2017, INS has made significant improvements in building the capacity of health workers. INS has conducted nation-wide trainings on SOP-EVM to 307 health workers from health posts, community health centers, municipality health service level and the central pharmacy. INS also conducted other trainings on nutrition, MCH and CDC training.

Integration of EPI communication materials into the Primary Health Care (PHC) communication

Below are activities conducted during the reporting period related to the demand creation:

- Demand creation activities were funded by the European Union but Gavi PEF TCA helped to ensure the inclusion of immunisation in messages, job-aids and guidelines for promoting key care practices for immunisation, MNCH, nutrition and WASH of the MoH Primary Health Care network.
- Training curriculum, materials and ToT for Interpersonal Communication Training of Primary Health Care workers was completed and 165 Health Service Providers were trained on IPC (EU funded) in five municipalities.
- National guidelines, training curriculum for building capacity of health workers to establish and work with community groups, called mother support groups to promote key care practices for immunisation, maternal, new-born and child health, nutrition and WASH incrementally developed, mother support groups established in all Suco of five municipalities and 3,067 MSG members (women and men) trained (EU funded).

EVM SOP

INS (training institute) completed nation-wide training for health workers on Standard Operating Procedures for Effective Vaccine Management (SOP- EVM). The training included one Training of Trainers (ToT) and 15 municipality trainings. 307 vaccine handlers were also trained on SOP-EVM.

4.2. Financial management performance (for all cash grants, such as HSS, vaccine introduction grants, campaign operational cost grants, transition grants, etc.)

Ministry of Health Timor-Leste has a commitment to immunisation programme. Since 2009, MoH procured the vaccine through UNICEF procurement service. There was no issue in regards to the budget allocation to the procurement of vaccine. Beside that MoH also has not had issues related the co-financing of pentavalent vaccine with GAVI.

Human resources

Ministry of Health has its own staff to look after the immunisation programme at all levels. However, those focal persons have other functions beyond the immunisation programme.

Financial Absorption

Pentavalent Vaccine Introduction Grant (VIG)

- MoH spent nearly the entire Pentavalent VIG. There is only USD 4,511.15 remaining at the MoH bank account and it planned to be spent on activities in support of the immunisation programme.

IPV Vaccine Introduction Grant (VIG)

- Total funds received was USD 99,965.00 and MoH spent 54% (USD 52,825.50). The remaining balance is USD 47,139.50.

HSS Grant

- From 2014 to August 2017 MoH spent USD 882,117.40. The balance of HSS at the end of August 2017 is USD 521,768.00
- In September 2017, an external audit was conducted for the period 2014 – 2016 by an independent auditor recruited by MoH. The audit report was shared with Gavi in October 2017, and is currently under review.

Grant	Approved Amount (US$)	Amount Disbursed by Gavi (US$)	Cumulative Expenditure at 30 June 2017 (US$)	Balance at 30 June 2017 (US$)	Comments
Penta VIG	100,000	100,000		4,511.15	Recipient of funds: MoH Balance planned to be spent on activities in support of the immunisation programme.
IPV VIG	100,000	100,000 (99,965 received by MoH)	52,825.50	47,139.50	Recipient of funds: MoH
HSS	2,998,647	2,138,439	882,117.40	521,768.00	Recipient of funds: MoH

			(expenditure at 31 Aug 2017)	(balance at 31 Aug 2017)	US$1,269,926 of the disbursement was made in Jun/Aug 2017 as part of the Transition Plan
Performance Based Funding	73,020	73,020			Disbursed in May/Aug 2017 as part of Transition Plan (not due for reporting at JA)
Transition Grant	1,168,620	1,168,620			Disbursed in Aug 2017 as part of Transition Plan (not due for reporting at JA)

4.3. Sustainability and (if applicable) transition planning

Timor-Lest will transition out of Gavi support at the end of 2017. MoH with the support of Gavi and Partners developed a transition plan for the period 1 July 2017 to 30 June 2019 based on a collaborative assessment of sustainability bottlenecks. The transition plan aims to improve the immunisation and health system by improving data management, financial management, national regulatory authority, program management and the procurement system.

Service delivery and Immunisation under PHC

Service delivery in Timor-Leste is provided under primary health care. The primary health care is the intervention which provided to all Timorese and it covers all programmes in public health such as Maternal and Child Health, nutrition, communicable disease control, non-communicable disease control and also immunisation.

Government Commitment to implement PHC

MoH has committed to implement the primary health care package. One of the components of primary health care is Saude na Familia (Health of the Family). Saude na Familia is a programme where a team of health workers visit every household and provide health services to each family based on the findings during the visit.

Connect with Govt funding for vaccine.

MoH has a commitment to immunisation programme. Since 2009, MoH procured the vaccine through UNICEF procurement service. There was no issue in regards to the budget allocation to the procurement of vaccine. MoH also has not had issues related the co-financing pentavalent vaccine with Gavi

Budget concerns related to new vaccine support.

Although there were no issues related to the budget allocation to the vaccine procurement, we discovered that currently Ministry of Health Timor-Leste has concerns related to the new vaccine support. We found that there is a concern related government budget to the new vaccine introduction. The budget supports for new vaccine were mostly provided by partners especially GAVI. The introduction of pentavalent vaccine in 2012 was using new vaccine grant from GAVI. The same was happened in 2016, when the Government of Timor-Leste introduced five new vaccine into the routine immunisation programme. GAVI provided a new vaccine grant to introduce the new vaccine.

Recommend option to procure through UNICEF PS.

Timor-Leste started the procurement of Vaccine through UNICEF Procurement Service in 2009 based on the MOU between UNICEF and Ministry of Health. The MOU revised in 2013 as the new government came in. As in 2016, the procurement of vaccine was handed over to SAMES (Central Pharmacy), SAMES has signed an MOU with UNICEF Timor-Leste in the same year. The Government of Timor-Leste found that the procurement of vaccine through UNICEF procurement service is an advantage to the country. It provides the quality of vaccine with low price. Besides that the country is not ready yet to do self-procurement. The National Regulatory Authority (NRA) just recently established and has limited capacity to ensure the quality of vaccine if procured through self-procurement.

Institutional structure which underpin the sustainability of EPI program (such as NITAG)

National immunisation Technical Advisory Group (NITAG) established in 2015. Since its establishment NITAG has contributed to the immunisation programme through engagement in the new vaccine introduction in 2016 and the switch of tOPV into bOPV. Currently NITAG has established its own secretariat and it has 4 sub-groups which are looking after the introduction of new vaccines (rotavirus), routine immunisation and elimination of Measles and control of CRS. NITAG has conducted regular meetings and it was planned to do at least once every quarter.

4.4. Technical Assistance (TA)

WHO TCA progress
There are six TCA milestones set for 2017 for WHO TCA:

1. Submission of the HPV application to Gavi – This activity needs to be revised as Timor-Leste is no longer eligible for NVS support. However, WHO and other partners are independently supporting Timor-Leste to introduce Rotavirus vaccine in 2018 or 2019. The NITAG sub-committee has been established and currently developing a recommendation to the NITAG and to the MoH.
2. Attend two regional RO meetings (Gavi RWG and Immunisation Technical Advisory Group - Completed.
3. 40% of planned activities of the Transition Plan implemented – Due to many unavoidable reasons Gavi Transition Plan funds were transferred to the Government only in May 2017 and to WHO and UNICEF only in August 2017. However, with use of previously transferred Gavi HSS funds and existing WHO and UNICEF funds, 11 activities out of 70 activities were able to be completed, 36 activities commenced and 23 activities are yet to start. Accordingly, some activities may need to be reprogrammed within the implementation period up to June 2019.
4. 12 meetings of the EPI working group will be conducted – Until August 2017, six meetings of the EPI working group were held.
5. Nine districts report immunisation data through TLHIS – Currently seven districts report immunisation data through TLHIS. Due to delays in the transfer of Gavi Transition Plan funds, the training of health staff in the remaining six districts is yet to be commenced. Plans are in place to conclude this activity before the end of 2017.
6. 50% supportive supervision sessions quarterly conducted from national to distinct level and district to CHC level – Completed.
7. Other technical support provided by WHO TCA include:
    1. Development of annual EPI activity plan following consultation with relevant MoH officials and partners, incorporating GAVI HSS activities, GAVI TP activities, recommendations of WHO ITAG, RCCPE and RVC on Measles and Rubella.
    2. Coordinated placement of three STOP consultants in 7 districts over the last two years to provided day to day technical support and supportive supervision at municipal, CHC and HP level and also for advocacy and social mobilization. This support will continue in 2018. In addition to the deployment of STOP consultants two WHO SSAs were appointed to provide technical assistance to other tree municipalities.
    3. With the support of STOP consultants and two WHO SSAs supported to conduct municipal level

EPI and VPD surveillance trainings with direct WHO technical and financial assistance in additions to supporting MLM and IIP trainings conducted by INS/MoH using GAVI funds. Fourteen such trainings were conducted in 7 municipalities.

4. Provide technical assistant to INS to conduct Immunization In Practice (IIP) 5 days trainings. Three trainings completed. 75 CHC/HP level health personal from Lospalos and VVK, Baucau, and Minamoto municipalities were trained.
5. Supported Dili Municipality in establishing performance based reward system after developing performance measurement tool following series of consultations. The rewarding ceremony is planned in December 2017.
6. Supported to conduct EVM self-assessment in SAMES (central cold room) and implementation of EVM improvement plan. Supported to conduct two district level EVM assessments and planned similar assessments in other municipalities.
7. Supported to conduct three day EVM SOP ToT training at INS with UNICEF. Seven national level staff and 22 EPI Focal Points from 13 Municipals were trained.
8. Following national level ToT supported to conduct EVM SOP training for CHC/HP EPI Focal Points at 13 Municipals.
9. Supported to conduct GAVI TP workshop and finalization of GAVI Transition Plan by conducting GAVI TP assessment, GAVI TP workshop, GAVI DCEO visit and finalization of GAVI TP budget.
10. Supported NITAG TLS to appoint three technical subcommittees in early 2017 to provide recommendations on Rota Virus Vaccine introduction, Need for conducting Measles Rubella Immunization campaign in 2018 and strengthening immunization programme and vaccine preventable disease surveillance. After one year of regular technical consultations with WHO technical support, respective NITAG technical subcommittee's presented their recommendations to NITAG-TLS, relevant MoH officials including General Director, Health Service and partners. NITAG TLS will present its recommendations to Hon. Minister of Health soon.
11. Supported to develop comprehensive Hepatitis prevention, control and treatment strategy and introduction of Hepatitis B birth dose into the national immunization schedule.
12. Provide technical support to vaccinate over 7000 health, police and armed forces personal with Hepatitis B vaccine
13. Long due case based Measles Rubella surveillance system established by creating much required coordination between Surveillance Department and National Laboratory and capacity of the national laboratory was strengthened for Measles Rubella serology by recruiting and placing well qualified Laboratory Technologist as WHO SSA in the national Laboratory.
14. Supported National Laboratory to procure required Laboratory equipment's, reagents in time through the WHO procurement system and WHO accreditation of National laboratory for testing of measles and rubella serology is imminent.
15. Supported MoH to develop Measles Elimination and Rubella Control Strategic Plan, implementation guidelines and training manual and training materials by recruiting WHO consultant.
16. Supported MOH to transport AFP stool samples to WHO Polio reference lab in Bangkok Thailand and the system was established to courier existing and future AFP stool and other VPD samples to Thailand WHO reference laboratories with WHO technical and financial support.
17. Technical and budgetary support was provided to establish five Rubella and CRS sentinel surveillance sites in National Hospital and Five Referral Hospitals by training of doctors and other health staff in these hospitals.
18. With above inputs Measles case based surveillance including laboratory surveillance has currently reached required WHO standards received WHO accreditation in November 2016.
19. Technical and budgetary support was provided to conduct regular district and national level reviews for EPI and VPD surveillance activities for the first time in Timor Leste.
20. Supported participation of NCCPE/MVC chair in RCCPE and RVC meeting and assist preparation of country report and presentation
21. Support MoH to report weekly AFP+VPD surveillance data to WHO-SEARO in time.
22. Support for data collection and submission of WHO UNICEF EPI JRF and EARF report for

2016.
23. Supported for AEFI death investigations in Oecusse and Maliyana municipalities.
24. Supported MoH to develop new AEFI surveillance guidelines and training package with GAVI TP funds.
25. Supported Midwife Association to for capacity building of its membership by conducting immunization trainings in 9 municipalities. Trainings in other four municipalities also planned.
26. Organized and participated to train Cuban Brigade Medical specialists in management of local public health programmes including immunization.
27. Organized and participated to train newly graduated medical doctors in management of local public health programmes including immunization
28. Supported MoH to conduct NRA assessment using WHO latest NRA benchmarking assessment tool and developed institutional development plan. Out of recommended many activities for strengthening NRA-TLS, 16 activities were identified for implementation with GAVI TP funds. Four activates out of 16 activti9es are currently under implementation.
29. In addition on the advice of WR, supported MCH, Gender and gender based violence related programme in collaboration with UNFPA, UN Woman and UN Human tights Coordinator Office.
30. To strengthen technical capacity of the relevant MoH officials with support of GAVI TP funds facilitated the signing of Letter of Agreement between EPI Programme, Sri Lanka and EPI Programme, Timor Leste on twinning of two programme on technical capacity transfer. Accordingly the first visit of high level technical delegation to Sri Lanka is planned to take place in 2nd week of November 2017.

UNICEF TCA progress

There are four TCA milestones set for 2017 for UNICEF TCA. Three of the four milestones (CHC, PHC and immunisation micro-plan) are under MoH responsibility in the Transition Plan and are also now listed as performance indicators under the Transition Plan. Even though WHO and UNICEF staff, including TCA staff, will assist the MoH since activity and milestone is not directly related to UNICEF's agreed role in the approved Transition Plan. Therefore it is suggested to change this and add the substantive Transition Plan Health System Improvement Activities among which are: 1) Revision of tools and process for Health Sector wide supportive supervision (facility assessment); and b) organisation of Routine Data Quality Assessment (RDQA). The progress of TCA milestone is described below:

1. Implement EVM SOP (Effective Vaccine Management Standard Operating Procedure) at CHC and Municipalities

Description of Progresses

- Completed nation-wide Effective Vaccine Management Standard Operating Procedures (EVM-SOP) trainings which included one Training of Trainers (ToT), 13 municipality trainings and 307 vaccine handlers trained on EVM-SOP.
- Provided technical support to SAMES to conduct EVM (Effective Vaccine Management) Self-assessment at National Vaccine Store.
- Assisted EPI and SAMES in quantification and specification of vaccines, logistics and cold chain equipment and initiated procurement process.

Outcomes:

- EVM-SOPs institutionalized and disseminated nation-wide and EVM implementation capacity enhanced by training 307 vaccine handlers on EVM-SOP.
- Assessment completed and store is achieving certification level score in five out of seven categories, an increase from three out of seven in the 2015 EVM assessment.
- Quantification has been completed and vaccines and supplies are arriving. The remaining Purchase Order for all vaccines has been released. Supply Order for Cold Chain equipment has been drafted and procurement process is pending Gavi funds to arrive.

2. Demand Creation:

Description of Progress

-
- Demand creation activities were funded by the European Union but Gavi PEF TCA helped to ensure the inclusion of immunisation in messages, job-aids and guidelines for promoting key care practices for immunisation, MNCH, nutrition and WASH of the MoH Primary Health Care network.
- Training curriculum, materials and ToT for Interpersonal Communication Training of Primary Health Care workers were completed and 165 Health Service Providers were trained on IPC (EU funded) in 5 municipalities.
- National guidelines, training curriculum for building capacity of health workers to establish and work with community groups, called mother support groups to promote key care practices for immunisation, maternal, new-born and child health, nutrition and WASH incrementally developed, mother support groups established in all Suco of five municipalities and 3067 MSG members (women and men) trained (EU funded)

Outcomes:

- Materials and model for immunisation uptake promotion as part of integrated MNCH, nutrition and WASH communication through the Primary Health Care network and community groups established and is on-going in five municipalities (Note: The Transition Plan has a MoH activity for establishing community groups for immunisation promotion so the model established supports this intent).

3. CHC PHC and immunisation micro-plan:

This activity is implemented by MoH in the Transition Plan and is not directly related to UNICEF's agreed role in the approved Transition Plan. Therefore, it is suggest to change or add the substantive Transition Plan Health System Improvement Activities, among which are:

a) Revision of tools and process for Health Sector wide supportive supervision (facility assessment); and
b) Organization of Routine Data Quality Assessment (RDQA) including routine immunisation

Description of Progress:

- Terms of Reference (ToR) for institutional consultancy for the revision of tools and process for Health Sector wide supportive supervision (facility assessment) has been endorsed by MoH, and a formal request for procuring the TA has been received by UNICEF.
- ToR for institutional consultancy for developing system, tools and processes for Routine Data Quality Assessment and building MoH capacity have been developed and endorsed by MoH.

Outcomes:

- Ground work for deploying TA for revision of tools and process for Health Sector wide supportive supervision and RDQA have been completed and ToRs are available.

4. Conduct UN Procurement Service and pricing workshop:

Description of progresses:

- Preparatory communication for organizing the workshop has been done with UNICEF Supply Division at Copenhagen and UNICEF East Asia and Pacific Regional Office. The presentation for the workshop has been received from UNICEF Supply Division. Additionally, it was agreed that UN agencies in Dili will make presentations on their respective agencies, and UNICEF Operations Section has been requested to formally communicate with UN Operations

Management Team about the workshop and agree on the dates.

Outcomes:
- Preparation for the workshop has been done.

5. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Prioritised actions from previous Joint Appraisal	Status at JA 2016	Current Status
1. Implementation of planned Gavi HSS activities in 2016 including carry over activities of 2014 and 2015.	Not achieved, only a few activities are planned for implementation in 2016 (budget of approximately US$40,000).	On Track. The Audit of Gavi HSS grant has been completed, outreach activities are on-going, supportive supervision is in progress and IIP training for 2016 has been completed.
2. Full implementation of recommendations of joint national and international EPI and VPD Review 2015.	Not achieved, however, during the JA mission the MoH endorsed the report and is committed to implement the recommendations.	On track. Advocacy meetings with community leaders and other key influencers in the field are being conducted on a quarterly basis. Five new vaccines have been introduced successfully. National Laboratory received certificates from WHO for MR, and the switch of tOPV into bOPV was successfully implemented.
3. Strengthen human resource capacity at national EPI programme management by recruiting minimum of two new professional staff.	Not achieved, however during the JA mission the MoH approved the recruitment of two new staff in line with the recommendations.	Completed. Two staff are in place at national EPI team.
Additional significant IRC / HLRP recommendations (if applicable)		**Current Status**
Urgently reprogramme HSS support in line with recommendations in the report.		See response to action point 1 above.

6. ACTION PLAN: SUMMARY OF FINDINGS, ACTIONS AND TECHNICAL ASSISTANCE NEEDS IDENTIFIED AND AGREED DURING THE JOINT APPRAISAL

Overview of key activities planned for the next year:

UNCEF TCA requirement for 2018
UNICEF will need continuation of TCA staff cost until end of the transition grant period in mid-2019. The TCA funded staff will be responsible for the below activities-

a) Provide technical assistance and manage the following Transition Plan activities that UNICEF is responsible for:
    - Health-sector wide DQA including EPI along with capacity building for MoH staff

- Installation of vaccine cold chain equipment (procured in 2017)
- Support development and implementation of revised health-sector wide supportive supervision tool (facility readiness)
- Improve effective vaccine and cold chain management and capacity development

b) Additional funding is also needed for TCA staff to conduct the following activities:
- KABP (Knowledge, Attitude and Best Practices) on immunisation and health seeking behavior; and
- Vaccine cold chain temperature monitoring study.

WHO TCA requirement for 2018:
WHO will need continuation of TCA staff cost until end 2019, to align with the implementation and close-out of the Transition Plan, including the twining arrangement with the EPI programme of Sri Lanka.

Key finding 1	**Data issues**: unreliable denominator, transition from paper-based into digital platform and accuracy of the data remain challenges which affect the discrepancy of the reported data at each level.
Agreed country actions	Scaling up TLHIS nation-wide, conducting routine data quality assessment, and conducting RDQIP.
Associated timeline	On-going until mid-2018
Technical assistance needs	WHO, UNICEF
Key finding 2	Capacity gap of **Primary Health Care (PHC) workers**
Agreed country actions	IIP training for all PHC workers
Associated timeline	2018
Technical assistance needs	WHO, UNICEF
Key finding 3	**Effective Vaccine Management** (EVM)
Agreed country actions	Continue self-assessment guided Improvement Plan development and implementation
Associated timeline	On-going and 2018
Technical assistance needs	WHO, UNICEF
Key finding 4	**Behaviour change communication**
Agreed country actions	• Train PHC workers on interpersonal communication and working with Mother Support Groups to promote immunisation and other health behaviours and practices • Conduct KABP of immunisation and health seeking behaviour and practices
Associated timeline	On-going and 2018

Technical assistance needs	WHO, UNICEF
Key finding 5	Lack of regular **supportive supervision** and limited quarterly **EPI reviews**
Agreed country actions	• Plan and conduct supportive supervision on a quarterly basis • Conduct EPI review meetings every six months
Associated timeline	On-going and 2018
Technical assistance needs	WHO, UNICEF

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

As advised by the EPI Manager, the technical members of the EPI Working Group reviewed the Partners Engagement Framework (PEF) for the last year and identified the bottlenecks to be addressed in the draft Joint Appraisal Update reporting for 2017. The working group members also critically discussed the comments received from Gavi that need to be answered in the draft Joint Appraisal Update. After the first review of the PEF presentation and addition information, a second meeting was called by the EPI Manager to review the Joint Appraisals from 2014-2015 and the Joint Appraisal reporting format for 2017.

After thorough review of the Joint Appraisal reporting format for 2017, the tasks were identified and distributed among MoH, WHO and UNICEF focal persons and a deadline was set for 17 August 2017 to send to Technical Officer at WHO to further review, compilation and send the zero draft to Gavi for their inputs and comments.

All the responsible persons from the three stakeholders collected necessary information from the relevant departments to complete their tasks, filled in the specified sections of the Joint Appraisal reporting format for 2017 and shared with their respective supervisors at their own agencies to get comments/inputs before compilation by the Technical Officer at WHO. The initial drafts were developed by the EPI manager (MoH), Technical Officer/NPO (WHO) and Health Specialist/Immunisation Officer (UNICEF) and reviewed by Director of Public Health (MoH), Technical Officer for Immunisation (WHO) and Chief of CSD (UNICEF).

8. 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 delayed reporting may impact the decision by Gavi to renew its support.

	Yes	No	Not applicable
Grant Performance Framework (GPF) reporting against all due indicators	Partial		
Financial Reports			
Periodic financial reports (Jan-Jun 2017)		HSS, IPV VIG, Penta VIG outstanding	
Annual financial statement	Pending audit clarifications		
Annual financial audit report			
End of year stock level report	Yes		
Campaign reports			N/A
Immunisation financing and expenditure information	Yes		
Data quality and survey reporting	Yes		
Annual desk review			
Data quality improvement plan (DQIP)			
If yes to DQIP, reporting on progress against it			
In-depth data assessment (conducted in the last five years)			
Nationally representative coverage survey (conducted in the last five years)			
Annual progress update on the Effective Vaccine Management (EVM) improvement plan	Yes		
Post Introduction Evaluation (PIE)	In progress		
Measles-rubella 5 year plan			N/A
Operational plan for the immunisation program			
HSS end of grant evaluation report			N/A
HPV specific reports			N/A
Transition Plan			N/A

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.