

Joint Appraisal Update report 2019

Country	Zimbabwe
Full JA or JA update ¹	<input type="checkbox"/> full JA <input checked="" type="checkbox"/> JA update
Date and location of Joint Appraisal meeting	05 – 09 August 2019, Rainbow Hotel, Harare
Participants / affiliation ²	EPI technical team and Partners
Reporting period	January – December 2018
Fiscal period ³	January – December 2018
Comprehensive Multi Year Plan (cMYP) duration	2016 - 2020
Gavi transition / co-financing group	N/A

1. RENEWAL AND EXTENSION REQUESTS

Renewal requests were submitted on the country portal

Vaccine (NVS) renewal request (by 15 May)	Yes <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 checked="" type="checkbox"/>	N/A <input type="checkbox"/>
CCEOP renewal request	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

2. GAVI GRANT PORTFOLIO

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

Introduced / Campaign	Date	2017 Coverage (WUENIC) by dose	2018 Target		Approx. Value \$	Comment
			%	Children		
Insert						
Insert						

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

Grant	Channel	Period	First disbursement	Cumulative financing status @ June 2018				Compliance	
				Comm.	Appr.	Disb.	Util.	Fin.	Audit
Insert									
Insert									
Comments									

Indicative interest to introduce new vaccines or request Health System Strengthening support from Gavi in the future⁴

Indicative interest to introduce new vaccines or request HSS support from Gavi	Programme	Expected application year	Expected introduction year
	TCV	2018	2020
	Hep-B birth dose	ZIMNITAG have recommended	Ministry yet to take a position

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

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

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

⁴ Providing this information does not constitute any obligation for either the country or Gavi, it merely serves for information purposes.

Countries are encouraged to highlight in subsequent sections, and particular in the Action Plan in Section 7, key activities and potentially required technical assistance for the preparation of investment cases, applications and vaccine introductions, as applicable.

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

Intermediate results indicator	Target	Actual
Insert		
Insert		
Comments		

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	Comments
		Appr.	Disb.	Util.			
<u>Insert</u>							
<u>Insert</u>							
<u>Insert</u>							
<u>Insert</u>							

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

The JA update does not include this section.

4. PERFORMANCE OF THE IMMUNISATION PROGRAMME

The JA update does not include this section.

5. PERFORMANCE OF GAVI SUPPORT

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

Objective 1	
Objective of the HSS grant (as per the HSS proposal or PSR)	To strengthen the Cold Chain Capacity, Stock Management and Distribution System at all levels countrywide (in order to improve the availability of quality vaccines and EPI supplies at all levels and minimise vaccine wastage)
Priority geographies / population groups or constraints to C&E addressed by the objective	<ul style="list-style-type: none"> 104 SDD refrigerators for health centres without electricity-these health centres used gas for cold chain. Due to erratic supply of gas, some sessions were cancelled leading missed opportunities hence low coverage. Fuel for standby generators required because 8 Provincial and 63 District Vaccine Stores affected by frequent power outages compromising vaccine quality. Shortage of fuel for vaccine & supplies distribution at provincial and district levels leading stock outs at service delivery level. No funds for vehicle service and maintenance at central, provincial and district levels which caused frequent vehicle breakdowns thus failure to conduct planned activities
% activities conducted / budget utilisation	<ul style="list-style-type: none"> 100%

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Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	Most activities for HSS1 were reported in 2018 JAR. However, there were some activities that were carried over to 2018 and the status of implementation of those activities is as indicated below. <ul style="list-style-type: none"> • 104 SDD refrigerators were installed at health facilities in different districts. This has improved cold chain management, increased access and utilization of services. • Procured fuel for standby generators for provincial and district vaccine stores. • Provision of fuel for vaccine distribution has reduced incidence of stock-outs at provincial and district levels. • Balance of funds under Vehicle maintenance were utilized during the first quarter of 2018.
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ¹²)	HSS2 Objective # 5 “To strengthen cold chain and vaccine logistics management system in Zimbabwe”, planned activities are; <ul style="list-style-type: none"> • Procurement of computers, RTM system for districts, refrigerator spares, WIFR, fuel for generators • Procurement of refrigerators under CCEOP • Monitoring and commissioning of CCE installed under CCEOP • Capacity building for Cold Chain Technicians • Construction of dry stores at CVS • EVMA • Development and monitoring implementation of EVM CIP • EVM including SMT support • Cold Chain Maintenance
Objective 2:	
Objective of the HSS grant (as per the HSS proposal or PSR)	To strengthen EPI Data Management at all levels in the context of the existing National Health Information and Surveillance (NHIS) system (so as to provide quality strategic information for effective and efficient management and delivery of EPI services to communities countrywide)
Priority geographies / population groups or constraints to C&E addressed by the objective	<ul style="list-style-type: none"> • Inadequate human resource capacity in terms of data collection, recording and analysis. • No computers for data management. • Lack of survey information to validate administrative data
% activities conducted / budget utilisation	<ul style="list-style-type: none"> • 100% activities implemented & 100% budget utilised for the implemented activities
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<ul style="list-style-type: none"> • Training of health workers at all levels was done; 1,310 health centre nurses, 55 provincial level officers were trained in data management • Implemented activities under the Data Quality Improvement Plan.

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Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ¹²)	HSS2 Objective # 3 “To ensure availability & use of high quality data to inform timely & evidence based interventions” planned activities are; <ul style="list-style-type: none"> • Update of ZEPI Register • Data Quality Assessment • On Site Data Verification • Training of health workers in bio-risk management • Active Search
Objective 3:	
Objective of the HSS grant (as per the HSS proposal or PSR)	To strengthen EPI outreach services in hard to reach communities countrywide in the context of integrated health service delivery
Priority geographies / population groups or constraints to C&E addressed by the objective	<ul style="list-style-type: none"> • Local Immunisation Days for 3 low performing priority districts selected on the basis of low DTP3 coverage • Procurement of communication equipment to enhance event/meeting management, record keeping & reporting •
% activities conducted / budget utilisation	<ul style="list-style-type: none"> • Activity implementation reported in 2018 JAR
Major activities implemented & Review of implementation progress including key successes & outcomes / activities not implemented or delayed / financial absorption	<ul style="list-style-type: none"> • Local immunisation days conducted in 3 districts
Major activities planned for upcoming period (mention significant changes / budget reallocations and associated changes in technical assistance ⁵)	<ul style="list-style-type: none"> • Conduct outreach in hard to reach areas • National & provincial review meetings • RED/REC Training • Vehicle Maintenance • Procurement & distribution LP gas

Achievements against agreed targets

National DTP3 coverage was 89% which is slightly lower than the GPF target of 90%. On equity the 2018 GPF target of 89% was achieved as 88.9% of districts (56) had DTP3 coverage above

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

80%. Four districts had DTP3 coverage below 80% in 2018 and these are UMP, Bulilima, Murewa and Mutare. However, all provinces had DTP3 coverage >80%. The GPF target for MCV1 was 93% and the country achieved 86%. MCV2 coverage was 76% in both 2017 and 2018. There was a decline in 2018 for MCV2 for majority of the districts to below 80% with 5 districts reporting >100% coverage in 2018. Coverage for all other antigens is below 90% target except BCG and Rota in 2018. National dropout rate between DTP1 & DTP3 was 5.4% against a GPF target of 5% while the RV1 – RV2 dropout rate was 4.8% against a target of 5%. The country managed to achieve GPF targets for dropout rate.

On data management the GPF target of 98% completeness was met. Timeliness was 73% which is below the GPF target of 78%. Reasons for failure to meet timeliness target include frequent power outages and related internet down time. Non Polio AFP detection rate was 4.2 against a target of 2 per 100,000 population <15 years of age; non measles febrile rash illness detection rate 3.65 against a target of 2 per 100,000 population. AEFIs achievement was 20.7 against a target of at least 10 per 100,000 surviving infants (94 AEFI cases reported in 2018).

The country last conducted an EVMA in 2016 where the score was 79% against a target of 80%. An EVMA is planned for Sept-Oct 2019. The balance of HSS1 was all utilised according to budget.

Most planned activities were implemented, and achievements were according to targets except activities which were to be funded by HSS2.

How Gavi support is contributing to address the key drivers of low immunisation outcomes?

A Coverage & Equity Assessment in Immunisation

Assessment is to be conducted with funding from Gavi through UNICEF. The report is expected by 30 October 2019. The study aims to improve understanding of pro-equity strategies and recommendations that are likely to improve uptake of EPI services. The study also seeks to analyze drivers of inequities and the variances within the population and the results of the assessment will ultimately lead to the proposal of a diversity of options of how these inequities will be addressed and where possible how these strategies can address broader uptake of MNCH services.

Development of Demand Promotion Strategy – this is an ongoing process but was delayed by the consultant who was engaged to lead the KAP Study. The KAP study did not yield the desired results hence and Human Centred Design approach was recommended to inform the EPI Demand Promotion Strategy. The strategy will be shared Q4 2019.

The selection of activities is still relevant, realistic and well prioritized in light of the situation analysis conducted. Nonetheless the delay in receiving HSS2 grant resulted in delays in timely implementation of activities. Financial absorption and implementation rates is satisfactory except PCV Switch grant where unused funds were returned to Gavi. The remaining balances for Equity Bonus & HPV introduction grant will be used shortly. These balances remained owing to lack of budget tracking which is to be addressed by the employment of an Accountant under Gavi funding.

There are no planned budget reallocations. Funds from Gavi Equity Bonus are still not fully utilized. The PBF grant was received and most of the funds are already used up. The balance is to be used for the following activities;

Complementarities and synergies are realized at lower levels where vehicles and other resources may be availed to provide an integrated service.

5.2. Performance of vaccine support

Vaccine-related issues for the vaccine renewals, NVS introductions and Switches & Campaigns

The country continued to receive Gavi financing to procure new and underused vaccines in 2018. Vaccine forecasting was done timely and planned vaccine shipment received in the country on schedule such that the country had adequate vaccines in 2018.

There were no vaccine and supplies stock outs at National, Provincial and District levels. However, stock outs were experienced at service delivery and, according to the Vital Medicines Availability and Services Survey (VMAHS) 2018 report, stock availability was at 96.7%. The country used WHO standard wastage rates to forecast requirements for 2019, the rate of which may not be representative of actual vaccine wastage. There might be need for a study in vaccine wastage trends as Pentavalent & PCV vaccines consumption was below estimates. Rotavirus vaccine consumed during the year was more than the estimated quantities. The differences point out the need for introduction of a Management Information System to improve data analysis in terms of inventory holding and consumption patterns.

Zimbabwe rolled out multi-age cohort HPV vaccine in campaign mode in 2018 targeting girls 10 to 14 years in and out of school. The HPV administrative coverage was 89% against a set target of 80%. The programme became successful because of the school based vaccination strategy which ensured that most girls were reached. However, it may be difficult to continue with the school-based strategy because it is expensive. The country will explore possibility of incorporating the school based strategy into routine EPI outreach services. A total of 1,515,600 doses were received for the multi-age girls and 785,055 doses were administered with the first dose. A Post Introduction Evaluation was conducted and it was found out that the introduction was smooth with minor challenges. Two schools that belonged to religious objectors accepted the vaccine very late in the country after a lot of persuasion from various level including Minister of Education. In some areas they hard to continue with outreach work because the number of days allocated were too short for the exercise .

The country also conducted OCV outbreak response campaign for City of Harare, Chimanimani and Chipinge Districts and Typhoid outbreak response for Harare city. Coverage for first dose for OCV was 86% (1,297,890 people vaccinated in 2018 in the city of Harare) and that for second dose was 95% (1,468,000 people vaccinated in 2019). The second dose of OCV is higher than the first dose because there was no screening during the second round. TCV coverage was 85.4% (318,662 people vaccinated in city of Harare in 2019). OCV was also administered in cyclone Idai affected districts of Chimanimani and Chipinge in Manicaland province in 2019. Post campaign Coverage Surveys for OCV & TCV in Harare were conducted and the results were shared. An OCV coverage survey for Chimanimani & Chipinge districts is being this August 2019. A TCV costing & safety survey and HPV coverage survey are also being conducted.

The country successfully switched from single dose to 4 dose PCV 13 vaccine in 2018 and Gavi provided a switch grant for the purpose. The country also introduced IPV in second quarter 2019. The country successfully applied for Gavi support for MR follow up campaign targeting children 9 – 59 months. The MR campaign is planned for third quarter 2019 and preparations are underway.

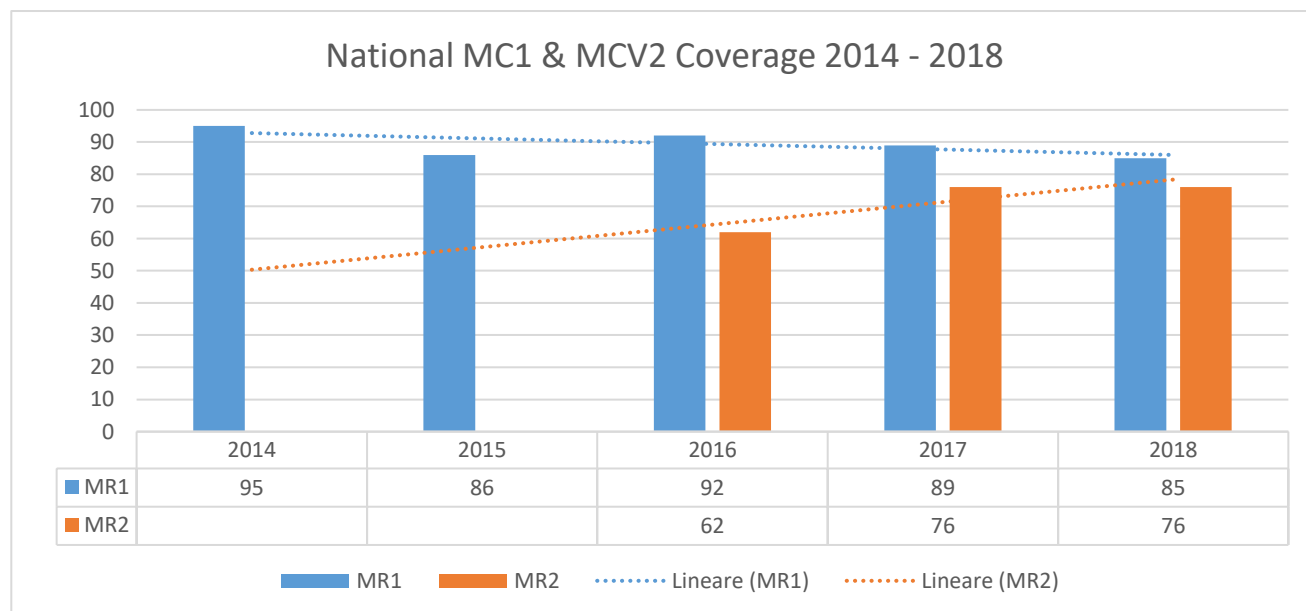
The country looks forward to continued Gavi support in new and underused vaccines. The NVS vaccine renewal was submitted to Gavi in May 2019. The country also awaits TCV application decision letter from Gavi but the plan is to roll out TCV in 2020.

The country also expects continued technical support in supply chain management from alliance

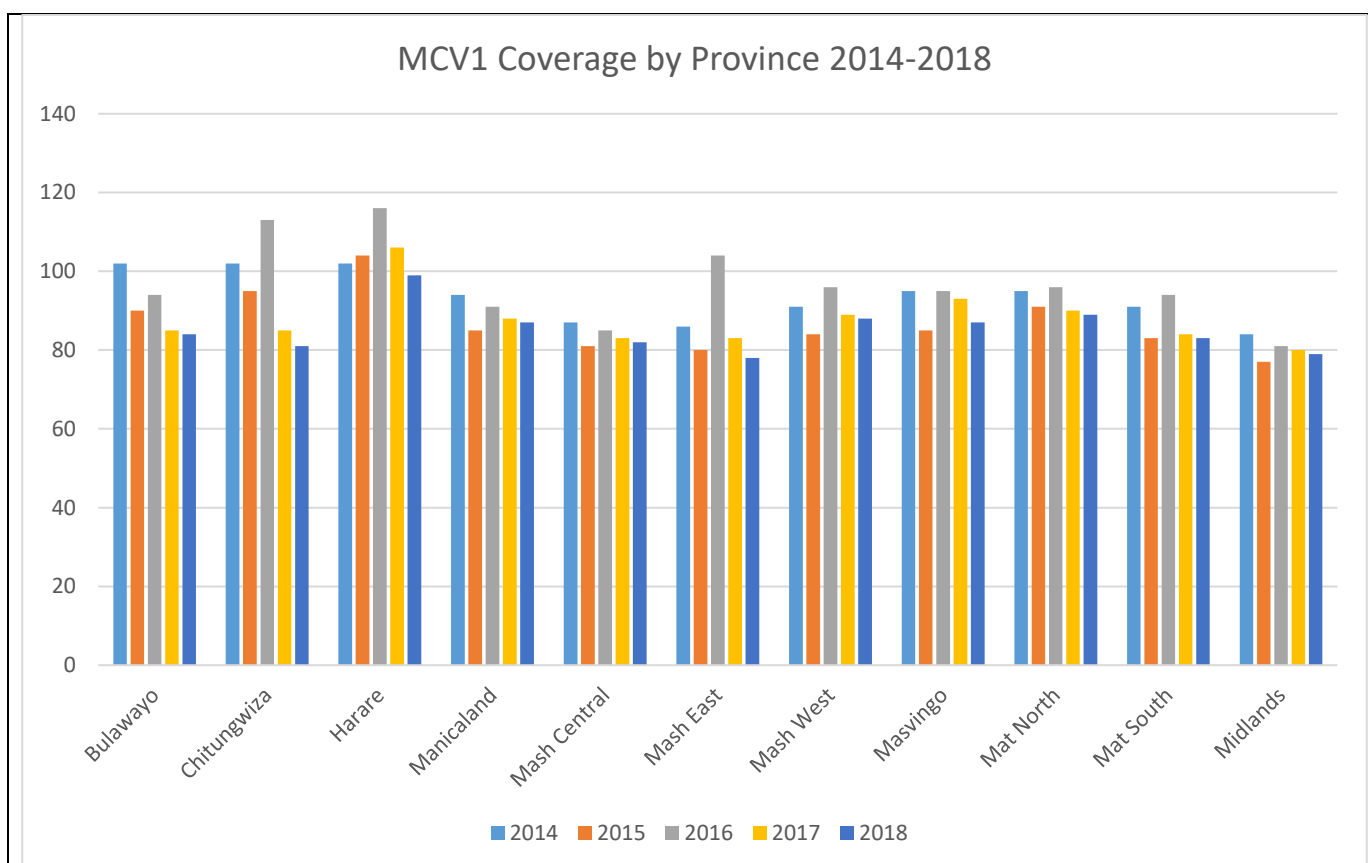
partners; WHO and UNICEF, and from extended partners.

Update of the situation analysis for measles and rubella

Zimbabwe has maintained a coverage of 95% in 2013 and 2014. Coverage in the last three years show a progressive decline on MR1 from 92% in 2016 to 85% in 2018. The country has conducted a situational analysis, the following information has been gathered and analysed in order to assess population immunity.



The administrative coverage for Measles Rubella 1(MR1) was 89 % and for Measles Rubella 2 (MR2), 76% in 2017. The performance further declined in 2018 to 85% and 76% for MR1and MR2 respectively. The coverage was below the set target of 95% at national level, and this entails low herd immunity and a large pool of susceptible.



In 2018 all provinces were below the set target of 95% for both MR 1 and MR2 with Midlands and Mas having the lowest coverage of 79% and 78% respectively and this entails low herd immunity. In 2018 the percentage of districts with MCV1 coverage $\geq 95\%$ further declined from 81% in 2017 to 65% in 2018.

Describe key actions related to Gavi vaccine support in the coming year

There are plans to introduce Typhoid Conjugate vaccine January 2020 with support from Gavi. The country expects a Vaccine Introduction Grant to assist in nationwide introduction of the new vaccine. ZIMNITAG are doing a research on whether the country should introduce HepB birth dose and it is hoped that this vaccine may be included in the national schedule through Gavi funding. The country will switch from Tetanus Toxoid to Tetanus diphtheria Q4 2019. Currently, preparations for the Measles Rubella follow up campaign are at advanced stages for eventual implementation September 2019. The country is expecting installation of new CCE under Gavi CCEOP and there will be need for financial and technical support to monitor and commission the new CCE. The planned 2019 EVMA will come up with recommendations to improve on EVM, and as such there will be need for technical support in developing a comprehensive improvement plan (CIP), mobilization of resources to support some of the proposed activities and monitoring implementation of activities indicated in the CIP.

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

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

- **Performance** on five mandatory CCEOP indicators and other related intermediate results – achievement against agreed targets as specified in the grant performance framework (GPF) with discussion on successes, challenges and solutions for reaching targets;

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- **Implementation status** (number of equipment installed / waiting installation, user feedback on preventive maintenance training, refrigerator performance, etc.), including any challenges / lessons learned;
- **Contribution of CCEOP to immunisation performance** (i.e. how CCEOP is contributing to improving coverage and equity);
- **Changes in technical assistance in implementing CCEOP support.**¹²

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

Not Applicable

5.4. Financial management performance

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

- **Financial absorption** and utilisation rates on all Gavi cash support listed separately⁶;
- **Compliance** with financial reporting and audit requirements noting each grant (listing the compliance with each cash support grant separately, as above);
- **Status of high-priority "show stopper" actions from the Grant Management Requirements (GMRs) and other issues** (such as misuse of funds and reimbursement status) arising from review engagements (e.g. Gavi cash programme audits, annual external audits, internal audits, etc.);
- **Financial management systems**⁷.

The available grants for 2018 with the ministry included the following:

Bilateral Grant

This grant refers to unspent balances in the amount of 1,763,801 remaining from HSS1. All the funds have been utilised.

Tripartite Grant

The grant refers to the unspent balances in the amount of US\$ 755,924 remaining from previous Gavi grants namely, Measles-Rubella operational support cost and vaccine introduction grant (VIG), Rota VIG as well as HSS 1st tranche. These funds were transferred from the Ministry to UNICEF and then subsequently requested by the Ministry for implementation of planned activities. All the funds were utilised.

Equity Bonus

IPV Introduction Grant

The grant was received in 2015 when the vaccine was supposed to be introduced. Vaccine was introduced in April 2019 and the funds have been utilised.

HPV Vaccine Introduction Grant

VIG for nationwide introduction of Human Papilloma Virus Vaccine

⁶ If in your country Gavi funds are managed by partners (i.e. UNICEF and WHO), fund utilisation by these agencies should also be reviewed.

⁷ In case any modifications have been made or are planned to the financial management arrangements please indicate them in this section.

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PCV Switch Grant

Country received the grant to enable switch from single dose to four dose presentation

Status of 2018 Cash Grants as at 31 December 2018

Grant Name	Grant Life	Budget	Utilized	Balance	Utilization
Tripartite Grant + Equity Bonus	26 May 2017 - 31 December 2019	1,043,737	959,721	84,016	92%
Bilateral Grant	26 May 2017 - 30 April 2019	1,633,150	1,633,150	0	100%
HPV	12 Feb 2018 - 31 December 2019	853,107.62	831,209.77	21,898	97%
IPV					
PEF/ TCA	1 July 2018 - 30 Jun 2019	486,750	486,748	2	100%
PCV Switch	17 July 2018 - 31 December 2019	116,122	62,857.00	53,265	54%
Total		4,132,867	3,973,686		

2019 Grants

Status of Cash Grants as at 30 June 2019

Grant Name	Grant Life	Budget	Utilized	Balance	Utilization
HSS2	2018 – 2021	8,488,914	824,222	7,664,692	10%
MR Campaign	April 2019 - December 2019	1,157,418	0	1,157,418	0%
Tripartite Grant + Equity Bonus	26 May 2017 - 31 December 2019	1,043,737	989,714.14	54,022.86	95%
HPV	12 Feb 2018 - 31 December 2019	853,107.62	831,209.77	21,898	97%
PCV Switch	17 July 2018 - 31 December 2019	116,122	96,062.00	6,996.42	54%
Total		11,859,583	2,769,665	9,089,918	

The 2019 HPV Campaign was conducted from the 27th of May 2019 to 31st of May 2019. The government contribution for the campaign amounted to \$275,789. Acquittals for the government component are yet to be received in full for the determination of actual expenditure for the government contribution.

The HPV balances amounting to \$21,898 are being requested to fund the following: HPV Campaign Radio Spots contracts with ZTV and ZBC of which the payment process is ongoing and the balance is to pay for the printing of HPV Routine IEC materials with approval from Gavi.

The acquittals for the HPV Campaign funds sent to provinces directly from UNICEF are yet to be liquidated. Follow up is currently in progress for provinces to provide liquidation documents. The target is to fully commit the funds in the grant by 30 September 2019

PCV Switch Grant

The PCV Switch balance will be returned to Gavi as the funding balance cannot be reallocated.

Utilization of the Equity Bonus (PBF)

The balance of \$54,022.38 for MVMH national rollout will be used to train Rural Health Centre nurses for 11 districts which had low coverage for MR2 period January to June 2019.

IPV Introduction Grant

IPV was introduced on 1 April 2019. The grant amounting to 367,000.00 was disbursed to provinces. The IPV Acquittals from provinces are being reviewed for the acceptance of expenditure

Situational Analysis affecting 2019 Grant operations

The introduction of Statutory Instrument 142 of 2019 Reserve Bank of Zimbabwe (Legal Tender) Regulations, Exchange Control Directive RU102/2019 and Exchange Control Circular No 8 of 2019 has an impact on the operationalization of grants from 2019 onwards .The challenge of the instrument the unstable exchange rate and the attendant inflation which tend to distort prices for example changes in pump price of fuel is sometimes increased disproportionate to the pegged US price. The policy has also brought about scarcity of important commodities impacting negatively on operations

Impact

It means quotations for these payments would have been sought in local currency, of which there is a high likelihood that the prices quoted will be severely inflated.

Budget implications

The indicators on the budget would be difficult to achieve where appropriate local price indices for the products are difficult to obtain .

Impact on Operational Management of Grants

There is need for technical assistance of the subnational Accountants involved in managing cash grants on how to transact as two modalities are available which are;

- Payment of RTGS Transactions and Invoices directly from the Nostro Account
- Payment of RTGS Transactions and Invoices by liquidating to RTGS, and then paying the local transactions from an RTGS Temporary Deposit account. This second modality poses some reconciliation challenges which the Accountants would need to be capacitated on.

Government Contributions to Operational Activities

The inflationary conditions pertaining to the country are affecting the government contributions to the programme as evidenced with the numerous variations in the 2019 MR Campaign budget. Before the monetary policy changes, government was expected to \$722,396 but this has since increased to RTGS1,198,120 but the actual government expenditure will be determined after the campaign. The implication to program is that funding gaps are continuously increasing due to the

inflationary environment.

Leadership Management and Coordination

Financial Management

There is required in-depth supervision of accountants managing project grants and on the Job Technical Training for the Provincial level (8) and district level (63) focusing on Expenditure, Revenue, Suspense & Donor funding.

Comprehensive participation in planning processes to ensure core activities for successful implementation are covered e.g. to ensure that in-depth accounting supervision is on plan and budgeted for. Management of project grants have an impact on the future flow of funds to the country and the Accountants should be adequately capacitated in line with this future focus.

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

Not Applicable because the country is not in transition

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

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

The country received TCA support through alliance partners, (WHO and UNICEF) & JSI to support the ZIMNITAG operations, immunization supply chain, HPV vaccine introduction, CCEOP application, programme implementation, coverage and equity, communication for development and knowledge, attitude and practice study among other areas. Individual TCA support is detailed below;

WHO

Using TCA funding, WHO catalyze functionality of the Zimbabwe National Immunization Technical Advisory Group (ZIMNITAG) through the provision of operational funds and defraying the coordinator stipend. Consequently, ZIMNITAG was able to hold four meetings where introduction of TCV, HepB birth dose and switch from TT to Td were discussed and recommendations made to Government. Major output of ZIMNITAG include recommendations for introduction of TCV into routine immunization nationwide with a multi age catch up at introduction. It was recommended that TCV be given at 9 months for higher coverage. ZIMNITAG also reviewed and recommended switch the TT to Td as well as Hepatitis B birth dose introduction. Funding was also availed to enable 5 members attend the vaccinology courses. All ZIMNITAG meetings were conducted as planned.

The WHO TCA also supported the immunization supply chain to enhance vaccine and supplies management. Two EVM review meetings attended by district, provincial and national vaccine store managers were conducted to review progress and challenges experienced in the immunization supply chain. These meetings were also utilized to train and orient participants on new developments in effective vaccine management and mapping a way forward on weak areas noted

during the review. The meetings were a success as they facilitated the updating of stock records for 2017 and 2018 by all districts and provided a platform sharing experiences and attending to queries on the SMT software by national level. One of the review meetings was also used to introduce and roll out the 2019 new versions of the SMT provided by WHO.

All planned EVM supportive visits were conducted on schedule. One of the visits was integrated with the updating of CCE inventory to respond to IRC concern regarding the old inventory submitted with the CCEOP application. The updating of the inventory facilitated the approval of the application. The other visit was integrated with the finalization of the ODP under CCEOP which facilitated the submission of the final OPD in 2019. The national level took advantage of the EVM visits to also conduct temperature mapping of provincial cold rooms to address one of the recommendations of the 2016 EVMA. All provincial cold rooms were successfully temperature mapped. WHO supported the successful nationwide rollout of HPV vaccination and post introduction evaluation of the vaccine. The PIE found out that HPV vaccine introduction in Zimbabwe was a smooth one with minimal challenges.

Within the TCA funding support WHO staff members from AFRO and IST provided technical backstopping for the updating of the cMYP and revision of the ZEPI Policy document.

The 2019-2020 TCA has just started working and will be reported on in 2020 JA.

UNICEF GAVI PEF Targeted Country Assistance

UNICEF staff based in HQ and RO provided technical assistance to do a coverage and equity assessment to the country office and MoHCC EPI Unit. A desk review of available literature on equity in Zimbabwe was provided in May 2019. HQ just finalized the Coverage and Equity Assessment Guidance Note, a new UNICEF tool which Zimbabwe offered to pilot and refine further. A consultant will be engaged to further support the MoHCC on equity assessment guided by the Guidance Note and tools to come up with the study results.

On the basis of the reporting against milestones, summarise the progress of partners in delivering technical assistance.

Milestones 1: All vaccines cleared through Customs and delivered to Central Vaccine Store within 24 hours of arrival, and the 1st quarter Vaccine Arrival Report submission rate (VAR received within 72 hours) is above 90%. UNICEF has been monitoring submission of VAR from Ministry of Health and Child Care.

The Q2 2019 Vital Medicine Availability and Health Services Survey (VMAHS) showed that 97.11% of the health facilities surveyed in the country had at least 70% (i.e. 6 out of 8) of the tracked vaccines available on the day of the survey, (see page 27 of the VMAS report).

CCEOP Operational Deployment Plan field work process plan was done, and it required obtaining the geographical location, accessibility and readiness assessment of all sites; the designate equipment information per site and spare parts procurement. UNICEF is tendering the Cold Chain Equipment and Purchase Orders will be placed by September 2019, with the target that new cold chain equipment will be deployed to Zimbabwe by Mid-December 2019.

A new Gas Contractor was engaged in April 2019 with a brief transition period with the former supplier. As part of an initiative to improve accountability of the gas procurement chain, an inventory of LP gas cylinders in circulation at health facilities was conducted in Q1 2019. The new contractor will be branding all cylinders to facilitate monitoring and tracking. In addition, a quality assurance note was shared with the contractor which provided guidance on establishing routine

monthly gas forecasting and distribution schedules.

Milestone 2: RED/REC new guidelines and tools are finalized and disseminated to the district level

A two-day RED workshop was conducted in last week of Oct 2018. Partners identified specific health-related areas to be integrated with EPI. The recommendations of this RED workshop also include strengthening district micro-planning as a priority in 2019 planning. The adaptation of the Zimbabwe RED guide has also been finalised and shared with stakeholders and partners including UNICEF and WHO regional offices. The guide is yet to be printed and distributed to all health facilities but is anticipated before the end of the year. The delays in printing are due to delays in receiving HSS2 approval and disbursement to the country.

Milestone 3: The new demand promotion strategy is finalized and endorsed by all stakeholders. The Demand Promotion Strategy is integrated and aligned with the Programme Support Rationale application, and activities are identified and prepared.

The new EPI demand promotion strategy is not yet developed. The Knowledge Attitude, Practice, Behaviours (KAPB) study, which is intended to inform the demand promotion strategy, faced implementation challenges due to the cholera outbreak in Q3 & Q4 2018 and political instability in Q1 2019. It has now been completed and will contribute to the Human Centred Approach for the development of the EPI Demand Promotion Strategy. UNICEF has established a contract with an international firm specialized in HCD, and the demand promotion strategy is anticipated to be finalized and endorsed by end of September 2019. UNICEF supported recruitment of a Health Promotion Officer to provide technical assistance in the timely implementation of planned health promotion activities in the TCA.

Milestone 4: Availability and dissemination of equity assessment report and recommendations for targeted investments.

Challenges were faced during the recruitment process of consultancy for Coverage and Equity Assessment (CEA). No bids were received after the bidding process for the CEA prompting the Supply section had to approach two organization who had initially shown interest in this bid to ascertain why they did not submit a proposal. Supply proposed to open the bid again for these organizations that had shown interest and bids closed 21 June 10 am. Technical evaluation of the submitted bids is currently underway. However, technical support by UNICEF staff based in HQ and RO on desk review of available literature on equity in Zimbabwe was provided in May 2019. HQ just finalized the **Coverage and Equity Assessment Guidance Note**, a new UNICEF tool which Zimbabwe offered to pilot and refine further. The consultant will be guided by these tools to come up with the study results.

Milestone 5: Communication and social mobilization strategy available by 30 November 2018

The Demand Promotion Strategy development met with delays and is planned to be completed by end of September 2019. Once endorsed, the activities in the HSS2 will be aligned to the Strategy in consultation with the Ministry of Health and Child Care and all EPI partners.

Milestone 6: Support development of HPV communication plan and monitoring of C4D interventions; Consultations, evidence, orientation, monitoring; Capacity building- IPC/Prog; Community alliances & dialogue; Cross Channel campaigns.

The EPI officer effectively coordinated the development and sharing of communication plan with timelines prior to the HPV campaign. The effort by the EPI officer, C4D and MoHCC Health promotion unit has contributed to timely implementation of quality messaging to stakeholders and communities which created awareness and demand for HPV vaccine. The communication plan

involved various stakeholders like media houses, telecommunication service providers and political leaders. Both electronic and print media were used to ensure wider messaging coverage. Together with C4D and MoHCC Health promotion unit, the EPI officer supported development of ToRs for hiring of both the international and local Consultants. The IPC workshops were not done as the component was incorporated in provincial and district outreach and in situ team trainings.

The EPI officer coordinated a successful national HPV media brief, national HPV launch and national rollout which have seen over 90% of eligible girls being vaccinated. Development of messages for Africa vaccination week and HPV campaign were broadcast through; national television, radio, body media and branded stationary to promote awareness and uptake of HPV and all other antigens. HPV readiness assessment in which the EPI officer participated in data collection, analysis and report writing, revealed that all (100%) respondents from the community were aware of the HPV campaign and they got the message either through health worker/community leaders, electronic or print media. The EPI officer effectively supported HPV training of trainers at provincial levels which were later cascaded to district and health facility levels.

Highlight progress and challenges in implementing the TCA plan.

Challenges

- Recruitment of the Health Promotion Officer by Ministry of Health and Child Care (MoHCC) delayed affecting the timely implementation of the demand promotion activities for the programme.
- Challenges were faced during the recruitment process of consultancy for Coverage and Equity Assessment (CEA). The MICS 2018 was intended to be the primary source of data, but the survey has faced delays and the timing is no longer aligned to the TCA. No bids were received after the bidding process for the CEA prompting the Supply section to approach two organizations who had initially shown interest in this bid to ascertain why they did not submit a proposal. Supply proposed to open the bid again for these organizations that had shown interest and bids closed 21 June 10 am. With UNICEF HQ and Regional Support, the analysis will go forward during the first half of 2019 with different tools and methodology. The University of Zimbabwe department of Nursing Science was the successful bidder and commenced the consultancy on 1 August 2019.
- The Demand Promotion Strategy development met with delays and is planned to be completed by end of September 2019. The consultant failed to deliver, and contract was terminated. UNICEF has established a contract with an international firm specialized in HCD, and the demand promotion strategy is anticipated to be finalized and endorsed by end of September 2019. UNICEF has established a contract with an international firm specialized in HCD, and the demand promotion strategy is anticipated to be finalized and endorsed by end of September 2019.

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

No amendments/ changes have been planned for the remainder of the year.

JSI Gavi PEF TARGETED COUNTRY ASSISTANCE

My Village My Home Approach and Strengthening use of Home-Based Records

Milestone 1: Technical support provided to orient Health Workers, VHWs and Village Heads

National level was sensitized on the MVMH and HBRs strategies. A trainer of trainers for national, provincial and district supervisors was conducted on 3rd November 2018. A total of 3 national level officers, 8 provincial officers and 32 district officers were trained. Funds to roll out training to Rural Health Centre level and for VHWs and Village Heads were distributed and provinces conducted training from end of November 2018 in the 16 districts. A total of 510 RHC nurses and 4370 VHWs and Village Heads were oriented. During the trainings and orientation of RHC nurses, VHWs and Village Heads the use of the Child Health Card was stressed as this is the source document for child immunization history. Orientation on use of the following tools, My Village My Home tool for the Village Head and VHW /RHC ZEPI registers was strengthened.

Milestone 2: Production of training and reference materials for HWs and VHWs

510 HWs practical guide for all the health facilities in this current project were printed and distributed to the respective districts. The practical guides were used during training of RHC nurses and used as reference guides. Printing of 2550 MVMH tool for the national rollout was done with funding from the Equity Bonus grant awarded to the Ministry. These were distributed to the respective districts in November 2018.

Milestone 3: Supportive supervision to monitor implementation of the strategies

This will be conducted after all trainings have been conducted.

Challenges implementing TCA Plan

Delayed payment of Village Heads in two districts due to problems accessing cash from the banks

Any amendments to TCA plan

None

GAVI HPV TCA

Milestone 2: Planning, preparation and launch of HPV Vaccine

Support was given to National level on introduction planning. Planning meetings in preparation for the launch were conducted with National EPI team. Preparation meetings for the launch was done. Participation on the launch day was done by JSI staff.

Milestone 2.1: Technical Assistance to introduction planning

The stakeholders planning meetings were conducted for both national and subnational teams in preparation for the rollout. JSI supported both the national and subnational stakeholders meetings. Some series of introduction planning meetings were conducted weekly four weeks prior the rollout.

Milestone 2.2: Capacity Building of Health Workers

JSI Technically supported the National and subnational EPI teams through training of Health workers and education officers with appropriate information when rolling out the HPV vaccination nationally. Cold chain assessment was conducted in all the Provinces and Districts assess the capacity of the cold chain availability to accommodate the extra HPV vaccine. JSI participated in quarterly supportive supervision in the Districts. JSI gave quarterly HPV updates through presentations, question and answer questions during the EPI review meetings. JSI assisted on monitoring and evaluation of the HPV vaccination programme through out all the Provinces in the

Country.

2.3: Support communication/social mobilization

JSI actively participated and technically assisted in production of the HPV IEC materials. Pre testing of the same was also done in some Districts prior the national rollout. Technical assistance was also given in estimation of the population and equity distribution of vaccines in the Districts.

6. UPDATE OF FINDINGS FROM PREVIOUS JOINT APPRAISAL

Provide the status of the prioritised strategic actions identified in the previous Joint Appraisal⁸ and any additional significant Independent Review Committee (IRC) or High Level Review Panel (HLRP) recommendations (if applicable).

Prioritized actions from previous Joint Appraisal	Current status
1. Production and distribution of ZEPI Register	Register being printed
2. Training of Health Workers on Bio Risk management	Scheduled Q4 2019
3. Facilitate & monitor active search	On going
4. Human resources shortages	Gavi has provided funding under HSS2 for recruitment of staff & continued funding of existing staff
5. CCEOP	The application was done and approved by Gavi, now awaiting the decision letter
6. Building capacity of the private sector to participate on EPI	
7. Training of health workers on EPI	
8. Provision of resources for supportive supervision at district & provincial levels	
9. Provision of adequate funding for the immunisation program	
10. Increasing staff at all levels	
11. Create demand for vaccination	
12. EVMA & Cold Chain Management	
Additional significant IRC / HLRP recommendations (if applicable)	Current status

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

Priorities were planned under HSS2 funding but because of the delay in disbursements, these were not implemented. The country started implementing these activities Q3 2019.

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.

⁸ Refer to the section "Prioritised Country Needs" in last year's Joint Appraisal report

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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:

The current EPI cMYP is expiring in 2020 and there will be need for technical and financial support to develop a new cMYP. There districts that are persistently low performing and the country is planning to conduct some targeted evaluations to find out the actual causes of low performance hence there will be need for technical and financial support.

The RED training planned under Gavi HHS2 would need supportive follow up visits to monitor implementation and such there will be need for technical and financial support for this activity. Some provinces and districts have shown some symptoms of weak LMC and would need their LMC capacities enhanced and as such there will be need for technical and financial support to carry out this important activity.

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 assistance⁹.

Key finding / Action 1	Service Delivery DTP3 coverage below 90%; environmental Factors: drought/floods, terrain, construction of dams, lack of health facilities, long distances from health facilities- rely on outreach, new resettlements, WASH issues leading to disease outbreaks. This leads high number of unvaccinated children, low coverage, high dropout and VPD outbreaks.
Current response	Outreach activities though inadequate and inconsistent, MR campaign, TCV/OCV campaigns, MVMH, enhanced demand generation, IPC trainings, coverage and equity assessment, stock management, Construction of health posts, capacity building, EPI review meetings, supportive visits, HR support, Mapping of mobile population, rehabilitation of water and sewer reticulation system, hygiene promotion and clean up campaigns.
Agreed country actions	<ul style="list-style-type: none"> • Construction of Health Post in Gokwe North • Targeted outreach in low performing districts and promote facility-based outreach • Mapping of underserved and mobile populations • Introduction of typhoid vaccine into routine vaccination • MR campaign and post campaign coverage survey • EPI demand promotion strategy and IEC material development • Community dialogues • RED/REC training • Coverage and equity assessment • IPC training • Mentorship to address LMC issues • Monitoring in depth assessments in consistently low performing districts

⁹ The needs indicated in the JA will inform the TCA planning. However, when specifying Technical Assistance (TA) needs, do not include elements of resource requirements. These will be discussed in the context of the Targeted Country Assistance (TCA) planning. TA needs should however describe - to the extent known to date - the type of TA required (staff, consultants, training, etc.), the provider of TA (core/expanded partner) the quantity/duration required, modality (embedded; sub-national; coaching; etc.), and any timeframes/deadlines. The TA menu of support is available as reference guide.

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	<ul style="list-style-type: none"> • Surveillance – Improve data management and strengthen surveillance activities as we approach Measles Elimination and Polio eradication • EPI review meetings • Performance management • Targeted Country Assistance through alliance and expanded partners
Expected outputs / results	Improved access and utilisation of healthcare services, Increase in coverage, reduction of unvaccinated children and availability of communication strategy
Associated timeline	Outreach- monthly in 20 low performing and quarterly in the remaining 43, HPV-Q2, MR Campaign- Q2, Typhoid, RED/REC- Community dialogue, Continuous monitoring.
Required resources / support and TA	Targeted evaluation of some districts that are persistently low performing in vaccination coverage to find out causes of low performance Supportive follow up visits to monitor implementation RED
Key finding / Action 2	<p>Program Management & Financing: Inadequate funding for program activities: outreach, campaigns, supportive supervision, trainings and staff salaries.</p> <p>Grant Management, Audit & Financial Reporting Inadequate human resources at different levels</p>
Current response	<ul style="list-style-type: none"> • Government Support: co-financing of NUV, pre-financing for MR, HR & infrastructure • Gavi Financial Support • All Gavi grants being managed by UNICEF, • Partner Support; UNICEF, WHO, World Vision, JSI • Country Financial Reporting to Gavi & UNICEF • Human Resource Funding from Gavi
Agreed country actions	<ul style="list-style-type: none"> • Recruitment of key personnel to strengthen program management at all levels; accountant, M & E Officer, provincial Cold Chain Technicians to improve CCE management, Health Promotion Officer to strengthen demand generation activities • Sustain current Gavi supported staff • Annual Internal Audits • Support Quarterly ICC Meetings • Gavi Program Support Rationale: HSS, CCEOP • Health Development Fund to provide support, • Advocacy for increased government support. • Targeted Country Assistance through alliance partners • ZIMNITAG Activities
Expected outputs / results	<ul style="list-style-type: none"> • Improved Program Financial Management • Availability of an adequate M & E framework throughout the year • Demand Generation strengthened • Achieve at least 80% CCE functionality at all levels • Gavi to continue funding salaries for 8 members (4 security guards, Cold Chain Technician, Stores Officer, Program Assistant & Stores Assistant • Financial Management Control enhanced at all levels • ICC meetings conducted as planned • Funding available for all program activities from Government and partners • TCA partners to provide technical & financial support • Program Review Meetings conducted quarterly
Associated timeline	<ul style="list-style-type: none"> • All staff recruitments to be done by latest Q2 2019 • Timely Financial Reports availed Q1-Q2 2019 • Program to satisfy performance indicators quarterly – 2019

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	<ul style="list-style-type: none"> • Achieve at least 80% CCE functionality for Q1-Q4 2019 • Internal Audits conducted Q2 & Q4 2019 • ICC meetings conducted quarterly Q1-Q4 2019 • Funding available timely • Program Review Meetings held quarterly Q1-Q4 2019
Required resources / support and TA	<ul style="list-style-type: none"> • Development of a new cMYP to replace the one expiring 2020 • LMC capacities • Technical Support • Funding
Key finding / Action 3	Immunisation Supply Chain
Current response	<ul style="list-style-type: none"> • Installation of Remote Temperature Monitoring System (RTMS) at District Level • CCE Inventory Validation • Temperature Mapping Study at central & provincial levels • Installation of Solar Direct Drive refrigerators, • EVM Review Meetings, • Support Supervision • Stock Management Support • Construction of dry stores at CVS
Agreed country actions	<ul style="list-style-type: none"> • CCEOP Application • Effective Vaccine Management Assessment • Construction of CVS Dry Stores • Construction of 4 Health Posts in Gokwe North district • Procurement of RTMS for 60 districts, LP Gas, office equipment & vehicles • Maintenance of Vehicles & CCE • EVM & Cold Chain Management Capacity Building • Asset Verification • Targeted Country Assistance through alliance partners
Expected outputs / results	<ul style="list-style-type: none"> • Rehabilitation & expansion of CCE capacity, • 2019 EVMA Report available and EVMA Improvement Plan developed • CVS Dry Stores constructed • 4 Health Posts constructed in Gokwe North district • No stock outs of vaccines and supplies at all levels • Training Reports available
Associated timeline	<ul style="list-style-type: none"> • 831 refrigerators/freezers deployment Q2-Q4 2019 • EVMA conducted and report available Q1 2020 • EVMA Improvement Plan developed Q1 2020 • Vehicle Maintenance Q1 to Q4 2019 • CVS Dry Stores constructed by Q3 2019 • 4 Health Posts constructed by Q4 2019 • Health Workers trained in EVM & CCM by Q2 2019 • Training reports available by Q3 2019
Required resources / support and TA	<ul style="list-style-type: none"> • EVM and SMT monitoring and capacity building • Monitoring and commissioning of CCE installed und Gavi CCEOP • Development of EVM CIP and monitoring implementation of CIP activities • Monitoring of procurement – CCE, vaccines and supplies, LP gas and all items on

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	<p>HHS2</p> <ul style="list-style-type: none"> • Infrastructure • Funding, • Human Resources, • Technical Support, • CCE & Office Equipment
Key finding / Action 4	Data & Surveillance
Current response	<ul style="list-style-type: none"> • Quarterly review meetings • Dissemination of impact and cost effectiveness of new vaccine (rota virus and PCV) • On Job trainings • Support supervision • Review of data collection tools • Active Search • Data Harmonisation Meetings • Monthly reporting
Agreed country actions	<ul style="list-style-type: none"> • Data Verification • Capacity building in bio risk management • Revision & Production of ZEPI Register • Active search & sensitisation • TCV PIE • Laboratory & VPD Surveillance
Expected outputs / results	<ul style="list-style-type: none"> • Improved data quality • Improved management of specimens • Improved collection of data and tracking of defaulters
Associated timeline	<ul style="list-style-type: none"> • Data verification 4quarters of 2019 • Active search all quarters of 2019 • Bio-risk capacity building for health workers Q1 2019
Required resources / support and TA	<ul style="list-style-type: none"> • Funding • Human Resources • Technical Support • Training materials • Transport
Key finding / Action 5	Demand for Immunisation Services
Current response	<ul style="list-style-type: none"> • KAP Study • EPI promotional activities • Engagement with traditional and religious leaders • Production of IEC materials and multimedia scripts and talk shows • Production of IEC materials for minority groups • Interpersonal communication
Agreed country actions	<ul style="list-style-type: none"> • Development of Immunization Communication Strategy • Development of IEC materials • Training health workers on Community Dialogue • Implementing Community Dialogue • Targeted Country Assistance through alliance partners
Expected outputs / results	<ul style="list-style-type: none"> • Communication Strategy developed, produced and shared • Increased uptake of EPI services by vaccine objectors

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	<ul style="list-style-type: none"> • IEC materials produced • Training of health workers • Community Dialogue implemented • Increased EPI coverage • Increased surveillance reporting
Associated timeline	<ul style="list-style-type: none"> • Communication Strategy Development Q1 – 3 2019 • Capacity building for health workers Q1 2019 • Community Dialogue Q2 -4 2019 • Advocacy Communication and Social Mobilization activities Q1 – 4 2019
Required resources / support and TA	<ul style="list-style-type: none"> • Funding • Human Resource • Technical Assistance • Printing services

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

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

The joint appraisal process was discussed at a week-long meeting and then compiled by a small writing team. The report was then presented to the national ICC who provided input and gave it back to the writing team to finalize the input. The presence of the Secretary for Health and Child Care also rendered credence to the high level support of the EPI programme and appreciation for partner support. The finalized report was then edited before presenting for signatures. The ICC acknowledges the enormous workload within the EPI programme and appreciates the dedication of individuals and the team to realize high coverages of most antigens within a difficult operating environment. The ICC will continue to support the operations of the EPI programme.

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9. ANNEX: Compliance with Gavi reporting requirements

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

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